

GW GW

JURISDICTION 390

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
465 MEMORIAL DRIVE
POCATELLO, ID

FEE PD Y N
PERMIT # 450

TRAVEL TIME: 05
INSPECTION TIME: 05

****APPLICATION AND PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE**

NAME: CHARLES SLOAT		PHONE: 237 2613	PROPERTY ADDRESS: TRAIL CREEK RD		
MAILING ADDRESS: 3620 HAWTHORNE		LEGAL DESCRIPTION: LOT SIZE (ACRES) 3.53			
STREET/P.O. BOX		1/4 SECTION 8NW SECTION 33 TOWNSHIP 65 RANGE 34E			
CITY: POCATELLO		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE: ID		ZIP: 83201			
SEPTIC TANK SIZE: 1000 gal.		EST TYPE: 232	EFFECTIVE DISPOSAL AREA: 417 SQ.FT.	SOIL TYPE: B1	MAXIMUM DEPTH BELOW GROUND SURFACE: 4'
					# BEDROOMS: 3

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE: [Signature]	EHS #: 61	APPLICANT SIGNATURE: [Signature]	DATE: 3/22/93
REMARKS: 3 TRENCHES 3' x 47'			

INSPECTION

THE DISTRICT HEALTH DEPARTMENT SHALL BE NOTIFIED OF INSTALLATION 48 HOURS PRIOR TO INSTALLATION

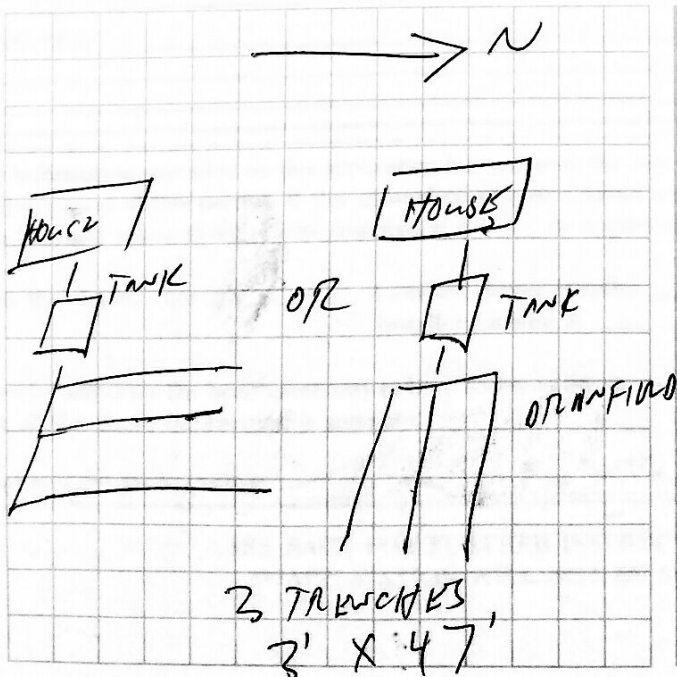
SEPTIC TANK SIZE: 1000 gal	STANDPIPE: () YES (X) NO	MANHOLE DEPTH: 2ft (OUTLET)	DEPTH BELOW GROUND SURFACE: 3'	ROCK UNDER PIPE: 6"
EFFECTIVE DISPOSAL AREA: 432 sq. ft.	INSTALLATION APPROVED: X	DISAPPROVED: _____	INSTALLER: 196 912	INSTALLER #: _____

EHS SIGNATURE: [Signature]	DATE: 9-3-93	EHS #: 31
REMARKS: Two GPT TANK - 2 MANHOLES / RECOMMEND TANK IS PUMPED EVERY 3 YEARS		

WATER SYSTEM

PLANS APPROVED: YES X NO _____	SAMPLE COLLECTED BY: N/A	DATE: _____	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS.: YES X NO _____	CHEMICAL PARAMETERS TESTED: ABOVE	WITHIN LIMITS: YES _____ NO _____	SYSTEM: PUBLIC _____ PRIVATE X
WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION: (X) YES () NO	EHS SIGNATURE: [Signature] EHS #: _____		
REMARKS: RECOMMEND WATER BE SAMPLED FOR BACTERIA PRIOR TO USE & EVERY YEAR THEREAFTER.			

APPROVED PLANS



AS BUILT PLANS

