

11-29-00

GW16W

# 363

JURISDICTION 390

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

FEE PD  Y  N  
PERMIT # 151261

TRAVEL TIME: 60  
INSPECTION TIME: 60

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

NAME <b>Chris Robbins</b>		PHONE <b>212-4055</b>	PROPERTY ADDRESS <b>8757 N. Kraat Rd</b>		
MAILING ADDRESS:		LEGAL DESCRIPTION: LOT SIZE (ACRES)			
STREET/PO BOX <b>8757 N Kraat Rd.</b>		1/4 SECTION	SECTION <b>21</b>	TOWNSHIP <b>6</b>	RANGE <b>34</b>
CITY <b>Poc</b>		LOT #	BLOCK #	SUBDIVISION	
STATE <b>ID</b>		ZIP	PARCEL # <b>R3853023800</b> FROM TAX ASSESSOR'S OFFICE		
SEPTIC TANK SIZE <b>1000 gal.</b>	EST TYPE <b>233</b>	EFFECTIVE DISPOSAL AREA <b>556 SQ.FT.</b>	SOIL TYPE <b>B2</b>	MAXIMUM DEPTH BELOW GROUND SURFACE <b>4'</b>	# BEDROOMS <b>3</b>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <b>Chris Maden</b>	EHS # <b>65</b>	APPLICANT SIGNATURE <b>(Signature)</b>	DATE <b>11-17-00</b>
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REMARKS ~~Not installed~~

INSPECTION

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

SEPTIC TANK SIZE <b>1000 gal present</b>	STANDPIPE: ( ) YES ( <input checked="" type="checkbox"/> ) NO	MANHOLE DEPTH <b>18"</b>	DEPTH BELOW GROUND SURFACE <b>3'</b>	ROCK UNDER PIPE <b>Perforator</b>
EFFECTIVE DISPOSAL AREA <b>667 sq. ft.</b>	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED	INSTALLER <b>And Exc.</b>		INSTALLER # <b>14563</b>

EHS SIGNATURE <b>Chris Maden</b>	DATE <b>11-29-00</b>	CODE <b>B</b>	EHS # <b>65</b>
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REMARKS

WATER SYSTEM

PLANS APPROVED <input checked="" type="checkbox"/> NO	SAMPLE COLLECTED BY	DATE	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES _____ NO <input checked="" type="checkbox"/> cum	CHEMICAL PARAMETERS TESTED _____ WITHIN LIMITS YES _____ NO _____		SYSTEM PUBLIC _____ PRIVATE <input checked="" type="checkbox"/>

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION ( <input checked="" type="checkbox"/> ) YES ( <input type="checkbox"/> ) NO cum	EHS SIGNATURE	EHS #
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REMARKS

