

|                                  |   |  |
|----------------------------------|---|--|
| Name<br><b>ROGER SUMSTINE</b>    | Phone<br><b>526-8213</b>  | Property Address<br><b>3042 W. POCATELLO CK</b>                            |
| Address<br><b>8229 N. 5TH W.</b> | Legal Description<br><b>T6S, R35E SEC. 20</b>   |  |
| Report To                        | Funding<br><input type="checkbox"/> Governmental<br><input type="checkbox"/> Individual | <input type="checkbox"/> Conventional<br><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.  
**032**

|            |  |                                 |                                     |   |   |   |                            |
|------------|--|---------------------------------|-------------------------------------|---|---|---|----------------------------|
| SIZE       | No. Bedrooms<br><b>2</b>                         | Septic Tank<br><b>1000</b> gal. | Disposal Area<br><b>444</b> sq. ft. | TYPE<br><input checked="" type="checkbox"/> Trench<br><input checked="" type="checkbox"/> Bed | <input type="checkbox"/> Pit<br><input type="checkbox"/> E.T. | <input type="checkbox"/> Sand Filter<br><input type="checkbox"/> Modified | Permit Fee<br><b>30.00</b> |
| Dimensions | Maximum Depth below Ground Surface<br><b>4'</b>  |                                 | PLOT PLAN                           | <input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved          | By<br><b>A. Hancock</b>                                       |   | Date<br><b>5/15/89</b>     |
| Remarks    | Applicant's Signature<br><b>X Roger Sumstine</b> |                                 |                                     |   |   | Permit Fee<br><b>30.00</b>  |                            |

INSPECTION

The District Health Department shall be notified of installation

**48 hrs** prior to **backfilling** installation

|   |  |   |                                    |         |        |                              |
|---|--|---|------------------------------------|---------|--------|------------------------------|
| SEPTIC TANK Size<br><b>1000</b> gal.  | STANDPIPE<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                  | Manhole Depth<br><b>18"</b>                   | DEPTH OF<br>Ground Water           | Bedrock | Gravel | Rock Under Pipe<br><b>6"</b> |
| Minimum Distances as per Regulations<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No <b>see remarks</b> | Approved Aggregate<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No         | Effective Disposal Area<br><b>528</b> sq. ft. | Installer<br><b>Roger Sumstine</b> |         |        |                              |
| EXISTING SYSTEM<br>Appears to meet Standards/Regs<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                  | INSTALLATION<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved | By<br><b>X Margaret M. Simon</b>              |                                    |         |        | Date<br><b>6-16-89</b>       |
| Remarks<br><b>standpipe required</b>  |  |   |                                    |         |        |                              |

SOIL TYPE **B2**  
**SILT LOAM**

WATER SYSTEM

**Replacement system - drain bed approx 80 ft from well**

|   |   |   |  |            |
|---|---|---|--|------------|
| Plans Approved<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | State Laboratory indicates intestinal bacteria<br><input type="checkbox"/> were<br><input type="checkbox"/> were not found in water.          | Sample Collected By   | Date   | Permit Fee |
| Min. Distances as per Standards/Regs<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | CHEMICAL TOLERANCES<br>Acceptable Limits<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not Chk'd | System<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private             | Complies with Health Dist. and/or State of Idaho Standards/Regs<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |            |
| Existing System appears to comply with all requirements of Health Dist. and State of Idaho Drinking Water Standards/Regs<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |   | INSTALLATION<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved | By<br><b>X</b>   | Date       |
| Remarks   |   |   |  | Permit Fee |

DIAGRAM

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

