

JURISDICTION
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SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
12-3 465 MEMORIAL DRIVE
POCATELLO, ID

G.W.
FEE PD Y N
PERMIT # 47371

TRAVEL TIME: 15 / 15
INSPECTION TIME: 30 / 30

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

NAME PAUL R. REID		PHONE 237-6373	PROPERTY ADDRESS 8438 FACULTY VIEW DR.		
MAILING ADDRESS: 969 NORTHEAST		LEGAL DESCRIPTION: LOT SIZE (ACRES) 4.81			
STREET/P.O. BOX		1/4 SECTION SE 1/4 SECTION 21 TOWNSHIP 6S. RANGE 34 E. 8M.			
CITY Pocatello		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE ID ZIP 83201		PARCEL # R3853022703 FROM TAX ASSESSOR'S OFFICE			
SEPTIC TANK SIZE 1000 gal.	EST TYPE 232	EFFECTIVE DISPOSAL AREA 667 SQ.FT.	SOIL TYPE B-2	MAXIMUM DEPTH BELOW GROUND SURFACE 4'	# BEDROOMS 4

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE Edward G. May	EHS # 38	APPLICANT SIGNATURE [Signature]	DATE 11/2/93
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REMARKS

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

SEPTIC TANK SIZE 1500 gal	STANDPIPE: () YES (X) NO	MANHOLE DEPTH 1"	DEPTH BELOW GROUND SURFACE 2-4'	ROCK UNDER PIPE NA
EFFECTIVE DISPOSAL AREA 414 12-3-93 sq. ft.	INSTALLATION APPROVED X 12-3-93 DISAPPROVED X 12-1-93	INSTALLER Self Installed	INSTALLER #	

EHS SIGNATURE [Signature]	DATE 12-1-93	EHS # 64
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REMARKS 216ft² installed, 400ft² needed (infiltrator)
12-3-93 414ft² = 690ft² equivalent

WATER SYSTEM

PLANS APPROVED YES X NO _____	SAMPLE COLLECTED BY	DATE	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES _____ NO _____	CHEMICAL PARAMETERS TESTED 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 # 64
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REMARKS Existing well about 72' from well

APPROVED PLANS

AS BUILT PLANS

