

JURISDICTION 05/06/04
 TRAVEL TIME: 30 / 00 / 00
 INSPECTION TIME: 45 / 00 / 00

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

4595
 FEE PD X Y N
 PERMIT # 164091

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

NAME <u>Chad/Natalie Houghton</u>		PHONE <u>406-6242</u>	PROPERTY ADDRESS <u>Trail Creek Road</u>		
MAILING ADDRESS <u>13774 West Trail Creek</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>5</u>			
STREET/P.O. BOX		1/4 SECTION <u>NW</u> SECTION <u>33</u> TOWNSHIP <u>6</u> RANGE <u>34</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____	
CITY <u>Pocatello</u>		PARCEL # _____ FROM TAX ASSESSOR'S OFFICE			
STATE <u>Idaho</u> ZIP <u>83204</u>					
SEPTIC TANK SIZE <u>1000</u> gal.	EST TYPE <u>232</u>	EFFECTIVE DISPOSAL AREA <u>556</u> SQ. FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>4ft</u>	# BEDROOMS <u>3</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

DATE <u>12/06/03</u>	EHS SIGNATURE <u>[Signature]</u>	EHS# <u>69</u>	APPLICANT SIGNATURE <u>[Signature]</u>
REMARKS <u>City letter is attached.</u>			

INSPECTION

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

SEPTIC TANK SIZE <u>1500</u> gal.	STANDPIPE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Both</u>	MANHOLE DEPTH <u>24 inches</u>	DEPTH BELOW GROUND SURFACE <u>4ft</u>	ROCK UNDER PIPE <u>21 Int./traps</u>
EFFECTIVE DISPOSAL AREA <u>610</u> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED <input type="checkbox"/>	INSTALLER <u>Self</u>		INSTALLER # <u>NA</u>

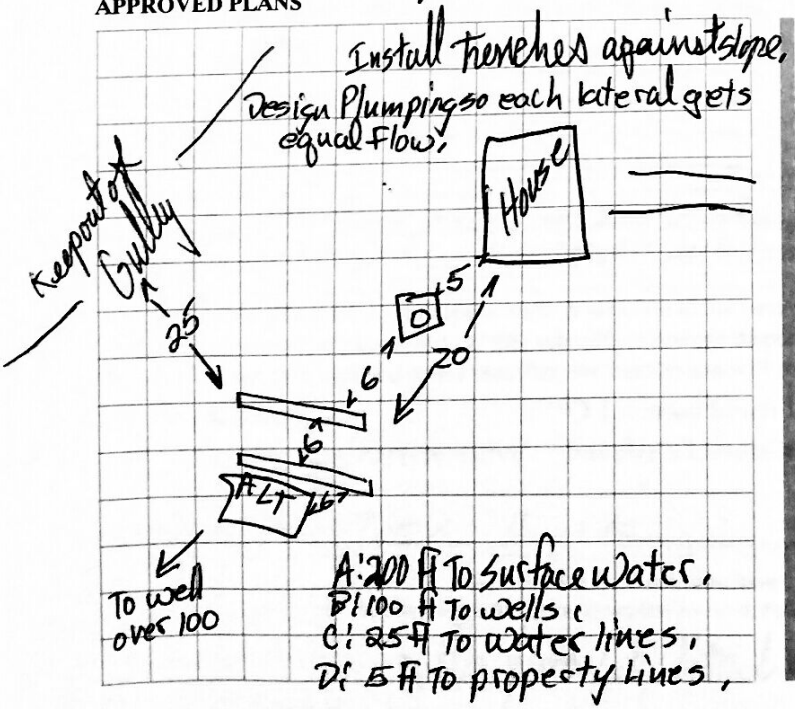
EHS SIGNATURE <u>[Signature]</u>	DATE <u>05/06/04</u>	CODE <u>G</u>	EHS # <u>69</u>
REMARKS <u>Pump Tank every 3 years.</u>			

WATER SYSTEM

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

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION () YES () NO	EHS SIGNATURE	EHS#
REMARKS <u>2 connections acceptable. Was not able to see well. No water line installed at time of inspection.</u>		

APPROVED PLANS



AS BUILT PLANS

