

WATER AND SEWER PERMIT

Southeastern *do*
District Health Department

PLANNING & ZONING APPROVAL

| | | |
|-----------------------------|---|--|
| Name <i>LaMont Jones</i> | Phone <i>2-1998</i> | Property Address <i>Cactus Drive Park</i> |
| Address | | Legal Description <i>T 75 R 34 E S 12 SE 4</i> |
| 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

| | | | | | |
|--------------------------|--|---|--|---|----------------------------|
| No. Bedrooms <i>4</i> | Septic Tank <i>Existing 1000 gal.</i> | Disposal Area <i>680 sq. ft.</i> | TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Bed | <input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified | Permit No. <i>2227</i> |
| Dimensions | Maximum Depth below Ground Surface | PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | By <i>Jack E Bennett</i> | Date <i>9/14/83</i> | Permit Fee <i>30.00</i> |
| Remarks | | | | Applicant's Signature <i>C. R. Boy</i> | Permit Fee <i>paid</i> |

INSPECTION

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

| | | | | | | |
|---|--|---|--------------------------------------|------------------------|------------|---------------------------------|
| SEPTIC TANK Size <i>Existing</i> gal. | STANDPIPE <input type="checkbox"/> Yes <input type="checkbox"/> No | Manhole Depth <i>N/A</i> | DEPTH OF Ground Water | Bedrock | Gravel | Rock Under Pipe <i>2 ft.</i> |
| Minimum Distances as per Regulations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Approved Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No | Effective Disposal Area <i>725</i> sq. ft. | Installer <i>Richard Browning</i> | | | |
| 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 <i>Jack E Bennett</i> | Date <i>9/14/83</i> | Permit Fee | |
| Remarks <i>3 lines with 50' long 3' wide with 2 ft of gravel under pipe</i> <i>Hold for certification</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 Acceptable Limits <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 <i>X</i> | Date | Permit Fee |
| Remarks | | | | |

DIAGRAM

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

