

JURISDICTION 0300

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
12-17 12-21 465 MEMORIAL DRIVE
POCATELLO, ID

G.W.G.W \$9000
FEE PD 12 Y N
PERMIT # 89289

TRAVEL TIME: 30 / 30
INSPECTION TIME: 45 / 30

237-1459 *

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

NAME <i>Victor E. Loisel</i>		PHONE <i>237-7636</i>	PROPERTY ADDRESS <i>1707 Glacier Pocatello, Id. 83201</i>		
MAILING ADDRESS: <i>Philbow Rd</i>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <i>3</i>			
STREET/P.O. BOX		1/4 SECTION <i>NE</i> SECTION <i>8</i> TOWNSHIP <i>6S</i> RANGE <i>34E</i>			
CITY <i>Chubbick</i>		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE <i>Idaho</i> ZIP <i>83202</i>		PARCEL # <i>3853014404</i> FROM TAX ASSESSOR'S OFFICE			
SEPTIC TANK SIZE <i>1000</i> gal.	EST TYPE <i>232</i>	EFFECTIVE DISPOSAL AREA <i>536</i> SQ.FT.	SOIL TYPE <i>B2</i>	MAXIMUM DEPTH BELOW GROUND SURFACE <i>4'</i>	# BEDROOMS <i>3</i>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <i>Richard Larum</i>	EHS # <i>47</i>	APPLICANT SIGNATURE <i>Victor E. Loisel</i>	DATE <i>9-17-94</i>
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REMARKS

INSPECTION

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

SEPTIC TANK SIZE <i>1000</i> gal.	STANDPIPE: (X) YES () NO	MANHOLE DEPTH <i>Both tanks 12</i>	DEPTH BELOW GROUND SURFACE <i>6"</i>	ROCK UNDER PIPE
EFFECTIVE DISPOSAL AREA <i>612</i> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> <i>12-21-94</i> DISAPPROVED <input checked="" type="checkbox"/>	INSTALLER <i>Freddie Const.</i>		INSTALLER #

EHS SIGNATURE <i>Steve S. P...</i>	DATE <i>12-14-94</i>	<i>Approved 12-21-94 SP</i>	EHS # <i>64</i>
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REMARKS *Pump chamber not approved, need high level alarm screen feed*

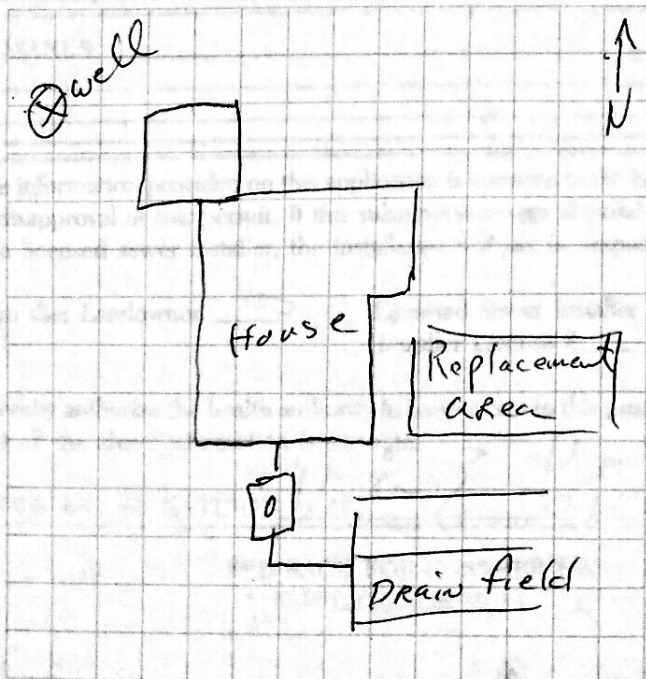
WATER SYSTEM

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

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION (X) YES () NO	EHS SIGNATURE <i>Steve S. P...</i>	EHS # <i>64</i>
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REMARKS

APPROVED PLANS



AS BUILT PLANS

