

WATER AND SEWER PERMIT

66

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name <i>Thomas H. McMahon</i>	Phone <i>232 8539</i>	Property Address <i>3291 Pock CK RD</i>
Address <i>Rt 4 Pocktoke Ck</i>		Legal Description <i>Section 16 Township 65 Range 34</i>
Report To	Funding <input checked="" type="checkbox"/> Governmental <input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input checked="" type="checkbox"/> Existing

SEWAGE SYSTEM

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

Permit No. <i>2072</i>
SIZE: No. Bedrooms <i>1</i> , Septic Tank <i>1000</i> gal., Disposal Area <i>N/A</i> sq. ft. TYPE: <input checked="" type="checkbox"/> Trench, <input type="checkbox"/> Pit, <input type="checkbox"/> Sand Filter, <input type="checkbox"/> Bed, <input type="checkbox"/> E.T., <input type="checkbox"/> Modified Permit Fee <i>30.00</i>
Dimensions: Maximum Depth below Ground Surface PLOT PLAN: <input checked="" type="checkbox"/> Approved, <input type="checkbox"/> Disapproved By: <i>Tom Hopkins</i> Date: <i>4-22-83</i>
Remarks: Applicant's Signature X <i>T. H. McMahon</i> Ad Permit Fee

INSPECTION

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

SEPTIC TANK Size <i>1000</i> gal.	STANDPIPE <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	Manhole Depth <i>12"</i>	DEPTH OF Ground Water <i>8'-0"</i>	Bedrock <i>-</i>	Gravel <i>-</i>	Rock Under Pipe <i>12"</i>
Minimum Distances as per Regulations <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No	Approved Aggregate <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	Effective Disposal Area <i>285</i> sq. ft.	Installer <i>SELF &amp; TIM HULL</i>			
EXISTING SYSTEM: Appears to meet Standards/Regs <input type="checkbox"/> Yes, <input type="checkbox"/> No	INSTALLATION: <input checked="" type="checkbox"/> Approved, <input type="checkbox"/> Disapproved	By: <i>X Tom Hopkins</i>	Date: <i>4-27-83</i>			
Remarks: <i>SEE ATTACHED MEMO.</i>			Permit Fee			

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 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: <i>X</i>	Date	
Remarks			Permit Fee	

DIAGRAM

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

NOTE: This permit is issued to replace an old steel septic tank. Permittee is also adding 2 leach lines to existing leach lines. This system will be closer to creek than regulations but due to existing nature of building it cannot be done otherwise

