

WATER AND SEWER PERMIT

Southeastern
District Health Department SM

PLANNING & ZONING APPROVAL

Name FMC CORP	Phone 236-8200	Property Address T 65 R 34E Sec 6
Address Box 411		Legal Description Same (FMC Employee Park)
Report To COUNTY 0300	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. 1280							
SIZE	No. Bedrooms 2	Septic Tank 1000 gal.	Disposal Area 500 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 30
Dimensions 3, 3'x62'	Maximum Depth below Ground Surface 4 feet		PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Scott L. Remy		Date 11-19-91	
Remarks Replacement system.			Applicant's Signature X Roger Harris			Permit Fee Parcel	

INSPECTION

The District Health Department shall be notified of installation **48 hrs** prior to **backfilling** installation

SEPTIC TANK Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 10"	DEPTH OF Ground Water Bedrock Gravel 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 450 sq. ft.
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 Steven J. P...
Remarks		Installer Pasley Construct. 030015	
		Date 12-10-91	

SOIL TYPE **B-2**

WATER SYSTEM

Plans Approved <input 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 type="checkbox"/> No	CHEMICAL TOLERANCES Acceptable Limits <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	Date
Remarks		Permit Fee		

DIAGRAM

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

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

* System OK if upper end approaches 5 ft depth - SR.

TRAVEL TIME 45
INSPEC. TIME 30

