

WATER AND SEWER PERMIT

(R)

Southeastern District Health Department *10*

PLANNING & ZONING APPROVAL

Name Bruce Staples	Phone 234-2188	Property Address RTS Williamsburg Lane
Address 1002 Samuel Sp-29	Legal Description T-7. R-35-S-9	
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input checked="" 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. 2507	Permit Fee 50.00					
SIZE 3	No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 570 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed	<input type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified
Dimensions	Maximum Depth below Ground Surface 8'-0"	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Tom Hopkins	Date 12-19-83	Permit Fee
Remarks	Applicant's Signature X Bob Koomin		Date 12-19-83			

INSPECTION

The District Health Department shall be notified of installation **48 hrs** prior to ^{backfilling} installation

SEPTIC TANK Size 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 18"	DEPTH OF 300'	Ground Water	Bedrock N.A.	Gravel N.A.	Rock Under Pipe 12"
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 570 sq. ft.	Installer Bob Koomin		Date March 28, 1984	Permit Fee	
EXISTING SYSTEM Appears to meet Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By X Gerald R Campbell	Remarks Installation of the well was not completed at the time of inspection				

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CHEMICAL TOLERANCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd	System <input type="checkbox"/> Public <input checked="" 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 Installation of the well was not completed at the time of inspection				Permit Fee

DIAGRAM

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

