

JURISDICTION 300 69

**SOUTHEASTERN DISTRICT HEALTH DEPARTMENT**  
1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201

1028  
FEE PD X Y N  
PERMIT # 166361

TRAVEL TIME: 30  
INSPECTION TIME: 45

Pump Both Tanks Every 3 years

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

NAME <u>Brandon West</u>		PHONE	PROPERTY ADDRESS <u>Buckskin Road</u>		
MAILING ADDRESS <u>2405 North Star</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>5.18</u>			
STREET/P.O. BOX		1/4 SECTION <u>N</u> SECTION <u>98</u> TOWNSHIP <u>6</u> RANGE <u>35</u>			
CITY <u>Pocatello</u>		LOT # <u>12</u> BLOCK # <u>4</u> SUBDIVISION <u>Lynn Estates</u>			
STATE <u>Idaho</u> ZIP <u>83201</u>		PARCEL # _____ FROM TAX ASSESSOR'S OFFICE			
SEPTIC TANK SIZE <u>1500</u> gal.	EST TYPE <u>232</u>	EFFECTIVE DISPOSAL AREA <u>889</u> SQ. FT.	SOIL TYPE <u>D2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>1ft</u>	# BEDROOMS <u>6</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

DATE <u>9/22/05</u>	EHS SIGNATURE <u>[Signature]</u>	EHS# <u>69</u>	APPLICANT SIGNATURE <u>Larry Borstelman</u>
REMARKS <u>This permit is issued based upon pumping up hill to alternative site.</u>			

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

SEPTIC TANK SIZE <u>2(1250)</u> gal.	STANDPIPE: (X) YES <u>on every man hole</u> ( ) NO	MANHOLE DEPTH <u>34 to tank top</u> <u>12 inches</u>	DEPTH BELOW GROUND SURFACE <u>3 ft 2 in</u>	ROCK UNDER PIPE <u>30 in Filters</u>
EFFECTIVE DISPOSAL AREA <u>889</u> sq. ft.	INSTALLATION <u>APPROVED X</u> DISAPPROVED _____	INSTALLER <u>L &amp; L</u>	INSTALLER # <u>912</u>	

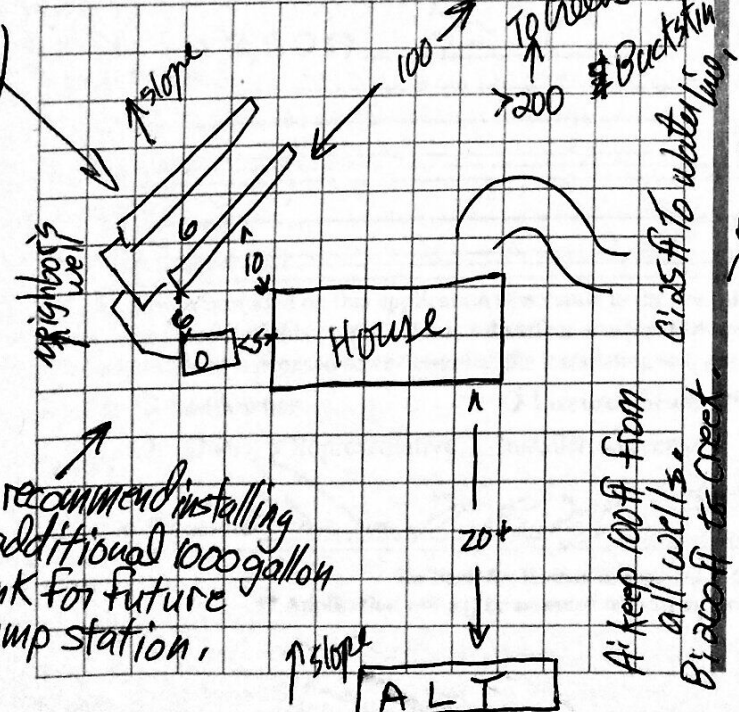
EHS SIGNATURE <u>[Signature]</u>	DATE <u>06/28/05</u>	CODE <u>G</u>	EHS# <u>69</u>
REMARKS <u>Cleanout to Manhole is 8 1/2, Corner of home to Manhole is 16 1/2 ft.</u>			

WATER SYSTEM

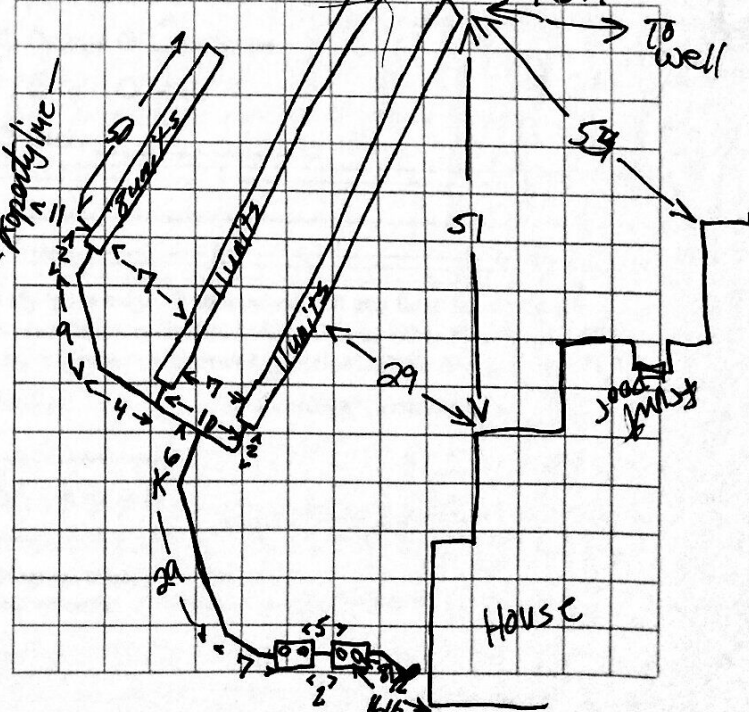
PLANS APPROVED YES <u>X</u> NO _____	SAMPLE COLLECTED BY	DATE	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES _____ NO _____	CHEMICAL PARAMETERS TESTED WITHIN LIMITS YES _____ NO _____	SYSTEM PUBLIC _____ PRIVATE <u>X</u>	

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION (X) YES ( ) NO	EHS SIGNATURE <u>[Signature]</u>	EHS# <u>69</u>
REMARKS <u>*Reason why drainfield is deeper than signal required is because fill is not going to be brought in well.</u>		

APPROVED PLANS



AS BUILT PLANS



Max depth of 1ft due to 3ft proposed fill.

I recommend installing an additional 1000 gallon tank for future pump station.

Keep 100ft from all wells. 6' across to creek.