

G.W., G.W.

JURISDICTION 65 SOUTHEASTERN DISTRICT HEALTH DEPARTMENT  
370 465 MEMORIAL DRIVE POCATELLO, ID

FEE PD  Y  N  
PERMIT # 45652

TRAVEL TIME: 30 min  
INSPECTION TIME: 45 min

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

NAME <u>Georgia Roach</u>		PHONE <u>237-4404</u>	PROPERTY ADDRESS <u>4241 Hawthorne Rd.</u>		
MAILING ADDRESS:		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>1</u>			
STREET/P.O. BOX <u>4241 Hawthorne Rd</u>		¼ SECTION <u>55</u> SECTION <u>9</u> TOWNSHIP <u>65</u> RANGE <u>7450M</u>			
CITY <u>Chubbuck Pocatello</u>		LOT # <u>2</u> BLOCK # _____ SUBDIVISION _____			
STATE <u>ID</u> ZIP <u>83204</u>		PARCEL # <u>RPCPP001600</u> FROM TAX ASSESSOR'S OFFICE			
SEPTIC TANK SIZE <u>900</u> gal.	EST TYPE <u>232</u>	EFFECTIVE DISPOSAL AREA <u>383</u> SQ.FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>4 feet</u>	# BEDROOMS <u>1</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <u>Steve J. Row</u>	EHS # <u>64</u>	APPLICANT SIGNATURE <u>James E. Estel</u>	DATE <u>10-8-93</u>
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REMARKS

**INSPECTION**

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

SEPTIC TANK SIZE <u>1000</u> gal <u>rowner co</u>	STANDPIPE: ( ) YES ( ) NO	MANHOLE DEPTH <u>8"</u>	DEPTH BELOW GROUND SURFACE <u>4</u>	ROCK UNDER PIPE <u>infilled</u>
EFFECTIVE DISPOSAL AREA <u>241</u> sq. ft. <u>infilled</u>	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER <u>James Estel</u>		INSTALLER # <u>903</u>

EHS SIGNATURE <u>Craig Madson</u>	DATE <u>10/12/93</u>	EHS # <u>65</u>
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REMARKS

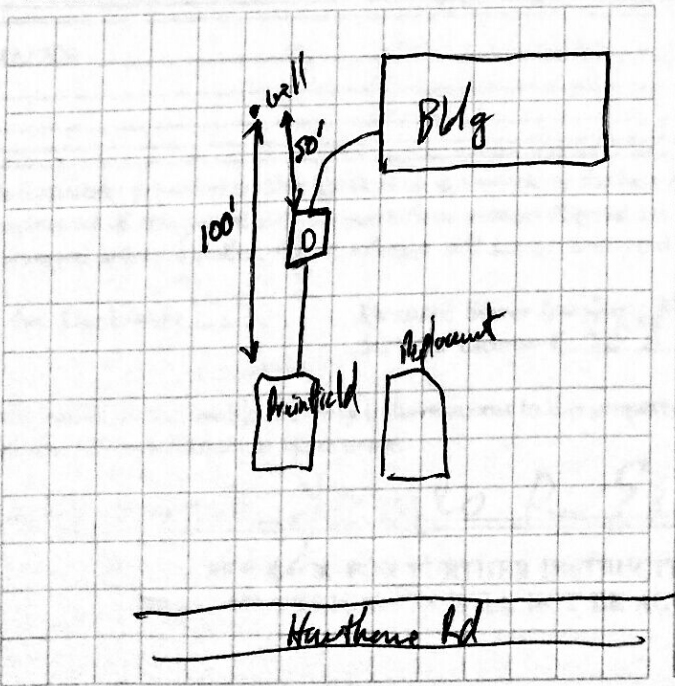
**WATER SYSTEM**

PLANS APPROVED YES _____ NO _____	SAMPLE COLLECTED BY _____	DATE _____	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES _____ NO _____	CHEMICAL PARAMETERS TESTED _____	SYSTEM PUBLIC _____ PRIVATE <input checked="" type="checkbox"/>	

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION ( ) YES ( ) NO	EHS SIGNATURE _____	EHS # _____
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REMARKS

**APPROVED PLANS**



**AS BUILT PLANS**

