

PLANNING & ZONING APPROVAL

WATER AND SEWER PERMIT

Southeastern District Health Department

Name Jerry L Facer 237-4140	Phone 4-0754	Property Address Facer Mtn Dr.
Address 8728 N Facer Mtn Dr. Pocatello, Id. 83204	Legal Description T65-R34E-sec 21	
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input type="checkbox"/> Existing Loan No.

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

SEWAGE SYSTEM

Permit No. 4082
Permit Fee 50.00
Date 4-11-88

SIZE No. Bedrooms: 4	Septic Tank 1000 gal.	Disposal Area 667 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed	<input type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified
Dimensions	Maximum Depth below Ground Surface 4'	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Al Hancock		Date 4-11-88
Remarks			Applicant's Signature X Jerry Facer		Permit Fee

INSPECTION

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

SEPTIC TANK Size: 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 18"	DEPTH OF Ground Water	Bedrock	Gravel 12"	Rock Under Pipe 6"
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 765 sq. ft.	Installer Joe Crawford Excavation		
EXISTING SYSTEM Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By X Margaret M. Simons		Date 4-13-89	
Remarks						

WATER SYSTEM

Plans Approved <input checked="" 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 checked="" 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 checked="" 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 X	Date	
Remarks				Permit Fee

DIAGRAM

Facer Mtn Rd

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

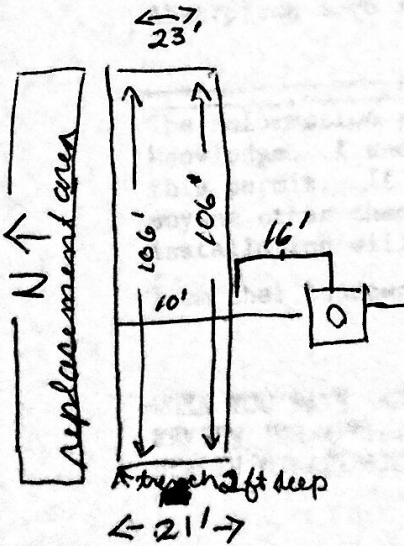
APPLICATION & PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE

TEST HOLE REQUIRED

1. Sit beam soil
2. No bed rock encountered to 9' depth.

TRAVEL TIME **40**

INSPEC. TIME **90**



Drawings