

WATER AND SEWER PERMIT

(R)

Southeastern District Health Department **26**

PLANNING & ZONING APPROVAL

Name <i>Michael V. Burrup</i>	Phone <i>775-3344</i>	Property Address <i>INDIAN Creek, in Inkom</i>
Address <i>Rt 2 Box 55 Inkom, Idaho 83245</i>	Legal Description <i>Sec 33 T. 7S, R 36E, 8M S.W. QTR</i>	
Report To	Funding <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Governmental <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 **X** *600*

SEWAGE SYSTEM	No. Bedrooms <i>4</i>	Septic Tank <i>1000</i> gal.	Disposal Area <i>224</i> 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	Permit Fee
Dimensions	Maximum Depth below Ground Surface <i>5 ft</i>	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>Tom Hopkins</i>	Date <i>June 5, 1979</i>
Remarks	Applicant's Signature <i>x Michael Burrup</i>			Permit Fee	

INSPECTION

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

SEPTIC TANK <i>1000</i> gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth <i>12"</i>	DEPTH OF Ground Water Bedrock Gravel Rock Under Pipe <i>6"</i>
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 <i>600</i> sq. ft.	Installer <i>SELF</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>x Tom Hopkins</i>	Date <i>11-8-82</i>
Remarks			Permit Fee

WATER SYSTEM

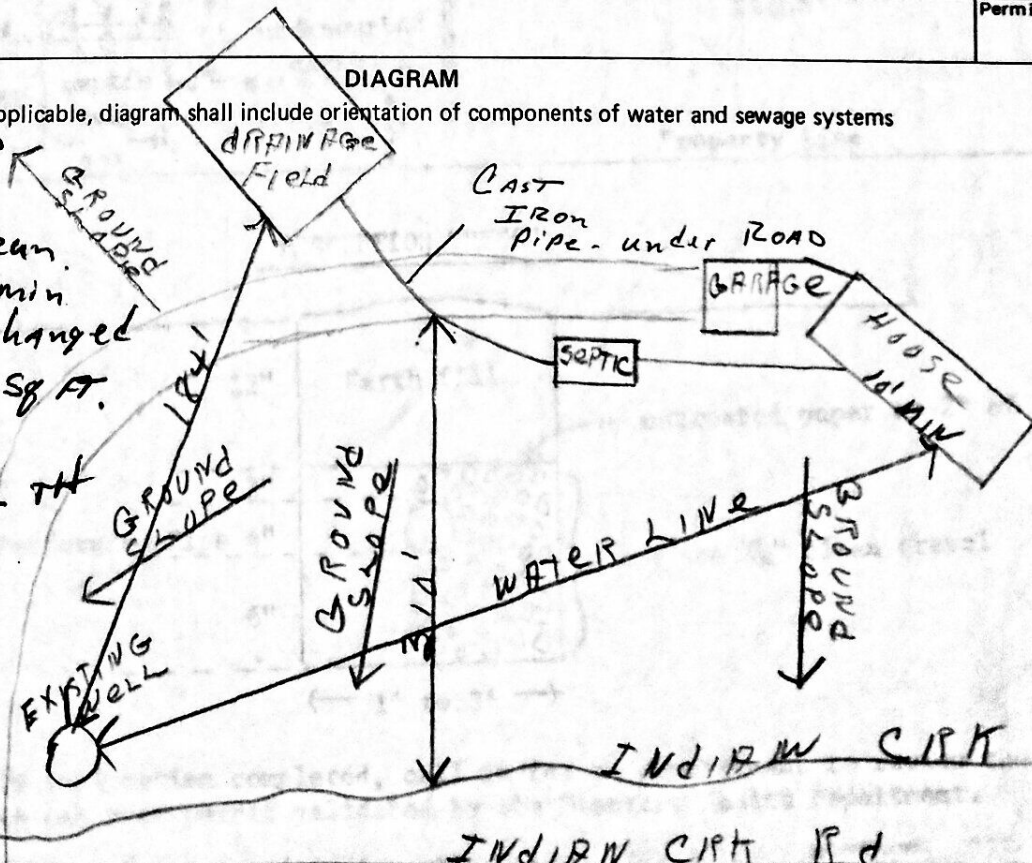
Plans Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	State Laboratory indicates intestinal bacteria <input type="checkbox"/> were <input type="checkbox"/> were not found in water.	Sample Collected By	Date	Permit Fee
Min. Distances as per Standards/Regs <input type="checkbox"/> Yes <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			Permit Fee	

DIAGRAM

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

NOTE: 6-29-82-

LOCATION OF DRAINFIELD has been changed. PERC TEST WAS RERUN. RESULTS INDICATE 8 min per inch. Permit changed to REAL NORTH 600 SQ FT. DISPOSAL AREA. APPROVED 6-29-82 TH



WELL IS 11' deep