

WATER AND SEWER PERMIT

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name <i>Elden Bickley</i>	Phone	Property Address?
Address <i>SH 12 Drive (Johnny Post)</i>		Legal Description <i>T7S R34E Sec 12</i>
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input type="checkbox"/> Existing Loan No.

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

Permit No. _____

SIZE <i>3</i>	No. Bedrooms <i>3</i>	Septic Tank <i>EXISTING 1000</i> gal.	Disposal Area <i>570</i> sq. ft.	TYPE <input type="checkbox"/> Trench <input type="checkbox"/> Bed <input checked="" type="checkbox"/> Pit <input type="checkbox"/> E.T.	Sand Filter <input type="checkbox"/> Modified	Permit Fee _____	
Dimensions <i>10' deep x 19' diam</i>		Maximum Depth below Ground Surface <i>~15'</i>		PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By <i>Fred Huffman</i>	
Remarks <i>Hold for certification</i>				Applicant's Signature <i>X Doug Evans</i>		Date <i>3/15/79</i>	

INSPECTION

The District Health Department shall be notified of installation _____ prior to installation

SEPTIC TANK <i>1000</i> gal.	Size <i>1000</i> gal.	STANDPIPE <input type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No		Effective Disposal Area <i>580</i> sq. ft.		Installer <i>Doug Evans Const.</i>	
EXISTING SYSTEM Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No			INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By <i>X Fred Huffman</i>		Date <i>3/15/79</i>
Remarks <i>pit 11' deep below inlet + 16' x 17.5 oval</i>							

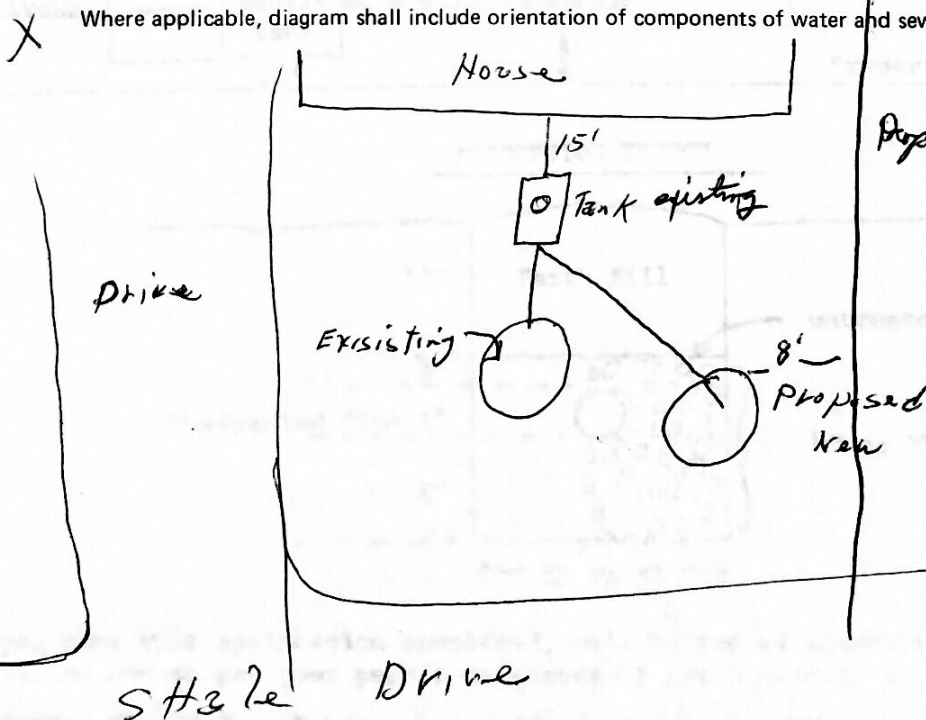
WATER SYSTEM

Permit No. _____

Plans Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	State Laboratory indicates intestinal bacteria <input type="checkbox"/> were <input type="checkbox"/> were not found in water.	Sample Collected By	Date	Permit Fee
Min. Distances as per Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No		CHEMICAL TOLERANCES Acceptable Limits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd		System <input type="checkbox"/> Public <input type="checkbox"/> Private
Existing System appears to comply with all requirements of Health Dist. and State of Idaho Drinking Water Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No			Complies with Health Dist. and/or State of Idaho Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	
INSTALLATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			By <i>X</i>	
Remarks				Permit Fee

DIAGRAM

Where applicable, diagram shall include orientation of components of water and sewage systems



This permit
pertains to an existing
system - sewage
pit replaced
ONLY