

11-5-98

6W  
CW

12016

JURISDICTION  
0300

465 SOUTHEASTERN DISTRICT HEALTH DEPARTMENT  
465 MEMORIAL DRIVE POCATELLO, ID

FEE PD KY N  
PERMIT # 131293

TRAVEL TIME: 60  
INSPECTION TIME: 60

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

NAME <u>Kory Colvin</u> <u>Nelson-Armstrong</u>		PHONE <u>237-2121</u>	PROPERTY ADDRESS <u>Travis Road</u>		
MAILING ADDRESS:		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>1.7</u>			
STREET/P.O. BOX <u>2744</u>		1/4 SECTION <u>SW</u> SECTION <u>17</u> TOWNSHIP <u>6</u> RANGE <u>35</u>			
CITY <u>Pocatello</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE <u>Idaho</u> ZIP <u>83206</u>		PARCEL # <u>R3851006703</u> FROM TAX ASSESSOR'S OFFICE			
SEPTIC TANK SIZE <u>1000</u> gal.	EST TYPE <u>232</u>	EFFECTIVE DISPOSAL AREA <u>556</u> SQ.FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>4'</u>	# BEDROOMS <u>3</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <u>Craig Madson</u>	EHS # <u>65</u>	APPLICANT SIGNATURE <u>[Signature]</u>	DATE <u>9-25-98</u>
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REMARKS

**INSPECTION**

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

Code B

SEPTIC TANK SIZE <u>1000</u> gal <u>precast</u>	STANDPIPE: ( ) YES (X) NO	MANHOLE DEPTH <u>12"</u>	DEPTH BELOW GROUND SURFACE <u>3'</u>	ROCK UNDER PIPE <u>None</u>
EFFECTIVE DISPOSAL AREA <u>556</u> sq. ft.	INSTALLATION APPROVED <u>X</u> DISAPPROVED _____	INSTALLER <u>Richard Nelson</u>		INSTALLER # <u>924</u>

EHS SIGNATURE <u>Craig Madson</u>	DATE <u>11-5-98</u>	EHS # <u>65</u>
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REMARKS Manhole location: 17' NW of cleamont + 16'6" N of N.W corner Home

**WATER SYSTEM**

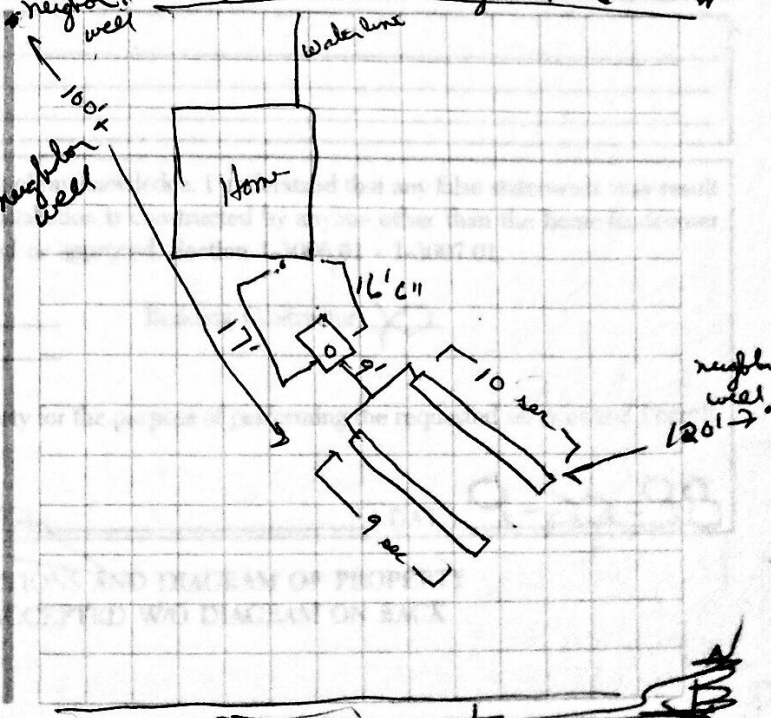
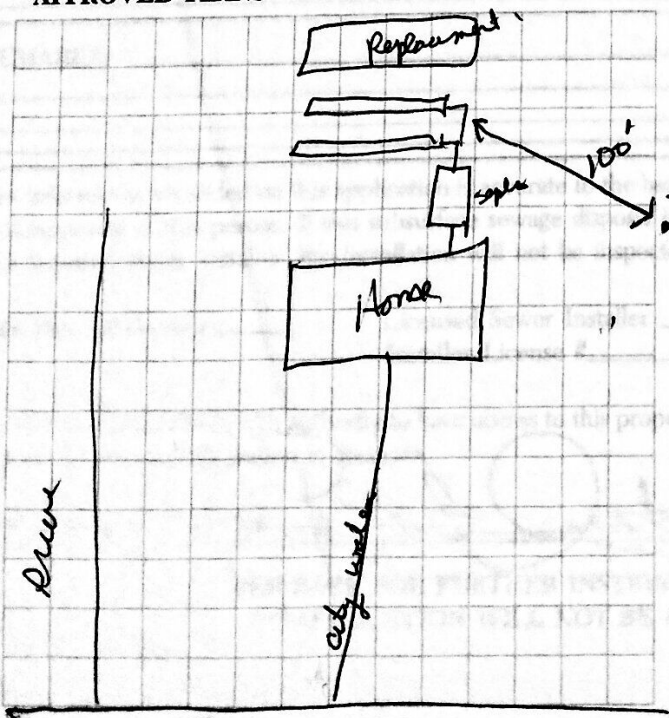
PLANS APPROVED YES <u>✓</u> NO _____	SAMPLE COLLECTED BY	DATE	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES <u>✓</u> NO _____	CHEMICAL PARAMETERS TESTED WITHIN LIMITS YES _____ NO _____	SYSTEM PUBLIC <u>X</u> PRIVATE _____	
WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION ( ) YES ( ) NO	EHS SIGNATURE		EHS #

REMARKS

**APPROVED PLANS**

**AS BUILT PLANS**

Travis Rd



↑ N

Travis Rd

Travis Rd