

JURISDICTION 300

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
465 MEMORIAL DRIVE POCATELLO, ID

FEE PD 900 Y N
PERMIT # 113521

TRAVEL TIME: 30
INSPECTION TIME: 30

Code = G

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

NAME <u>Victor Arzola</u>		PHONE <u>233-8280</u>	PROPERTY ADDRESS <u>Poc. Creek Road</u>		
MAILING ADDRESS: <u>8471 W Pocatello.</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>4.75</u>			
STREET/P.O. BOX		1/4 SECTION <u>SW NE</u> SECTION <u>20</u> TOWNSHIP <u>6</u> RANGE <u>35</u>			
CITY		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE		PARCEL # <u>R3851017500</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 Madison</u>	EHS # <u>65</u>	APPLICANT SIGNATURE <u>Victor Arzola</u>	DATE <u>9/9/96</u>
REMARKS			

INSPECTION

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

SEPTIC TANK SIZE <u>1500</u> gal	STANDPIPE: (<input checked="" type="checkbox"/>) YES () NO	MANHOLE DEPTH <u>3.5'</u>	DEPTH BELOW GROUND SURFACE <u>3'</u>	ROCK UNDER PIPE <u>Infiltrator</u>
EFFECTIVE DISPOSAL AREA <u>599.8</u> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER <u>Self</u>		

EHS SIGNATURE <u>Angela T. Marshall</u>	DATE <u>11/15/96</u>	EHS # <u>72</u>
REMARKS <u>Infiltrator system used w/40% reduction actual disposal area = 1000 sq. feet.</u>		

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 <input checked="" type="checkbox"/> 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 (<input checked="" type="checkbox"/>) YES () NO	EHS SIGNATURE <u>Angela T. Marshall</u>	EHS # <u>72</u>	
REMARKS			

APPROVED PLANS

AS BUILT PLANS

