

GW, GW

9966

JURISDICTION 05/05/03 **SOUTHEASTERN DISTRICT HEALTH DEPARTMENT**
 300 69 1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201
 FEE PD X Y N
 PERMIT # 162381

TRAVEL TIME: 30 / 30 / 30
 INSPECTION TIME: 30 / 30 / 30

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

NAME <u>Judy Perkins</u>		PHONE <u>235-1650</u>	PROPERTY ADDRESS <u>1349 Allen</u>	
MAILING ADDRESS <u>1349 Allen</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>1.5</u>		
STREET/P.O. BOX		1/4 SECTION _____ SECTION <u>35</u> TOWNSHIP <u>6</u> RANGE <u>34</u>		
CITY <u>Pocatello</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____		
STATE <u>Idaho</u> ZIP <u>83204</u>		PARCEL # <u>RDCPP100500</u> FROM TAX ASSESSOR'S OFFICE		
SEPTIC TANK SIZE <u>900</u> gal.	EST TYPE <u>233</u>	EFFECTIVE DISPOSAL AREA <u>444</u> SQ. FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>Replacement</u> # BEDROOMS <u>2</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

DATE <u>5/1/03</u>	EHS SIGNATURE <u>[Signature]</u>	EHS# <u>69</u>	APPLICANT SIGNATURE <u>[Signature]</u>
REMARKS			

INSPECTION

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

SEPTIC TANK SIZE <u>1000</u> gal.	STANDPIPE: <input checked="" type="checkbox"/> YES () NO	MANHOLE <u>32 inches to top</u> DEPTH <u>(inches)</u>	DEPTH BELOW GROUND SURFACE <u>4 FT</u>	ROCK UNDER PIPE <u>19 Intubators</u>
EFFECTIVE DISPOSAL AREA <u>556</u> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED <input checked="" type="checkbox"/>	DATE <u>05/05/03</u>	INSTALLER <u>American Heritage</u> INSTALLER # _____	

EHS SIGNATURE <u>[Signature]</u>	DATE <u>05/05/03</u>	CODE <u>0</u>	EHS# <u>69</u>
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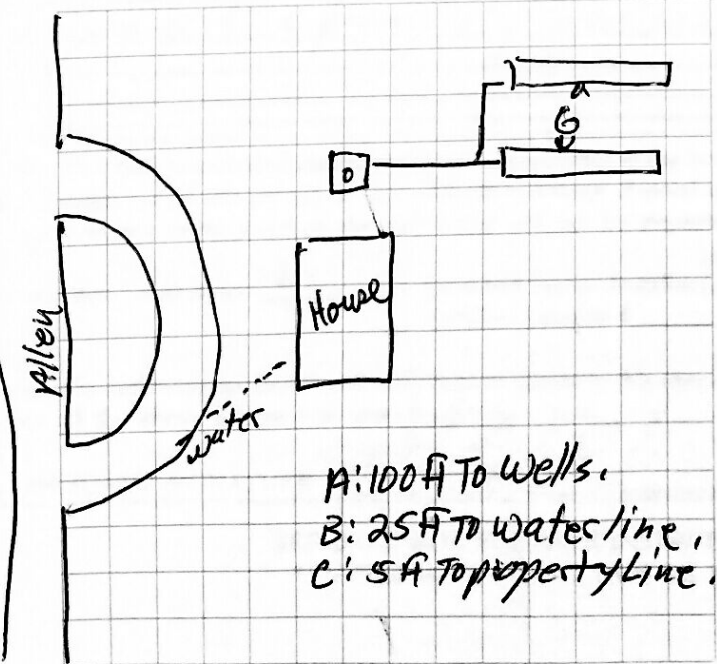
REMARKS American Heritage is not licensed for this year; fee, app, Bond Required.

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 _____ 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 <u>City Water</u>	EHS SIGNATURE _____	EHS# _____
REMARKS		

APPROVED PLANS



AS BUILT PLANS

