

JURISDICTION  
3900

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT  
465 MEMORIAL DRIVE  
POCATELLO, ID

6W 8M  
FEE PD  Y  N  
PERMIT # 85965

TRAVEL TIME: 30  
INSPECTION TIME: 60

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

NAME <i>Re: Este Turner Tommy Douglas Estate</i>		PHONE 232-5232	PROPERTY ADDRESS 1349 Douglas Ln	
MAILING ADDRESS:		LEGAL DESCRIPTION: LOT SIZE (ACRES) <i>2</i>		
STREET/P.O. BOX <i>1355 Douglas Ln</i>		1/4 SECTION _____ SECTION <i>6</i> TOWNSHIP <i>6</i> RANGE <i>3E</i>		
CITY <i>Pocatello</i>		LOT # _____ BLOCK # _____ SUBDIVISION _____		
STATE <i>ID</i> ZIP <i>83201</i>		PARCEL # <i>M#20112-01</i> FROM TAX ASSESSOR'S OFFICE		
SEPTIC TANK SIZE <i>900</i> gal.	EST TYPE <i>233</i>	EFFECTIVE DISPOSAL AREA <i>444</i> SQ.FT.	SOIL TYPE <i>B2</i>	MAXIMUM DEPTH BELOW GROUND SURFACE <i>4 feet</i>
				# BEDROOMS <i>2</i>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <i>[Signature]</i>	EHS # <i>64</i>	APPLICANT SIGNATURE <i>Tommy Paul Douglas Estate</i>	DATE <i>7-18-99</i>
-------------------------------------	--------------------	---	------------------------

REMARKS

**INSPECTION**

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

SEPTIC TANK SIZE <i>1000</i> gal	STANDPIPE: ( ) YES (X) NO	MANHOLE DEPTH <i>8"</i>	DEPTH BELOW GROUND SURFACE <i>2'</i>	ROCK UNDER PIPE <i>Domed</i>
EFFECTIVE DISPOSAL AREA <i>450</i> sq. ft. <i>270</i>	INSTALLATION APPROVED (X)	DISAPPROVED (X)	INSTALLER <i>J &amp; J</i>	INSTALLER #

EHS SIGNATURE <i>Craig Madison</i>	DATE <i>7/22/99</i>	EHS # <i>65</i>
---------------------------------------	------------------------	--------------------

REMARKS

**WATER SYSTEM**

PLANS APPROVED YES _____ 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**

**AS BUILT PLANS**

