

# WATER AND SEWER PERMIT

Southeastern  
District Health Department el

PLANNING & ZONING APPROVAL

Name <i>Dorothy Krebs</i>	Phone <i>232-5125</i>	Property Address
Address <i>2410 So Grant</i>		Legal Description <i>Sec 1 T 75 R 34</i>
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input type="checkbox"/> Existing Loan No.

## SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards Permit No.

*Change 9-15-81*

SIZE <i>2</i>	No. Bedrooms <i>2</i>	Septic Tank <i>1000</i> gal.	Disposal Area <i>380</i> sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee	
Dimensions	Maximum Depth below Ground Surface <i>18</i>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Tom Hopkins</i>	Date <i>9-14-81</i>	Remarks			Permit Fee
Applicant's Signature <i>Dorothy Howe</i>				Date				

## INSPECTION

The District Health Department shall be notified of installation *48 hrs* prior to installation *Backfilling*

SEPTIC TANK Size <i>1000</i> gal.	STANDPIPE <input type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe <i>6"</i>
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area <i>380</i> sq. ft.	Installer <i>R. Browning</i>			
EXISTING SYSTEM Appears to meet Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Tom Hopkins</i>	Date			
Remarks						Permit Fee

## WATER SYSTEM

Plans Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	State Laboratory indicates intestinal bacteria <input type="checkbox"/> were <input type="checkbox"/> were not found in water.	Sample Collected By	Date	Permit Fee
Min. Distances as per Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	CHEMICAL TOLERANCES Acceptable Limits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd	System <input type="checkbox"/> Public <input type="checkbox"/> Private	Complies with Health Dist. and/or State of Idaho Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing System appears to comply with all requirements of Health Dist. and State of Idaho Drinking Water Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>X</i>	Date	
Remarks				Permit Fee

## DIAGRAM

Where applicable, diagram shall include orientation of components of *Portneuf River* water and sewage systems

*NOTE: This system is to replace an existing system that has malfunctioned. System may have to be installed less than 100 feet from river due to existing buildings and topography. River was rerouted closer to the home.*

