

JURISDICTION 300

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

2-8-01  
FEE PD  Y  N  
PERMIT # 131806

TRAVEL TIME: 60  
INSPECTION TIME: 60

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

NAME David Fuller		PHONE 238-1814	PROPERTY ADDRESS 4870 Buffalo Rd		
MAILING ADDRESS:		LEGAL DESCRIPTION: LOT SIZE (ACRES) 2.09			
STREET/PO BOX 4870 Buffalo Rd		1/4 SECTION SW SECTION 2 TOWNSHIP 6 RANGE 34			
CITY Pocatello		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE Id		ZIP 83202		PARCEL # RCP00100 FROM TAX ASSESSOR'S OFFICE	
SEPTIC TANK SIZE 1500 gal.	EST TYPE 233	EFFECTIVE DISPOSAL AREA 888 SQ.FT.	SOIL TYPE B-2	MAXIMUM DEPTH BELOW GROUND SURFACE 4'	# BEDROOMS 5

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE Craig Madson	EHS # 65	APPLICANT SIGNATURE Amber Fuller	DATE 1-24-01
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REMARKS

INSPECTION

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

SEPTIC TANK SIZE 1500 gal	STANDPIPE: ( ) YES (X) NO	MANHOLE DEPTH 18"	DEPTH BELOW GROUND SURFACE 3'	ROCK UNDER PIPE Twd. / thator's
EFFECTIVE DISPOSAL AREA 888 sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER American Herley 8672		

EHS SIGNATURE Craig Madson	DATE 2-8-01	CODE C	EHS # 65
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REMARKS

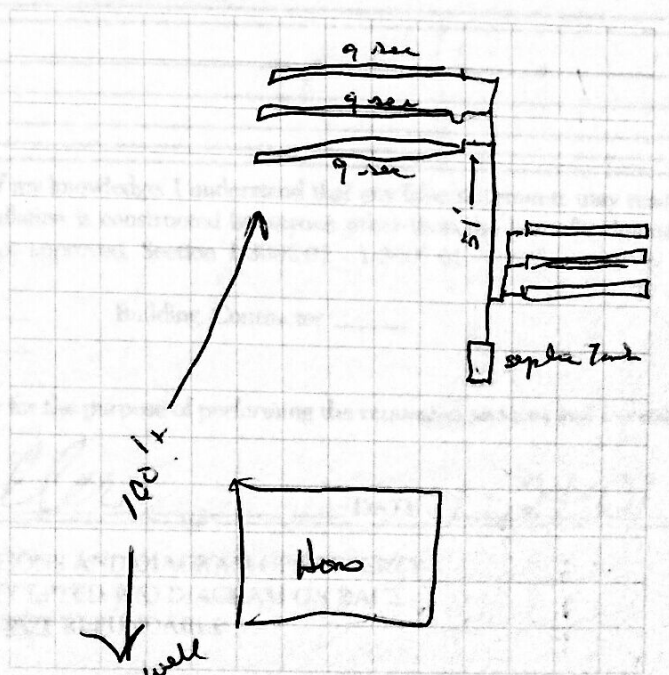
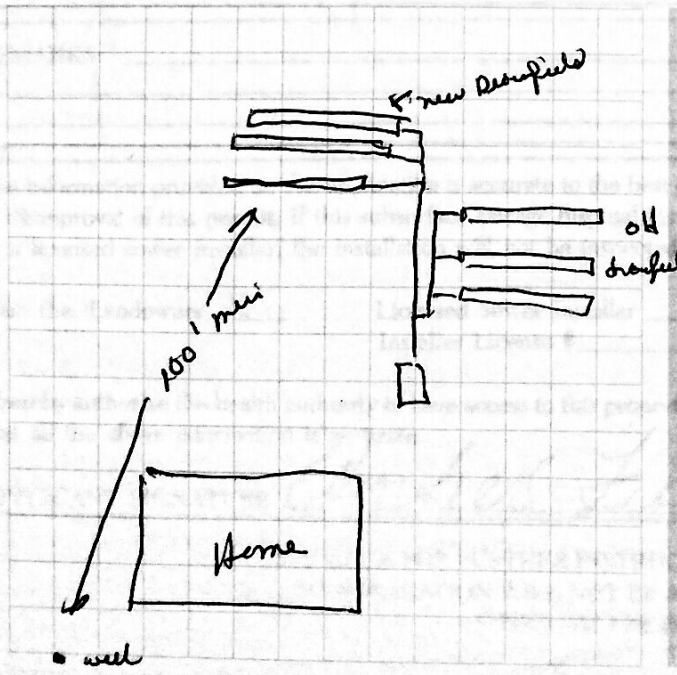
WATER SYSTEM

PLANS APPROVED YES <input checked="" type="checkbox"/> NO _____	SAMPLE COLLECTED BY	DATE	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES <input checked="" type="checkbox"/> NO _____	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 (X) YES ( ) NO	EHS SIGNATURE _____ EHS # _____		

REMARKS

APPROVED PLANS Buffalo Rd → N

AS BUILT PLANS



8  
not for use  
used for