

**WATER AND SEWER PERMIT**

Southeastern District Health Department No

PLANNING & ZONING APPROVAL

(Y)

|                                  |  |   |
|----------------------------------|--|---|
| Name<br><b>CULLEN ARTHUR R.</b>  | Phone<br><b>233-0228</b>   | Property Address<br><b>1325 Field Dr. Pocatello</b>   |
| Address<br><b>1325 Field Dr.</b> |  | Legal Description<br><b>T7S R34E S12</b>  |
| Report To                        | Funding<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Governmental | <input type="checkbox"/> Conventional<br><input type="checkbox"/> Existing<br>Loan No.<br><b>NONE</b> |

**SEWAGE SYSTEM**

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

|                           |
|---------------------------|
| Permit No.<br><b>2816</b> |
|---------------------------|

|  |                                    |   |                                     |  |  |   |                            |
|--|------------------------------------|---|-------------------------------------|--|--|---|----------------------------|
| SIZE<br><b>3</b>                                   | No. Bedrooms<br><b>3</b>           | Septic Tank<br><b>1000</b> gal.   | Disposal Area<br><b>612</b> sq. ft. | TYPE<br><input checked="" type="checkbox"/> Trench<br><input type="checkbox"/> Bed | <input checked="" type="checkbox"/> Pit<br><input type="checkbox"/> E.T. | <input type="checkbox"/> Sand Filter<br><input type="checkbox"/> Modified | Permit Fee<br><b>30.00</b> |
| Dimensions   | Maximum Depth below Ground Surface | PLOT PLAN<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved |                                     | By<br><b>Tom Hopkins</b>   |  | Date<br><b>6/21/89</b>  |                            |
| Remarks<br><b>Trench type - backfill cesspool.</b> |                                    |   |                                     | Applicant's Signature<br><b>X Arthur Cullen</b>                                    |  | Permit Fee<br><b>30.00</b>  |                            |

*Replacement System*

**INSPECTION**

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

|  |                          |   |  |   |                                |                                      |                          |                 |
|--|--------------------------|---|--|---|--------------------------------|--------------------------------------|--------------------------|-----------------|
| SEPTIC TANK<br><b>1000</b> gal.  | Size<br><b>1000</b> gal. | STANDPIPE<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No       | Manhole Depth<br><b>3'</b>   | DEPTH OF<br><b>?</b>                          | Ground Water<br><b>NA.</b>     | Bedrock<br><b>NA.</b>                | Gravel<br><b>4-5ft</b>   | Rock Under Pipe |
| Minimum Distances as per Regulations<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |                          | Approved Aggregate<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Effective Disposal Area<br><b>720</b> sq. ft. |                                | Installer<br><b>Richard Browning</b> |                          |                 |
| EXISTING SYSTEM<br>Appears to meet Standards/Regs<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          |   | INSTALLATION<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved |   | By<br><b>X Gerald Campbell</b> |                                      | Date<br><b>6/22/1989</b> |                 |
| Remarks<br><b>Seepage Pit: 10ft deep (Repair of existing system)<br/>12ft square</b>                                     |                          |   |  |   |                                |                                      |                          |                 |

**WATER SYSTEM**

|  |   |  |   |  |
|--|---|--|---|--|
| Plans Approved<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | State Laboratory indicates intestinal bacteria<br><input type="checkbox"/> were <input type="checkbox"/> were not found in water. | Sample Collected By  | Date  | Permit Fee   |
| Min. Distances as per Standards/Regs<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | CHEMICAL TOLERANCES<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd |   | System<br><input type="checkbox"/> Public <input type="checkbox"/> Private |
| Existing System appears to comply with all requirements of Health Dist. and State of Idaho Drinking Water Standards/Regs<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  | INSTALLATION<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved |  |
| By<br><b>X</b>   |   |  |   |  |
| Date   |   |  |   |  |
| Permit Fee   |   |  |   |  |
| Remarks  |   |  |   |  |

**DIAGRAM**

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

