

# WATER AND SEWER PERMIT

Southeastern *DM*  
District Health Department

PLANNING & ZONING APPROVAL

Name <b>MARVIN J. CHRISTENSEN</b>	Phone <b>238-M37</b>	Property Address <b>11769 N BUFFALO RD</b>
Address <b>11769 N. BUFFALO RD.</b>		Legal Description <b>T6S R34E S22</b>
Report To <b>0300 C-1</b>	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

No. Bedrooms <b>3</b>	Septic Tank <b>1000 gal.</b>	Disposal Area <b>833 sq. ft.</b>	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Bed <input type="checkbox"/> E.T.	Sand Filter <input type="checkbox"/> Modified	Permit Fee <b>50.00</b>
Dimensions	Maximum Depth below Ground Surface <b>4' or 48"</b>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <b>Edward G. Meyer</b>		Date <b>5/26/92</b>
Remarks			Applicant's Signature <b>James A. Hensley</b>		

SOIL TYPE **C-1 SILT CLAY LOAM**

## INSPECTION

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

SEPTIC TANK Size <b>1000</b> gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth <b>12"</b>	DEPTH OF Ground Water Bedrock Gravel Rock Under Pipe <b>6"</b>
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area sq. ft.
EXISTING SYSTEM Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No		INSTALLATION <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved	By <b>Edward G. Meyer</b>
Remarks			Date <b>5/26/92</b>

## 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 <b>5/26/92</b>	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 checked="" type="checkbox"/> Public <input 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 checked="" type="checkbox"/> Disapproved	By <b>X</b>	
Remarks <b>EXISTING SYSTEM</b>			Date	

## DIAGRAM

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

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

**7/13/92** Inspection - NOT ENOUGH DISPOSAL AREA AT 770 FT. - NEED AN ADDITIONAL 60 FT. EAM

TRAVEL TIME.....

INSPEC. TIME.....

INSPEC. TIME.....

