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PERMIT # 16104

**TRAVEL TIME:****INSPECTION TIME:**

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

NAME <b>Ken Snyder</b>		PHONE <b>237-2008</b>		PROPERTY ADDRESS <b>5590 Whitaker Rd</b>	
MAILING ADDRESS <b>5590 Whitaker Rd</b>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <b>2</b>			
STREET/P.O. BOX		1/4 SECTION <b>DW</b> SECTION <b>2</b> TOWNSHIP <b>6</b> RANGE <b>34</b>			
CITY <b>Chubbuck</b>		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE <b>IDAHO</b>		ZIP <b>83202</b>		PARCEL # <b>12CCPC005604</b> FROM TAX ASSESSOR'S OFFICE	
SEPTIC TANK SIZE gal.	EST TYPE <b>233</b>	EFFECTIVE DISPOSAL AREA <b>467</b> SQ. FT.	SOIL TYPE <b>B2</b>	MAXIMUM DEPTH BELOW GROUND SURFACE <b>Replacement</b>	# BEDROOMS <b>4</b>


INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

DATE	EHS SIGNATURE	EHS#	APPLICANT SIGNATURE
12/04/02		109	
REMARKS	Recommend use of wire mesh 1/2 in on Trench Bottom to keep out gophers.		

## INSPECTION

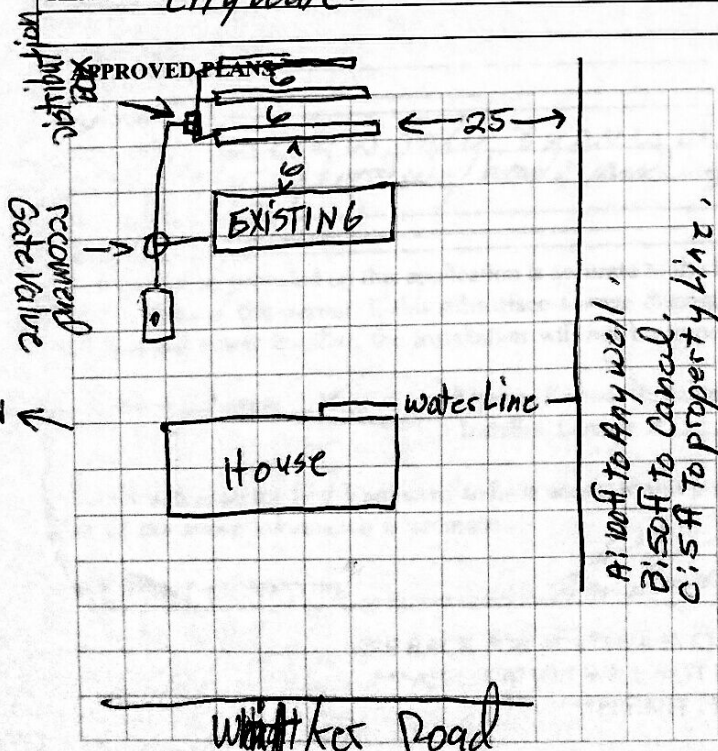
**INSPECTION**  
**THE DISTRICT HEALTH DEPARTMENT SHALL BE NOTIFIED OF INSTALLATION 48 HOURS PRIOR TO BACKFILLING**

SEPTIC TANK SIZE <u>existing</u> _____ gal.	STANDPIPE: <input checked="" type="checkbox"/> YES ( ) NO	MANHOLE DEPTH <u>24 inches</u>	DEPTH BELOW GROUND SURFACE <u>7'4"</u>	ROCK UNDER PIPE <u>23 IN. / 1/2 in. / 1/4 in.</u>
EFFECTIVE DISPOSAL AREA <u>6667</u> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____		INSTALLER <u>Dave Threlson</u> INSTALLER # _____	

EHS SIGNATURE	DATE	CODE	EHS #
	12/13/02	G	69
REMARKS	Change gate valve direction every 2 or 3 years.		

## WATER SYSTEM

PLANS APPROVED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 <input checked="" type="checkbox"/> PRIVATE _____	
WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION ( ) YES ( ) NO				EHS SIGNATURE _____ EHS# _____			
REMARKS <i>City Water</i>							



### AS BUILT PLANS

