

JURISDICTION **390**
 TRAVEL TIME: 30
 INSPECTION TIME: 30

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
 1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201

FEE PD Y N
 PERMIT # **136128**

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

| | | | | |
|--|------------------------|---|--|--|
| NAME Francis Gueto Gull (Rulon S.) | | PHONE | PROPERTY ADDRESS 1918 West Quinn | |
| MAILING ADDRESS: 22115L Yonhill Rd | | LEGAL DESCRIPTION: LOT SIZE (ACRES) 40 | | |
| STREET/P.O. BOX 1918 West Quinn | | 1/4 SECTION | SECTION 17 | TOWNSHIP 6 RANGE 34 |
| CITY Pocatello | | LOT # | BLOCK # | SUBDIVISION |
| STATE Oregon ZIP 87030 | | PARCEL # FROM TAX ASSESSOR'S OFFICE | | |
| SEPTIC TANK SIZE existing gal. | EST TYPE 233 | EFFECTIVE DISPOSAL AREA 333 SQ.FT. | SOIL TYPE 3-2 | MAXIMUM DEPTH BELOW GROUND SURFACE Replacement |
| | | | | # BEDROOMS 1 |

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

| | | | |
|-------------------------------------|-----------------|---|------------------------|
| EHS SIGNATURE <i>[Signature]</i> | EHS # 69 | APPLICANT SIGNATURE Blaine Halder | DATE 5-14-99 |
|-------------------------------------|-----------------|---|------------------------|

REMARKS **Don't drive over system or flood irrigate over it either. Final approval will not be given without receipt of deed and inspection parcel # copies, and legal description. THE DISTRICT HEALTH DEPARTMENT SHALL BE NOTIFIED OF INSTALLATION 48 HOURS PRIOR TO BACKFILLING**

| | | | | |
|---|--|--|---|------------------------------------|
| SEPTIC TANK SIZE existing gal. | STANDPIPE: () YES (X) NO | MANHOLE DEPTH with 12" riser | DEPTH BELOW GROUND SURFACE 4.5' | ROCK UNDER PIPE MA Grass |
| EFFECTIVE DISPOSAL AREA 228 sq. ft. | INSTALLATION APPROVED _____ DISAPPROVED X | INSTALLER Blaine Halder | INSTALLER # 24646 | |

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|----------------------------------|------------------------|------------------|--------------------|
| EHS SIGNATURE Ed G. M. | DATE 5/17/99 | CODE G | EHS # 38 |
|----------------------------------|------------------------|------------------|--------------------|

REMARKS **one line only 5/17/99 NOT APPROVED until current deed is returned. EAM**

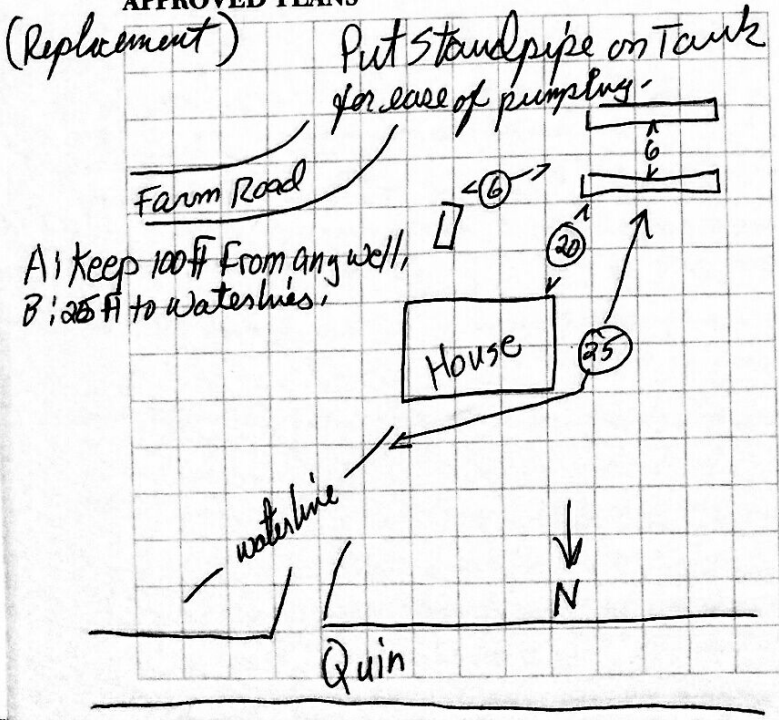
WATER SYSTEM

| | | | |
|--|--|------|--|
| PLANS APPROVED YES X NO _____ | SAMPLE COLLECTED BY | DATE | STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND |
| MIN. DISTANCES PER STANDARDS/REGS. YES _____ NO _____ | CHEMICAL PARAMETERS TESTED WITHIN LIMITS YES _____ NO _____ | | SYSTEM PUBLIC X PRIVATE _____ |

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

REMARKS

APPROVED PLANS



AS BUILT PLANS

