

PLANNING & ZONING APPROVAL

WATER AND SEWER PERMIT

Southeastern District Health Department *SHW*

Name ERMIÉ GEIGER III	Phone 233-0342	Property Address CORNER OF JIMMY GARD & COLLETT
Address 115 OASIS	Legal Description T 7s R 34 S 2-13	
Report To COUNTY 0300 EST 0251	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	Loan No. <input type="checkbox"/> Conventional <input type="checkbox"/> Existing

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards **BED CONSTRUCTION OF TMA 7-20-92 20x28'**

Permit No. 1471	Permit Fee 150.00
SIZE No. Bedrooms: 3 Septic Tank: 1000 gal. Disposal Area: 556 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input checked="" type="checkbox"/> Bed <input type="checkbox"/> Pit <input type="checkbox"/> E.T. <input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified
Dimensions Maximum Depth below Ground Surface: 4' or 48"	By: Thomas Legwith Date: 5/29/92
Remarks 3 TRENCHES 62' LONG X 3' WIDE = 556 SQ FT 2 TRENCHES 93' LONG X 3' WIDE = 558 SQ FT	Applicant's Signature Ermié Geiger III Permit Fee REMIT 5776

SOIL TYPE **B-2**

INSPECTION

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

SEPTIC TANK SIZE 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 18"	DEPTH OF Ground Water 7'0"	Bedrock 7'0"	Gravel 7'0"	Rock Under Pipe 8"
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 1000 sq. ft.	Installer FRASURE CONST. 03-018			
EXISTING SYSTEM Appears to meet Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By: Thomas Legwith		Date: 7-27-92		
Remarks NOTE: BE SURE TO MAINTAIN AT LEAST 25 feet from SYSTEM TO PRESSURE WATER LINES						

WATER SYSTEM

Plans Approved <input checked="" 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 NONE	Date 5/29/92	Permit Fee	
Min. Distances as per Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CHEMICAL TOLERANCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Chk'd	System <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Complies with Health Dist. and/or State of Idaho Standards/Regs <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By: Thomas Legwith		Date	
Remarks PUBLIC WATER					

DIAGRAM

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

APPLICATION & PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE.
IF TRENCHES ARE 1 foot WIDE
NEED 556' - NOT ACCEPTABLE
MAX TRENCH LENGTH = 500ft - TOTAL
SINGLE LINE MAX = 100ft

$$\begin{array}{r} 20 \\ \times 30 \\ \hline 600 \text{ ft} \end{array}$$

