

JURISDICTION 300 03/19/02 06/26/03 GW, GW
SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
 1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201
 FEE PD X Y — N
 PERMIT # 157508

TRAVEL TIME: 30 / 1 / 30
 INSPECTION TIME: 15 / 1 / 160
Non conforming; may be too deep, less than 100ft to well, less than 10ft to foundation.

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

NAME <u>Dave McPherson</u>		PHONE <u>233-5899</u>	PROPERTY ADDRESS <u>3770 Philbin Road</u>	
MAILING ADDRESS: <u>3770 Philbin</u>		LEGAL DESCRIPTION: <u>Suburban Longleaf</u> LOT SIZE (ACRES) <u>0.70</u>		
STREET/P.O. BOX		<u>1/4</u> SECTION	SECTION <u>16</u>	TOWNSHIP <u>16</u> RANGE <u>35/34</u>
CITY <u>Pocatello</u>		LOT # <u>8</u> BLOCK # <u>1</u> SUBDIVISION <u>Home Acres 1st Add.</u>		
STATE <u>IDAHO</u> ZIP <u>83201</u>		PARCEL # <u>RPHD/003000</u> FROM TAX ASSESSOR'S OFFICE		
SEPTIC TANK SIZE <u>1000</u> gal.	EST TYPE <u>233</u>	EFFECTIVE DISPOSAL AREA <u>556</u> SQ.FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>Replacement</u>
				# BEDROOMS <u>3</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <u>Gabe Faulk</u>	EHS # <u>69</u>	APPLICANT SIGNATURE <u>Dave McPherson</u>	DATE <u>3/6/02</u>
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REMARKS Replace Existing Tank. Letter from City is Attached, City water not available.

INSPECTION

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

SEPTIC TANK SIZE <u>1000</u> gal	STANDPIPE: (X) YES () NO	MANHOLE DEPTH <u>3ft to bin tank top</u>	DEPTH BELOW GROUND SURFACE	ROCK UNDER PIPE <u>20 Infi/tractors</u>
EFFECTIVE DISPOSAL AREA <u>530</u> sq. ft.	INSTALLATION APPROVED <u>X</u> DISAPPROVED	INSTALLER <u>J&J/self</u>	INSTALLER #	

EHS SIGNATURE <u>Gabe Faulk</u>	DATE <u>06/26/03</u>	CODE <u>0</u>	EHS # <u>69</u>
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REMARKS Straight cut distance from Home to Tank is 11ft, distance from Home meet Porch to tank is 13 1/2 ft. 03/19/02 is tank inspection only. Drainfield remains, Tank approved.

WATER SYSTEM

PLANS APPROVED YES <u>X</u> NO	SAMPLE COLLECTED BY	DATE	STATE LAB INDICATES INTESTINAL BACTERIA WERE <u>—</u> WERE NOT <u>—</u> FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES <u>—</u> NO	CHEMICAL PARAMETERS TESTED WITHIN LIMITS YES <u>—</u> NO	SYSTEM PUBLIC <u>—</u> PRIVATE <u>X</u>	
WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION () YES () NO	EHS SIGNATURE _____ EHS # _____		

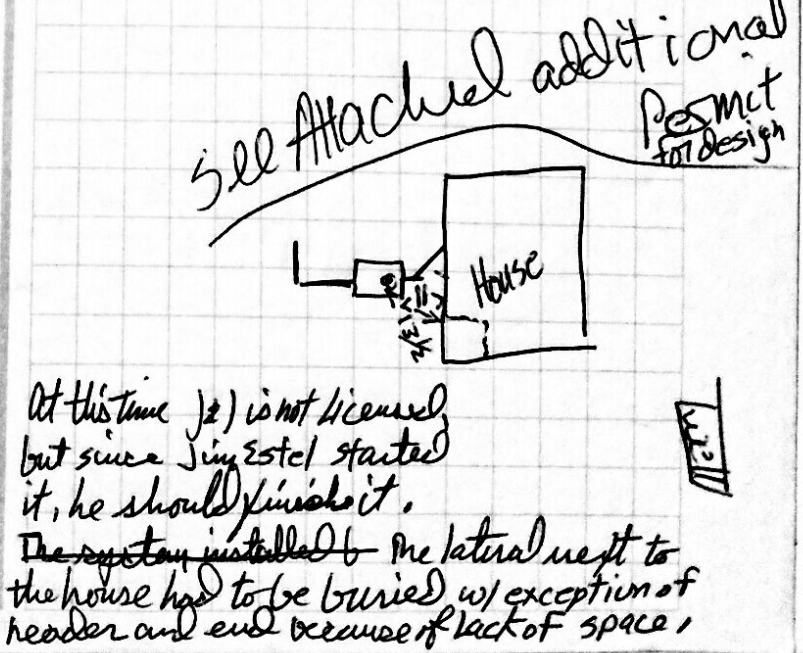
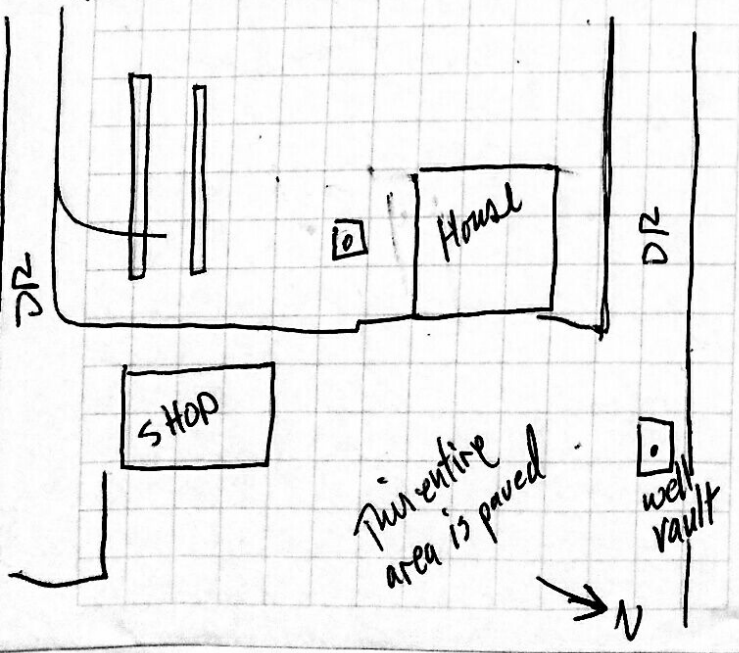
REMARKS

APPROVED PLANS

AS BUILT PLANS

Philbin Road

Philbin Rd



(300 lot # 14-03, 03/19/02)