

JURISDICTION
300

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
465 MEMORIAL DRIVE
POCATELLO, ID

GW 16W 90.00
FEE PD Y N
PERMIT # 84384

TRAVEL TIME: 45
INSPECTION TIME: 45

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

| | | | | | |
|--|---------------------|---|--|---|---------------------|
| NAME <u>Brent Phillips</u> | | PHONE <u>775-3489</u> | PROPERTY ADDRESS <u>5258 W Old Hwy 91</u> | | |
| MAILING ADDRESS: | | LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>2.6</u> | | | |
| STREET/P.O. BOX <u>5258 W Old Hwy 91</u> | | ¼ SECTION <u>SENE</u> SECTION <u>23</u> TOWNSHIP <u>7s</u> RANGE <u>35e</u> | | | |
| CITY <u>Pocatello</u> | | LOT # _____ BLOCK # _____ | | SUBDIVISION _____ | |
| STATE <u>Id</u> ZIP <u>83204</u> | | PARCEL # <u>R4013039705</u> FROM TAX ASSESSOR'S OFFICE | | | |
| SEPTIC TANK SIZE <u>1000</u> gal. | EST TYPE <u>232</u> | EFFECTIVE DISPOSAL AREA <u>556</u> SQ.FT. | SOIL TYPE <u>B-2</u> | MAXIMUM DEPTH BELOW GROUND SURFACE <u>4</u> | # BEDROOMS <u>3</u> |

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

| | | | |
|--------------------------------------|--------------------|--|------------------------|
| EHS SIGNATURE <u>Craig Madson</u> | EHS # <u>65</u> | APPLICANT SIGNATURE <u>Brent Phillips</u> | DATE <u>6-10-94</u> |
|--------------------------------------|--------------------|--|------------------------|

REMARKS ✓

INSPECTION

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

| | | | | |
|---|---|-------------------------------------|---|------------------------------|
| SEPTIC TANK SIZE <u>1000</u> gal | STANDPIPE: () YES (<input checked="" type="checkbox"/>) NO | MANHOLE DEPTH <u>12"</u> | DEPTH BELOW GROUND SURFACE <u>3'</u> | ROCK UNDER PIPE <u>NA</u> |
| EFFECTIVE DISPOSAL AREA <u>354</u> sq. ft. | INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____ | INSTALLER <u>Hudd Excavation</u> | | INSTALLER # <u>14565</u> |

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|-------------------------------------|------------------------|--------------------|
| EHS SIGNATURE <u>Alan J. ...</u> | DATE <u>6-20-95</u> | EHS # <u>64</u> |
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REMARKS Per Pre-Test Tank Infiltrator system = 590 ft² equivalent
ASTM-D-3034 used for pipe

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 _____ 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 () YES () NO | EHS SIGNATURE _____ EHS # _____ | | |

REMARKS

APPROVED PLANS

AS BUILT PLANS

