

**WATER AND SEWER PERMIT**

Southeastern District Health Department *ab*

PLANNING & ZONING APPROVAL

Name <b>JAYSON HOLLADAY</b>	Phone <b>232-8401</b>	Property Address <b>5544 BANNOCK HIGHWAY POCATELLO, IDAHO, 83204</b>
Address <b>5544 BANNOCK HWY, POCATELLO, IDAHO, 83204</b>		Legal Description <b>AN ACREAGE SITUATED IN THE NW 1/4 NE 1/4 OF SEC. 18, T 7 S., R 35 E.B.M.</b>
Report To	Funding <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Governmental <input type="checkbox"/> Conventional <input type="checkbox"/> Existing	Loan No.

**SEWAGE SYSTEM** "Replacement system"

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

Permit No. <b>1045</b>
No. Bedrooms: <b>2</b> Septic Tank: <b>Unknown</b> gal. Disposal Area: <b>390</b> sq. ft. TYPE: <input type="checkbox"/> Trench <input checked="" type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> Bed <input type="checkbox"/> E.T. <input type="checkbox"/> Modified
Dimensions: <b>8x16</b> example Maximum Depth below Ground Surface: <b>18 ft.</b> PLOT PLAN: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved By: <b>Jack Palmer</b> Date: <b>3/29/82</b>
Remarks: <b>Permit Fee 30.00</b> Applicant's Signature: <b>Jayson Holladay</b> X <b>JAYSON HOLLADAY</b>

**INSPECTION**

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

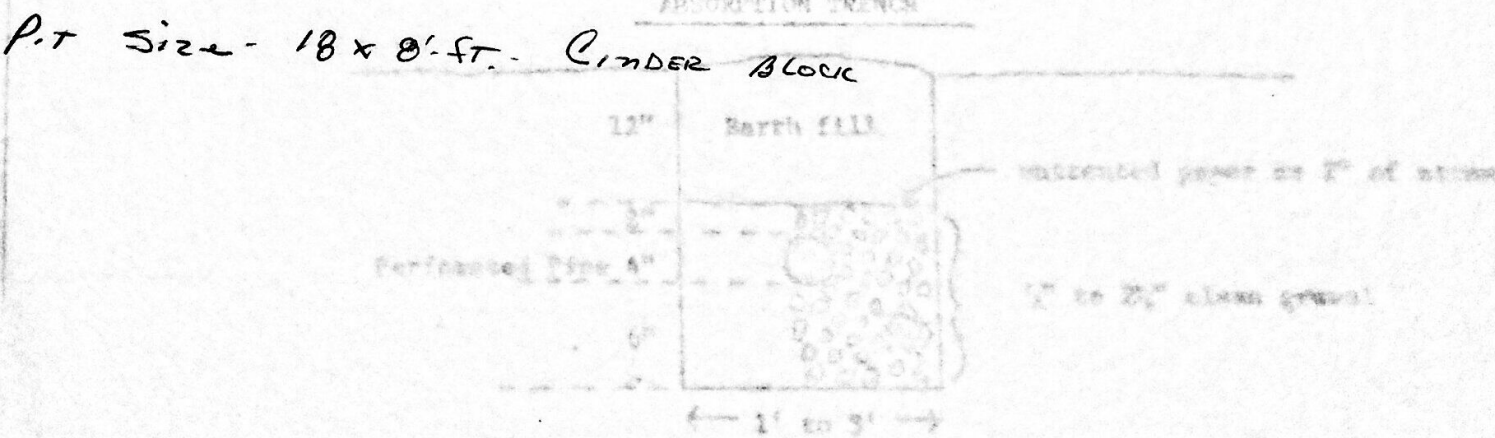
SEPTIC TANK Size: <b>N/A</b> gal.	STANDPIPE: <input type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe
Minimum Distances as per Regulations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area: <b>450</b> sq. ft.	Installer: <b>Richard Browning</b>			
EXISTING SYSTEM: <input type="checkbox"/> Yes <input type="checkbox"/> No	Appears to meet Standards/Regs: <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By: <b>Fred Huffer</b>		Date: <b>4/13/82</b>	Permit Fee
Remarks: <b>HOLD FOR Certification - 4-1-82 TH APPROVED FOR BACKFILL cont. signed 4/13/82 attested</b>						

**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: <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: <b>X</b>	Date	
Remarks				Permit Fee

**DIAGRAM**

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



WHEN YOU HAVE THIS APPLICATION COMPLETED, CALL IN FOR AN APPOINTMENT TO REVIEW THE APPLICATION AND TO GET YOUR PERMIT VALIDATED BY THE DISTRICT HEALTH DEPARTMENT.