

JURISDICTION 09/21/05 09/22/05 GW GW
300 69 69 **SOUTHEASTERN DISTRICT HEALTH DEPARTMENT**
1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201 1007
FEE PD X Y N
PERMIT # 166269
TRAVEL TIME: 30 / 30 / _____
INSPECTION TIME: _____ / 45 / _____

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

NAME <u>Theresa Mansfield</u> PHONE <u>233-7494</u>		PROPERTY ADDRESS <u>west Buckskin</u>	
MAILING ADDRESS <u>4995 West Timberline</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>14</u>	
STREET/P.O. BOX _____		1/4 SECTION <u>SW</u> SECTION <u>24</u> TOWNSHIP <u>6</u> RANGE <u>35</u>	
CITY <u>Pocatello</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____	
STATE <u>Idaho</u> ZIP <u>83201</u>		PARCEL # _____ FROM TAX ASSESSOR'S OFFICE _____	
SEPTIC TANK SIZE <u>1250</u> gal.	EST TYPE <u>232</u>	EFFECTIVE DISPOSAL AREA <u>1167</u> SQ. FT.	SOIL TYPE <u>C1</u> MAXIMUM DEPTH BELOW GROUND SURFACE <u>2ft</u> # BEDROOMS <u>5</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

DATE <u>10/15/04</u>	EHS SIGNATURE	EHS# <u>69</u>	APPLICANT SIGNATURE
REMARKS _____			

INSPECTION

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

SEPTIC TANK SIZE <u>1250</u> gal. <u>East</u>	STANDPIPE: <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MANHOLE DEPTH <u>At grade</u> <u>(24 inches to tank top)</u>	DEPTH BELOW GROUND SURFACE <u>3ft</u>	ROCK UNDER PIPE <u>40 Infiltrators</u>
EFFECTIVE DISPOSAL AREA <u>1167</u> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER <u>Kroger Exc</u>	INSTALLER # <u>28084</u>	
EHS SIGNATURE	DATE <u>09/22/05</u>	CODE <u>G</u>	EHS # <u>69</u>	
REMARKS <u>09/21/05: No system installed, Infiltrators used are the 6x3 ft.</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 _____ NO _____	CHEMICAL PARAMETERS TESTED WITHIN LIMITS YES _____ NO _____	SYSTEM PUBLIC _____ PRIVATE <input checked="" type="checkbox"/>	
WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION () YES () NO	EHS SIGNATURE _____ EHS# _____		
REMARKS <u>well not installed. A cutoff trench was dug on North side of house. It runs into a tank used for fire suppression.</u>			

APPROVED PLANS

AS BUILT PLANS

