

052504 06/04/04 *low low* 1021

JURISDICTION 300 69 SOUTHEASTERN DISTRICT HEALTH DEPARTMENT  
 691901 ALVIN RICKEN DRIVE POCATELLO, ID 83201  
 FEE PD X Y     N  
 PERMIT # 164720

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

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

NAME <u>Bannock County</u>		PHONE <u>237-1340</u>	PROPERTY ADDRESS <u>10588 Fairgrounds Road</u>		
MAILING ADDRESS <u>PO BOX 4055</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>140</u>			
STREET/P.O. BOX		1/4 SECTION <u>NW</u> SECTION <u>12</u> TOWNSHIP <u>6</u> RANGE <u>34</u>			
CITY <u>Pocatello</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE <u>IDAHO</u>		PARCEL # _____ FROM TAX ASSESSOR'S OFFICE			
ZIP <u>83205</u>					
SEPTIC TANK SIZE <u>900</u> gal.	EST TYPE <u>237</u>	EFFECTIVE DISPOSAL AREA <u>333</u> SQ. FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>4F</u>	# BEDROOMS <u>NA</u>

**INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER**

DATE <u>12/8/03</u>	EHS SIGNATURE <i>[Signature]</i>	EHS# <u>69</u>	APPLICANT SIGNATURE <i>[Signature]</i>
REMARKS <u>See attached form for disapproval reasons</u>			

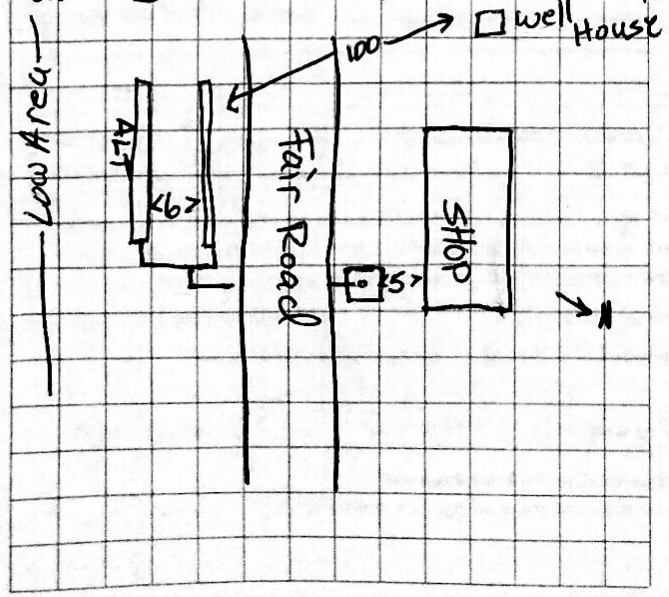
**THE DISTRICT HEALTH DEPARTMENT SHALL BE NOTIFIED OF INSTALLATION 48 HOURS PRIOR TO BACKFILLING**

SEPTIC TANK SIZE <u>1000</u> gal.	STANDPIPE: ( ) YES ( ) NO	MANHOLE DEPTH	DEPTH BELOW GROUND SURFACE <u>4F</u>	ROCK UNDER PIPE <u>13 Infiltrators</u>
EFFECTIVE DISPOSAL AREA <u>333</u> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED <input checked="" type="checkbox"/>	<u>06/04/04</u> * <u>05/25/04</u>	INSTALLER <u>County / self</u>	INSTALLER # <u>NA</u>
EHS SIGNATURE <i>[Signature]</i>	DATE <u>06/04/04</u>	CODE <u>G</u>	EHS # <u>109</u>	
REMARKS				

**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 _____ PRIVATE _____	
WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION ( ) YES ( ) NO	EHS SIGNATURE _____ EHS# _____		
REMARKS			

APPROVED PLANS *Keep out of Low Area to prevent runoff from entering system. Double slope sewer line over drain hood off.*



**AS BUILT PLANS**

