

JURISDICTION 06/23/05 aw, low **SOUTHEASTERN DISTRICT HEALTH DEPARTMENT**  
 300 69 1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201  
 TRAVEL TIME: 30 /     /      
 INSPECTION TIME: 30 /     /    

1027  
 FEE PD  Y  N  
 PERMIT # 166360

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

NAME <u>Doug Sayes</u>		PHONE <u>760-0840</u>	PROPERTY ADDRESS <u>7766 Buckskin</u>	
MAILING ADDRESS <u>170 East Siphon</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>6</u>		
STREET/P.O. BOX		1/4 SECTION <u>28</u>	SECTION <u>28</u>	TOWNSHIP <u>6</u> RANGE <u>35</u>
CITY <u>Pocatello</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____		
STATE <u>Idaho</u> ZIP <u>83202</u>		PARCEL # _____ FROM TAX ASSESSOR'S OFFICE _____		
SEPTIC TANK SIZE <u>1000</u> gal.	EST TYPE <u>232</u>	EFFECTIVE DISPOSAL AREA <u>667</u> SQ. FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>4ft</u>
				# BEDROOMS <u>4</u>

**INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER**

DATE <u>9/08/04</u>	EHS SIGNATURE <u>[Signature]</u>	EHS# <u>69</u>	APPLICANT SIGNATURE <u>[Signature]</u>
REMARKS			

**INSPECTION**

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

SEPTIC TANK SIZE <u>1250</u> gal. <u>precast</u>	STANDPIPE: <u>outlet</u> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MANHOLE DEPTH <u>3 inches</u>	DEPTH BELOW GROUND SURFACE <u>3 to 4 ft</u>	ROCK UNDER PIPE <u>2.5 in. infiltrators</u>
EFFECTIVE DISPOSAL AREA <u>727</u> sq. ft.	INSTALLATION <u>APPROVED</u> <input checked="" type="checkbox"/> <u>DISAPPROVED</u> _____	INSTALLER <u>The How Works</u>		INSTALLER # <u>881</u>

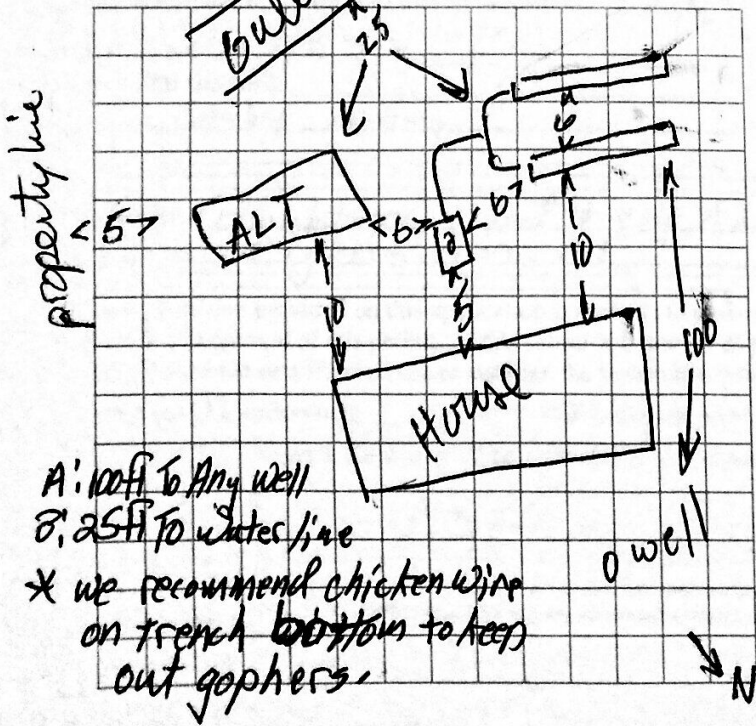
EHS SIGNATURE <u>[Signature]</u>	DATE <u>06/23/05</u>	CODE <u>G</u>	EHS # <u>69</u>
REMARKS <u>Cleanout to outlet manhole is 13 1/2, corner of house is 16 1/2.</u>			

**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 _____ PRIVATE <input checked="" type="checkbox"/>	

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EHS SIGNATURE <u>[Signature]</u>	EHS# <u>69</u>
REMARKS <u>Pump Tank every 3 years.</u>		

**APPROVED PLANS**



**AS BUILT PLANS**

