

6w
11944

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
SEWER APPLICATION & PARCEL SURVEY

JURISDICTION
390

Shaded Area - OFFICE USE ONLY

FEE PAID Y190 N _____
PERMIT # 130077

ON-SITE CONDUCTED APP () DISAPP
EHS # 69
DATE 07 30 98
TRAVEL TIME: 30
SEQUENCE # 60

DATE 69
OFFICE TIME 07 30 98
EHS # 15

***COPY OF DEED REQUIRED

NAME <u>Kelly + Valerie Smith</u>	PHONE <u>238-8268</u>	MAILING ADDRESS STREET/P.O. BOX <u>939 Jones Dr.</u> CITY <u>Pocatello</u> STATE <u>ID</u> ZIP <u>83201</u>
PROPERTY ADDRESS STREET <u>S. Grant</u> CITY <u>Pocatello</u> STATE <u>Idaho</u>		ORIGINAL OWNER'S NAME <u>Molly Ann Burrows</u>
LEGAL DESCRIPTION: ¼ SECTION <u>the corner</u> SECTION <u>35</u> TOWNSHIP <u>6 South</u> RANGE <u>34 East</u> LOT # _____ BLOCK # _____ SUBDIVISION _____		LOT SIZE (acres) <u>2.15</u>
PARCEL # FROM TAX ASSESSOR'S OFFICE _____		

BRIEF DIRECTIONS TO PROPERTY: S. Grant just after Fore Rd.

PLEASE COMPLETE THE FOLLOWING INFORMATION

TYPE OF DWELLING <input checked="" type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTIPLE FAMILY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER	# BEDROOMS <u>2</u> # EMPLOYEES _____ SOIL TYPE _____	TYPE OF INSTALLATION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT	WATER SUPPLY <input type="checkbox"/> PRIVATE <input type="checkbox"/> WELL <input type="checkbox"/> SPRING <input checked="" type="checkbox"/> PUBLIC	TYPE OF DISPOSAL SYSTEM <input checked="" type="checkbox"/> DRAINFIELD <input type="checkbox"/> ABSORPTION BED <input type="checkbox"/> BASIC ALTERNATIVE <input type="checkbox"/> COMPLEX ALTERNATIVE
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PLEASE COMPLETE THE GEOLOGICAL INFORMATION

HIGHEST SEASONAL GROUNDWATER DEPTH _____ FT. WHAT TIME OF YEAR? _____ DESCRIBE THE SOIL _____	DEPTH TO BEDROCK _____ TYPE OF BEDROCK <input type="checkbox"/> LAVA <input type="checkbox"/> SHALE <input type="checkbox"/> OTHER	ROCK OUTCROPS <input type="checkbox"/> YES <input type="checkbox"/> NO
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REMARKS: Permit maybe issued, Transfer fee, Test Holes dug by Larry Borstel # 912

The information provided on this application is accurate to the best of my knowledge. I understand that any false statements may result in disapproval of this permit. If this subsurface sewage disposal installation is constructed by anyone other than the home/landowner or a licensed sewer installer, the installation will not be inspected or approved. Section 1-3006.01 - 1-3007.01.

I am the: Landowner _____ Licensed Sewer Installer _____ Building Contractor
Installer License # _____

I hereby authorize the health authority to have access to this property for the purpose of performing the requested services and I certify that all the above information is accurate.

APPLICANT SIGNATURE Heather B. Fuller DATE 7-29-98

SEE BACK FOR FURTHER INSTRUCTIONS AND DIAGRAM OF PROPERTY
***APPLICATION WILL NOT BE ACCEPTED W/O DIAGRAM ON BACK