

JURISDICTION  
3900

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT  
465 MEMORIAL DRIVE  
POCATELLO, ID

60W. RM  
FEE PD  Y  N  
PERMIT # 85965

TRAVEL TIME: 30  
INSPECTION TIME: 60

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

NAME <i>Re: Esth Turner Tommy Douglas Estate</i>		PHONE 232-5232	PROPERTY ADDRESS 1349 Douglas Ln		
MAILING ADDRESS:		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>2</u>			
STREET/P.O. BOX <i>1355 Douglas Ln</i>		1/4 SECTION _____ SECTION <u>6</u> TOWNSHIP <u>16</u> RANGE <u>3F</u>			
CITY <i>Pocatello</i>		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE <u>ID</u> ZIP <u>83204</u>		PARCEL # <u>M420112-01</u> FROM TAX ASSESSOR'S OFFICE			
SEPTIC TANK SIZE <u>900</u> gal.	EST TYPE <u>233</u>	EFFECTIVE DISPOSAL AREA <u>444</u> SQ.FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>4 feet</u>	# BEDROOMS <u>2</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <i>[Signature]</i>	EHS # <u>64</u>	APPLICANT SIGNATURE <i>By Esth Turner Tommy Paul Douglas Estate</i>	DATE <u>7-18-94</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 <i>w/ filler</i>	STANDPIPE: ( ) YES ( <input checked="" type="checkbox"/> ) NO	MANHOLE DEPTH <u>8"</u>	DEPTH BELOW GROUND SURFACE <u>2'</u>	ROCK UNDER PIPE <u>Domed</u>
EFFECTIVE DISPOSAL AREA <u>450</u> sq. ft. <u>70</u>	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED <input type="checkbox"/>	<u>7/21/94</u> <i>over</i>	INSTALLER <u>J &amp; J</u>	INSTALLER #

EHS SIGNATURE <i>Craig Madison</i>	DATE <u>7/22/94</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 _____ WITHIN LIMITS YES _____ NO _____		SYSTEM PUBLIC _____ PRIVATE _____
WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION ( ) YES ( ) NO	EHS SIGNATURE		EHS #

REMARKS

**APPROVED PLANS**

**AS BUILT PLANS**

