

WATER AND SEWER PERMIT

Southeastern District Health Department *ly*

PLANNING & ZONING APPROVAL

Name Bruce Mac Butch	Phone 233-9360	Property Address Gibson Jack Rd.
Address 1335 City Creek POC. ID 83204	232-7323	Legal Description T7S R34E Sect 24
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. 2761	Permit Fee \$50.00
SIZE No. Bedrooms: 3 Septic Tank: 1000 gal. Disposal Area: 510 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> Bed <input type="checkbox"/> E.T. <input type="checkbox"/> Modified
Dimensions min. 2 lines Maximum Depth below Ground Surface: 10 feet	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
By Erin Mandell	Date May 11, 1984
Remarks DO NOT FILL IN UNTIL WE CAN INSPECT THE SYSTEM - PLEASE CALL 48 HRS PRIOR TO FIL com - 2.3.84	Applicant's Signature [Signature] Permit Fee \$50.00

INSPECTION

The District Health Department shall be notified of installation **48 hrs.** prior to installation **backfill**

SEPTIC TANK Size: 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth ~12"	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe 6"
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 680 sq. ft.	Installer Keith Young			
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 Fred Huffman		Date 7-15-85	
Remarks 1 line 75' x 2'10", 1 line 85' x 3' (to be installed) 1 line 75' x 3' Hold for certif. on the lower line 7/15/85						

WATER SYSTEM

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 not checked	Date	Permit Fee 2761
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 type="checkbox"/> Public <input checked="" 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	Construction of INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Fred Huffman		Date 6/21/85
Remarks pattern adapts installation OK.				Permit Fee

DIAGRAM

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

