

**WATER AND SEWER PERMIT**

Southeastern  
District Health Department

PLANNING & ZONING APPROVAL

Name <i>Elden Bickley</i>	Phone	Property Address?
Address <i>SH 312 Drive (Johnny Post)</i>	Legal Description <i>T7S R34E Sec 12</i>	
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input type="checkbox"/> Existing Loan No.

**SEWAGE SYSTEM**

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

Permit No. \_\_\_\_\_  
Permit Fee \_\_\_\_\_

SIZE No. Bedrooms <i>3</i>	Septic Tank <i>EXISTING 1000</i> gal.	Disposal Area <i>570</i> sq. ft.	TYPE <input type="checkbox"/> Trench <input type="checkbox"/> Bed	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified
Dimensions <i>10' deep x 19' diam</i>	Maximum Depth below Ground Surface <i>~15'</i>	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Fred Huffman</i>	Date <i>3/15/79</i>
Remarks			Applicant's Signature <i>X Doug Evans</i>		Permit Fee _____

**INSPECTION**

The District Health Department shall be notified of installation \_\_\_\_\_ prior to installation

SEPTIC TANK Size <i>1000</i> 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 <i>580</i> sq. ft.	Installer <i>Doug Evans Const.</i>			
EXISTING SYSTEM Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Fred Huffman</i>	Date <i>3/15/79</i>			
Remarks <i>Hold for certification</i>						

*pit 11' deep below inlet + 16' x 17.5 oval*

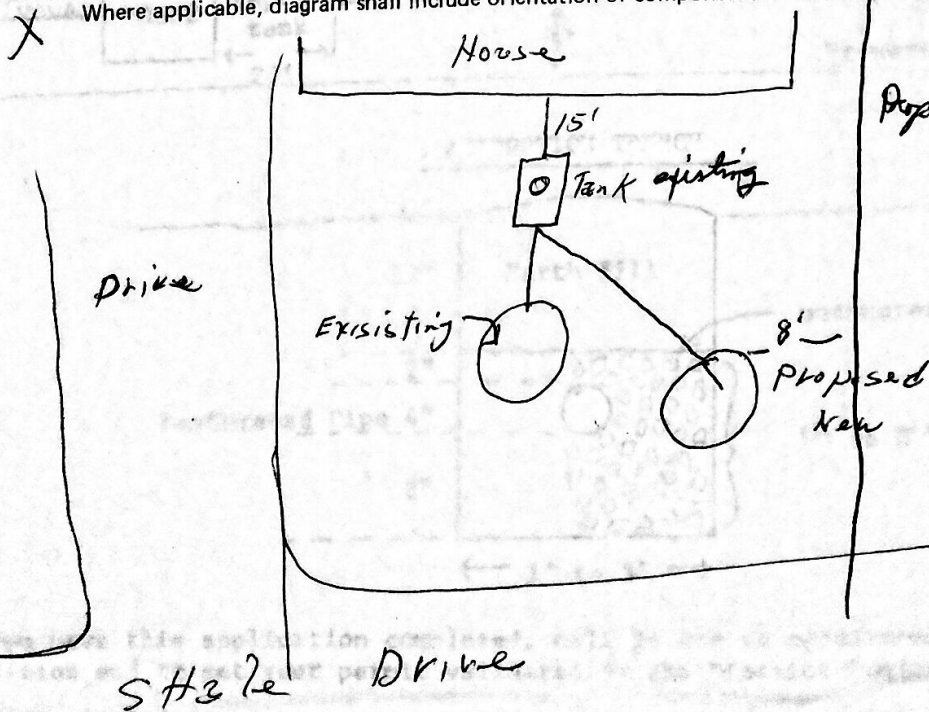
**WATER SYSTEM**

Permit No. \_\_\_\_\_  
Permit Fee \_\_\_\_\_

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 Acceptable Limits <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 <i>X</i>	Date	
Remarks				

**DIAGRAM**

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



*This permit Property Line for an existing System - sewage pit replaced ONLY*