

JURISDICTION 300
 TRAVEL TIME: _____
 INSPECTION TIME: _____

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

1259
 FEE PD X Y _____ N _____
 PERMIT # 167394

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

NAME <u>John Wilker</u>		PHONE <u>233-1490</u>	PROPERTY ADDRESS <u>9314 West Abby Road</u>		
MAILING ADDRESS <u>9314 W. Abby Rd</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>2.49</u>			
STREET/P.O. BOX		1/4 SECTION <u>20</u> SECTION <u>13</u> TOWNSHIP <u>7</u> RANGE <u>35</u>			
CITY <u>Pocatello</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE <u>Idaho</u>		ZIP <u>83204</u>		PARCEL # <u>R4013020701</u> FROM TAX ASSESSOR'S OFFICE	
SEPTIC TANK SIZE <u>1000</u> gal.	EST TYPE <u>233</u>	EFFECTIVE DISPOSAL AREA <u>778</u> SQ. FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>Replacement</u>	# BEDROOMS <u>5</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

DATE <u>4/27/05</u>	EHS SIGNATURE <u>[Signature]</u>	EHS# <u>69</u>	APPLICANT SIGNATURE <u>Elaine C. Wilker</u>
REMARKS			

INSPECTION

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

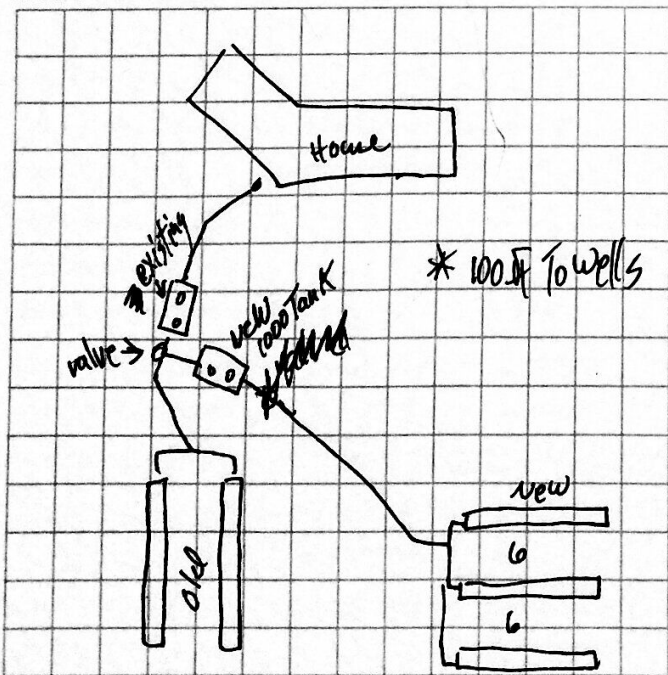
SEPTIC TANK SIZE <u>2(1000)</u> gal.	STANDPIPE: (<input checked="" type="checkbox"/>) YES () NO	MANHOLE DEPTH <u>Above grade</u>	DEPTH BELOW GROUND SURFACE <u>3 to 4ft</u>	ROCK UNDER PIPE <u>30 Infiltrators</u>
EFFECTIVE DISPOSAL AREA <u>864</u> sq. ft.	INSTALLATION <u>base upon installer report</u>	APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER <u>The Hoe Works</u>	INSTALLER # <u>881</u>

EHS SIGNATURE <u>[Signature]</u>	DATE <u>05/03/05</u>	CODE <u>G</u>	EHS # <u>69</u>
REMARKS <u>This information is retrieved from Mr. Buff's own installer report. He said there is children in the area and wanted to bury a cap. GF #69.</u>			

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

