

8-17-00

GW GW

42265

JURISDICTION 300

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

FEE PD X Y N
PERMIT # 138256

TRAVEL TIME: 60
INSPECTION TIME: 60

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

NAME 606 Julia Tripp		PHONE 232-0496		PROPERTY ADDRESS Gibson Jack	
MAILING ADDRESS: 225 West Carson		LEGAL DESCRIPTION: LOT SIZE (ACRES) 3.2			
STREET/P.O. BOX		1/4 SECTION SE SECTION 24 TOWNSHIP 7 RANGE 34			
CITY Pocatello		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE IDAHO		ZIP 83204		PARCEL # 24011001102 FROM TAX ASSESSOR'S OFFICE	
SEPTIC TANK SIZE 1000 gal.	EST TYPE 232	EFFECTIVE DISPOSAL AREA 833 SQ.FT.	SOIL TYPE C-1	MAXIMUM DEPTH BELOW GROUND SURFACE 4 ft	# BEDROOMS 3

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <i>[Signature]</i>	EHS # 69	APPLICANT SIGNATURE <i>[Signature]</i>	DATE 8/25/99
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INSPECTION

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

SEPTIC TANK SIZE 1000 gal	STANDPIPE: () YES (X) NO	MANHOLE DEPTH surface	DEPTH BELOW GROUND SURFACE 3'	ROCK UNDER PIPE Indefinite
EFFECTIVE DISPOSAL AREA 833 sq. ft.	INSTALLATION APPROVED (X) DISAPPROVED _____	INSTALLER Dale Mathews	INSTALLER # 916	

EHS SIGNATURE Craig Madson	DATE 08-17-00	CODE G	EHS # 65
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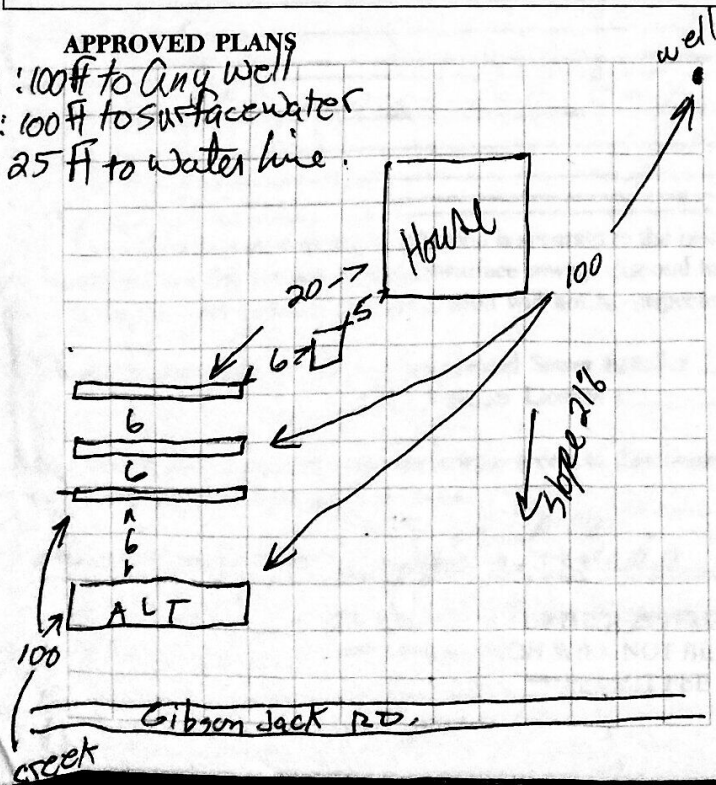
REMARKS Manhole location 26' S of clean out 40' W of S.E. corner Deck.

WATER SYSTEM

PLANS APPROVED YES (X) NO _____	SAMPLE COLLECTED BY	DATE	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES (X) NO _____	CHEMICAL PARAMETERS TESTED WITHIN LIMITS YES _____ NO _____	SYSTEM PUBLIC _____ PRIVATE (X)	
WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION (X) YES () NO	EHS SIGNATURE _____ EHS # _____		

REMARKS

APPROVED PLANS
A: 100 ft to Any well
B: 100 ft to surface water
C: 25 ft to water line.



AS BUILT PLANS

