

WATER AND SEWER PERMIT

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name Clayton H. ARMSTRONG	Phone 232-8176	Property Address Rt 1 Trail Creek Rd.
Address 7715 GATHE Rd. Poc. Id.		Legal Description R 34E, T6S, SEC. 28
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. 3250
Permit Fee \$50.00
Date 3/7/86
Permit Fee

No. Bedrooms 4	Septic Tank 1000 gal.	Disposal Area 667 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> E.T. <input type="checkbox"/> Bed
Dimensions	Maximum Depth below Ground Surface 4'	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By AL HANCOCK
Remarks			Applicant's Signature <i>Clayton H. Armstrong</i>

INSPECTION

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

SEPTIC TANK SIZE 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth ~ 24"	DEPTH OF -	Ground Water -	Bedrock -	Gravel -	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 675 sq. ft.	Installer Ret Browning				
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 AL HANCOCK		Date 5/23/86		
Remarks							

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 type="checkbox"/> Disapproved	By X	Date	
Remarks				

DIAGRAM

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

Permission given to be covered 20' section on 2/12/86. See Layer

The information provided on this application is accurate to the best of my knowledge. I understand that any false statements or omissions on this permit. If this sewerage disposal installation is constructed by anyone other than the holder/owner or a licensed sewer system installer, the installation will not be inspected or approved.

Holder/owner Licensed Sewer Installer Building Contractor

APPLICANT: *Clayton H. Armstrong*

FOR MORE INFO THIS APPLICATION COMPLETE, CALL 232-8176

FOR MORE INFORMATION AND TO SEE YOUR PERMIT APPLICATION BY THE DISTRICT HEALTH DEPARTMENT

SEE PAGE 2 FOR PLAT PLAN REGULATIONS.