

JURISDICTION
300
TRAVEL TIME: 30
INSPECTION TIME: 45

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
465 MEMORIAL DRIVE
POCATELLO, ID

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FEE PD Y N
PERMIT # 12463

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

NAME Ernie Conan		PHONE 238 6263	PROPERTY ADDRESS 14675 West Chubbuck Rd		
MAILING ADDRESS: 14675 west Chubbuck Rd		LEGAL DESCRIPTION: LOT SIZE (ACRES) 3/40			
STREET/P.O. BOX		1/4 SECTION NW SECTION 8 TOWNSHIP 6 RANGE 34			
CITY Chubbuck		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE ID		ZIP 83202		PARCEL # 123853013900 FROM TAX ASSESSOR'S OFFICE	
SEPTIC TANK SIZE 1000 gal.	EST TYPE existing	EFFECTIVE DISPOSAL AREA 233	SOIL TYPE B2	MAXIMUM DEPTH BELOW GROUND SURFACE Replacement	# BEDROOMS 3

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME LANDOWNER

EHS SIGNATURE <i>[Signature]</i>	EHS # 69	APPLICANT SIGNATURE <i>[Signature]</i>	DATE 8/6/96
REMARKS			

INSPECTION

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

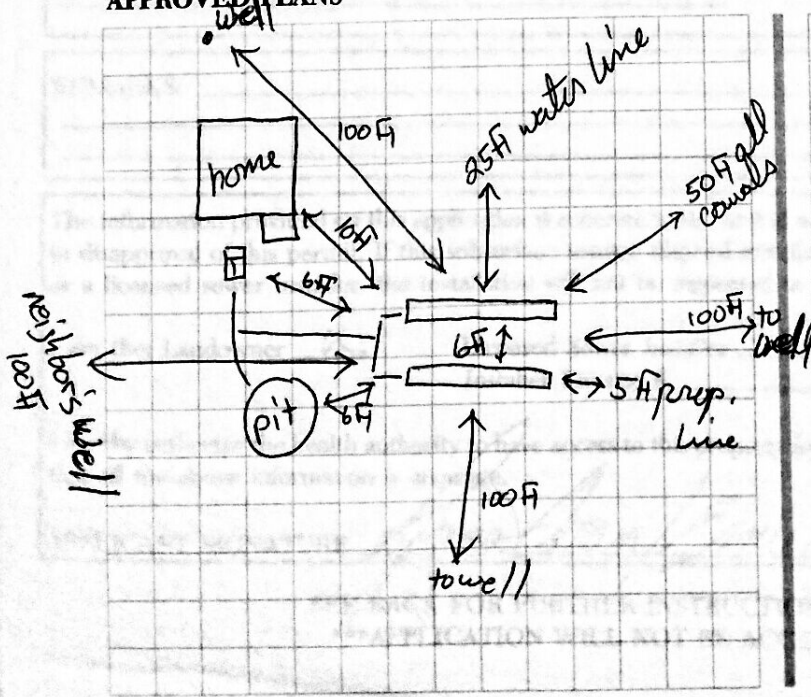
SEPTIC TANK SIZE 1000 gal	STANDPIPE: (X) YES () NO	MANHOLE DEPTH 3in	DEPTH BELOW GROUND SURFACE 5ft	ROCK UNDER PIPE Infil
EFFECTIVE DISPOSAL AREA 575 sq ft	INSTALLATION APPROVED X DISAPPROVED _____	INSTALLER HUD exc. 14565		
EHS SIGNATURE <i>[Signature]</i>	DATE 08 07 96	EHS # 69		
REMARKS Code = G				

WATER SYSTEM

PLANS APPROVED YES X NO _____	SAMPLE COLLECTED BY _____	DATE _____	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES X NO _____	CHEMICAL PARAMETERS TESTED WITHIN LIMITS YES _____ NO _____	SYSTEM PUBLIC _____ PRIVATE X	
WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION (X) YES () NO	EHS SIGNATURE <i>[Signature]</i> EHS # _____		
REMARKS			

no lateral line over 100ft

APPROVED PLANS



AS BUILT PLANS

