69
040497

6W

JURISDICTION 300	65 4-2-97	SOUTHEASTERN DISTRICT HEALTH DEPARTMENT 465 MEMORIAL DRIVE POCATELLO, ID	FEE PD X Y ___ N PERMIT # 118352

TRAVEL TIME: – / 30 /
INSPECTION TIME: 30 / 30 /

Code G

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

NAME	PHONE	PROPERTY ADDRESS
Dale Jones	238 0461	Facer Mountain Rd

MAILING ADDRESS: 1265 Cottage
STREET/P.O. BOX
CITY Pocatello
STATE Idaho ZIP 83201

LEGAL DESCRIPTION: LOT SIZE (ACRES) 5.0
¼ SECTION SE SECTION 21 TOWNSHIP 6 RANGE 34
LOT # ___ BLOCK # ___ SUBDIVISION ___
PARCEL # 123853022302 FROM TAX ASSESSOR'S OFFICE

SEPTIC TANK SIZE	EST TYPE	EFFECTIVE DISPOSAL AREA	SOIL TYPE	MAXIMUM DEPTH BELOW GROUND SURFACE	# BEDROOMS
1750 gal.	232	1101 SQ.FT.	B2	2 ft	7

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE	EHS #	APPLICANT SIGNATURE	DATE
[signature]	69	Dale Jones	3-11-97

REMARKS Do not approve until Kenny Campbell gets licensed. He dug Trenches.

INSPECTION

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

SEPTIC TANK SIZE	STANDPIPE:	MANHOLE DEPTH	DEPTH BELOW GROUND SURFACE	ROCK UNDER PIPE
2(1000) gal pre casts	( ) YES (X) NO	at surface	2 ft	Infil.

EFFECTIVE DISPOSAL AREA	INSTALLATION	INSTALLER	INSTALLER #
1066 sq. ft.	APPROVED ___ DISAPPROVED X	Self & Kenny Campbell	NA

EHS SIGNATURE	DATE	EHS #
[signature]	040497	69

REMARKS well was being installed at inspection time. As of 05/16/00 Kenny Campbell is not to be found. Though Mr Campbell never got licensed installation appearantly was OK.

WATER SYSTEM

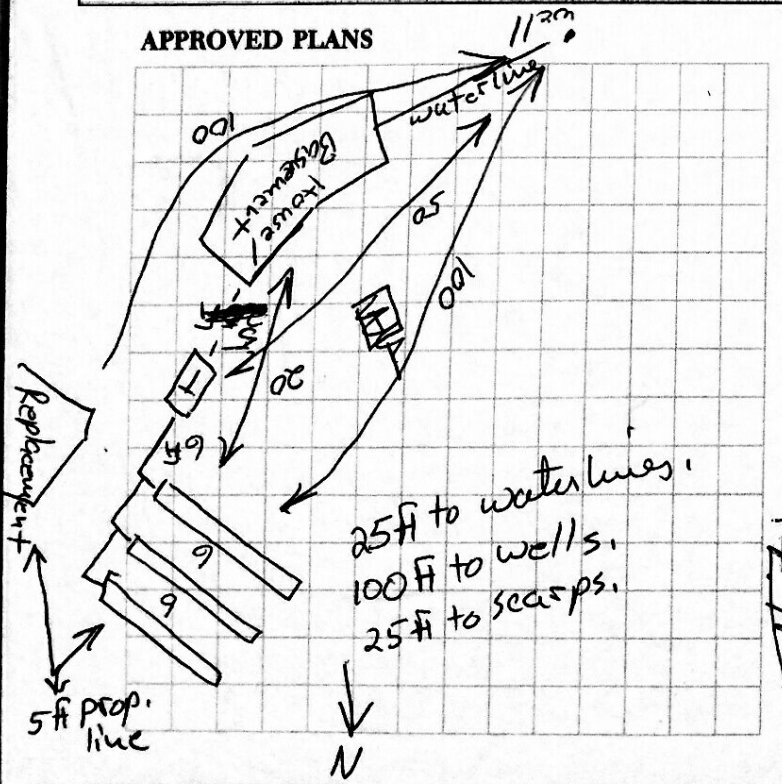
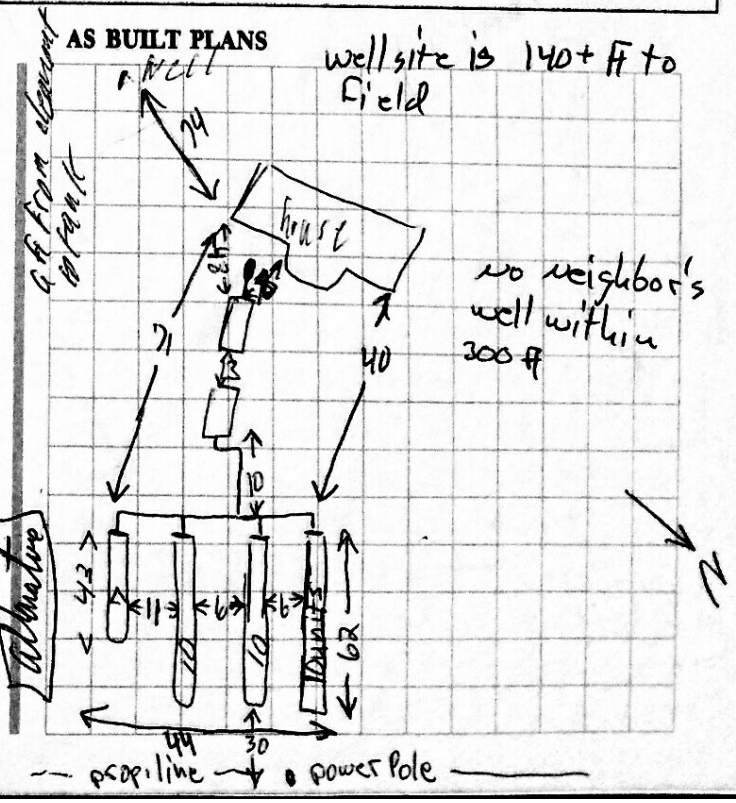
PLANS APPROVED	SAMPLE COLLECTED BY	DATE	STATE LAB INDICATES INTESTINAL BACTERIA
YES X NO ___			WERE ___ WERE NOT ___ FOUND

MIN. DISTANCES PER STANDARDS/REGS.	CHEMICAL PARAMETERS TESTED WITHIN LIMITS	SYSTEM
YES X NO ___	YES ___ NO ___	PUBLIC ___ PRIVATE X

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

REMARKS

APPROVED PLANS



AS BUILT PLANS