

JURISDICTION 300
 TRAVEL TIME: _____
 INSPECTION TIME: _____

(w)
SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
 1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201

9775
 FEE PD Y N
 PERMIT # 161435

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

NAME <u>Glen Houghton</u>		PHONE <u>233-4875</u>	PROPERTY ADDRESS <u>8611 North Kraft RD</u>	
MAILING ADDRESS <u>8611 North Kraft</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>10</u>		
STREET/P.O. BOX		1/4 SECTION <u>3E</u>	SECTION <u>21</u>	TOWNSHIP <u>6</u> RANGE <u>34</u>
CITY <u>Pocatello</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____		
STATE <u>IDAHO</u> ZIP <u>83204</u>		PARCEL # _____ FROM TAX ASSESSOR'S OFFICE		
SEPTIC TANK SIZE <u>900</u>	+ 5000 gal. chamber	EST TYPE <u>234</u>	EFFECTIVE DISPOSAL AREA <u>333</u> SQ. FT.	SOIL TYPE <u>B2</u>
		MAXIMUM DEPTH BELOW GROUND SURFACE <u>4ft</u>		# BEDROOMS <u>2 1/2</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

DATE <u>2/21/03</u>	EHS SIGNATURE <i>[Signature]</i>	EHS# <u>69</u>	APPLICANT SIGNATURE <i>[Signature]</i>
REMARKS			

INSPECTION

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

SEPTIC TANK SIZE _____ gal.	STANDPIPE: () YES () NO	MANHOLE DEPTH _____	DEPTH BELOW GROUND SURFACE _____	ROCK UNDER PIPE _____
EFFECTIVE DISPOSAL AREA _____ sq. ft.	INSTALLATION APPROVED _____ DISAPPROVED _____	INSTALLER _____		INSTALLER # _____

EHS SIGNATURE _____	DATE _____	CODE _____	EHS # _____
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REMARKS

WATER SYSTEM

PLANS APPROVED YES <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> PRIVATE _____	

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION () YES () NO	EHS SIGNATURE _____	EHS# _____
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REMARKS

APPROVED PLANS

AS BUILT PLANS

