

WATER AND SEWER PERMIT

(R)

Southeastern District Health Department 220

PLANNING & ZONING APPROVAL

Name Jeffery A TRAPPETT	Phone 232-4483	Property Address Grandview Av
Address 3250 Barinock HWY		Legal Description T 7 S R 34 E S 1
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<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.	Permit Fee
SIZE No. Bedrooms: 4 Septic Tank: 1000 gal. Disposal Area: 490 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> Bed <input type="checkbox"/> E.T. <input type="checkbox"/> Modified
Dimensions	Maximum Depth below Ground Surface
PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
By Tom Hopkins	Date 11-8-83
Remarks	Applicant's Signature Jeffery A Trappett

INSPECTION

The District Health Department shall be notified of installation **48 HRS** prior to installation

SEPTIC TANK Size 1000 gal.	STANDPIPE 4 1/2"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 18"	DEPTH OF Ground Water	Bedrock	Gravel 8"	Rock Under Pipe 12"	
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 490 + sq. ft.	Installer SELF	By Tom Hopkins				Date 6-6-84
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	Remarks Connect to City Water						

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 X	Date	
Remarks Connect to City Water				Permit Fee

DIAGRAM

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

Note: Permit Renewed 11-8-83 TH

2 lines 76'0 x 3'0 wide - 18" Rock under pipe.