

# WATER AND SEWER PERMIT

Southeastern  
District Health Department

PLANNING & ZONING APPROVAL

Name <b>Cliff &amp; Regina Terrell</b>	Phone <b>775-3044</b>	Property Address <b>1268 N. Old Hwy 91</b>
Address <b>1268 N. Old Hwy 91</b>		Legal Description <b>NW 1/4, SW 1/4, Sec. 26, T7S, R36 EBM</b>
Report To <b>300</b>	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. <b>1004</b>						
SIZE <b>2</b>	No. Bedrooms <b>2</b>	Septic Tank <b>1000</b> gal.	Disposal Area <b>667</b> sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed	<input type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified Permit Fee <b>30<sup>00</sup></b>
Dimensions <b>30'3" x 75'4"</b>		Maximum Depth below Ground Surface <b>4'</b>	PLOT PLAN <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <b>Rich Gallun</b>		Date <b>3-25-91</b>
Remarks <b>Test hole Required B20-3' w/ 50% Rock 3-7' C1</b>			Applicant's Signature <b>x Regina K. Terrell</b>		Permit Fee <b>30<sup>00</sup></b>	

EST. TYPE **0253**

## INSPECTION

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

SEPTIC TANK <b>1000</b> gal.	Size <b>1000</b> gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth <b>12"</b>	DEPTH OF <b>N/A</b>	Ground Water <b>N/A</b>	Bedrock <b>N/A</b>	Gravel <b>washed</b>	Rock Under Pipe <b>6"</b>
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 <b>675</b> sq. ft.		Installer <b>Matthews</b>		Date <b>03-005</b>
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 <b>x Rich Gallun</b>		<del>03-005</del>		Date <b>4/25/91</b>
Remarks <b>Pipe from tank to house not installed yet, Joins to tank not sealed yet.</b>								

SOIL TYPE **53** (Test hole Required) WATER SYSTEM (Spring)

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 <b>4/25/91</b>	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 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 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 type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <b>x Rich Gallun</b>	
Remarks				

Wants to cover middle of all trenches. leave ends open prior to inspect. Date Matthews 775-3380

## DIAGRAM

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

APPLICATION & PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE.

TRAVEL TIME **045**  
INSPEC. TIME **045**

