

WATER AND SEWER PERMIT

#224

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name TONY & SHARON SMITH	Phone 234-4191	Property Address KRAFT RD TO NOVA RD
Address 223 NTH 11TH BOCARLUS ID 83201		Legal Description T6S R34E. SEC. 21
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input type="checkbox"/> Existing Loan No.

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

Permit No.
1004224

No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 556 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed	<input type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee 50.00
Dimensions	Maximum Depth below Ground Surface 4'	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Edward G. Mang		Date 7/8/91	Permit Fee 50.00
Remarks NEW SYSTEM EXTENDED FOR ONE YEAR			Applicant's Signature X Sharon Smith		Permit Fee RPT #5423	

INSPECTION

The District Health Department shall be notified of installation 48 Hours prior to ^{backfilling} installation

SEPTIC TANK	Size 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 14"	DEPTH OF 710	Ground Water 710	Bedrock 710	Gravel 6"	Rock Under Pipe 6"
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Effective Disposal Area 594 sq. ft.		Installer Smith		
EXISTING SYSTEM Appears to meet Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By X [Signature]		Date 10/13/92	

SOIL TYPE B2-SILT CLAY

WATER SYSTEM

Plans Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	State Laboratory indicates intestinal bacteria <input type="checkbox"/> were <input type="checkbox"/> were not found in water.	Sample Collected By	Date	Permit Fee
Min. Distances as per Standards/Regs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CHEMICAL TOLERANCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd	System <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Complies with Health Dist. and/or State of Idaho Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing System appears to comply with all requirements of Health Dist. and State of Idaho Drinking Water Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No		INSTALLATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By X [Signature]	
Remarks EXISTING WELL - pasteur 10 feet from well			Date 10/9/92	

DIAGRAM

Where applicable, diagram shall include orientation of components of water and sewage systems

APPLICATION & PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE.

TRAVEL TIME 30
INSPEC. TIME 30

