

WATER AND SEWER PERMIT

District Health Department

PLANNING & ZONING APPROVAL

Name JOSE & FRANCES GONZALEZ	Phone 232-2736	Property Address FALCON MOUNTAIN DRIVE
Address 348 RICHLANDS POCAHONTS ID	Legal Description T6S R34 SECTION 21	
Report To 0300 B-2	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input 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

No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 556 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed	<input type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee \$50.00
Dimensions	Maximum Depth below Ground Surface 4' or 48"	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Edward G. M...		Date 6/17/92
Remarks			Applicant's Signature FRANCES GONZALEZ			Permit Fee RECEIPT # 5794

SOIL TYPE **B-2**

INSPECTION

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

SEPTIC TANK 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 16"	DEPTH OF —	Ground Water	Bedrock —	Gravel —	Rock Under Pipe 6"
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 672 sq. ft.	Installer Self				
EXISTING SYSTEM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Appears to meet Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Edward J. Pur			Date 9-4-92	

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 6/17/92	Permit Fee
Min. Distances as per Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	CHEMICAL TOLERANCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd	System <input type="checkbox"/> Public <input checked="" 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 Edward G. M...	Date	

Remarks: **Still in Construction Phase**

DIAGRAM

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

