

WATER AND SEWER PERMIT (B)

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name <i>Paul Evans</i>	Phone <i>232-1572</i>	Property Address <i>970 Shale Dr</i>
Address <i>970 Shale Dr Perotello Idaho</i>	Legal Description <i>(T7)R34-S1</i>	
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input type="checkbox"/> Existing

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

Permit No. <i>16401</i>
SIZE <i>2 Bed Room</i> Septic Tank <i>1000</i> gal. Disposal Area <i>290</i> sq. ft. TYPE <input type="checkbox"/> Trench <input checked="" type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified <input type="checkbox"/> Bed <input type="checkbox"/> E.T.
Dimensions <i>12' x 8'</i> Maximum Depth below Ground Surface <i>18'</i> PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved By <i>Steve Adams</i> Date <i>3-2-82</i>
Remarks <i>SECOND SEEPAGE PIT, 1ST FAILED</i> Applicant's Signature <i>Paul Evans</i> Permit Fee <i>30.00</i>

INSPECTION

The District Health Department shall be notified of installation _____ prior to installation

SEPTIC TANK <i>Existing</i> Size <i>Existing</i> gal. STANDPIPE <i>N/A</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Manhole Depth <i>N/A</i> DEPTH OF <i>N/A</i> Ground Water <i>-</i> Bedrock <i>-</i> Gravel <i>-</i> Rock Under Pipe <i>-</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>416</i> sq. ft. Installer <i>Bob Nistor B+C Construction</i>
EXISTING SYSTEM <input type="checkbox"/> Yes <input type="checkbox"/> No Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved By <i>Tom Hopkins</i> Date <i>3-12-82</i>
Remarks <i>Approved for Backfilling 3-2-82 SA.</i>

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 <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 checked="" type="checkbox"/> Disapproved By <i>X</i> Date _____
Remarks _____ Permit Fee _____

DIAGRAM

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

