

WATER AND SEWER PERMIT

Southeastern District Health Department

PLANNING & ZONING APPROVAL

(V) CC

Name AUTOMATION SPECIALTIES, INC.	Phone (208) 234-1211	Property Address 2145 South Grant, Pocatello, Idaho
Address 2145 South Grant, Pocatello, Idaho		Legal Description T 7 R 34 S 1
Report To	Funding <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Individual	Loan No. <input type="checkbox"/> Conventional <input type="checkbox"/> Existing

SEWAGE SYSTEM

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

Permit No. 2884
Permit Fee \$50
Date 10/4/84
Permit Fee paid

SIZE No. Bedrooms Office 2-5 people	Septic Tank 1,000 gal.	Disposal Area 150 sq. ft.	TYPE <input type="checkbox"/> Trench <input type="checkbox"/> Bed <input checked="" type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified
Dimensions Maximum Depth below Ground Surface 8	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Fred Hoffman		Date 10/4/84
Remarks Pit to be 6' below inlet x 25' diameter circumference			Applicant's Signature W. H. Hoffman	Permit Fee paid

INSPECTION

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

SEPTIC TANK Size 1,000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 18 inches	DEPTH OF > 25 feet	Ground Water	Bedrock none	Gravel 4 feet	Rock Under Pipe n/a
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 150 sq. ft.	Installer self installed		
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 Eric Myndell		Date 10-10-84		
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 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 <input checked="" type="checkbox"/>	Date	
Remarks				Permit Fee

DIAGRAM

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

See back of application