

JURISDICTION  
0300

6-6-97  
#65

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT  
465 MEMORIAL DRIVE  
POCATELLO, ID

60,60  
FEE PD  
PERMIT # 118816

TRAVEL TIME: 60  
INSPECTION TIME: 60

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

NAME <b>David L. Battson</b>		PHONE <b>238-9365</b>	PROPERTY ADDRESS <b>240 Indian Cr Rd</b>	
MAILING ADDRESS:		LEGAL DESCRIPTION: LOT SIZE (ACRES) <b>11.5</b>		
STREET/P.O. BOX <b>1715 1/2 Quinn Rd</b>		1/4 SECTION <b>30SW</b> SECTION <b>33</b> TOWNSHIP <b>7</b> RANGE <b>36</b>		
CITY <b>Poc</b>		LOT # _____ BLOCK # _____ SUBDIVISION _____		
STATE <b>Id</b>		PARCEL # <b>R4015630301</b> FROM TAX ASSESSOR'S OFFICE		
ZIP <b>83202</b>				
SEPTIC TANK SIZE <b>1000 gal.</b>	EST TYPE <b>232</b>	EFFECTIVE DISPOSAL AREA <b>667 SQ.FT.</b>	SOIL TYPE <b>B-2</b>	MAXIMUM DEPTH BELOW GROUND SURFACE <b>4</b>
				# BEDROOMS <b>4</b>

**INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER**

EHS SIGNATURE <b>Craig Madison</b>	EHS # <b>65</b>	APPLICANT SIGNATURE <b>D. L. Battson</b>	DATE <b>3-28-97</b>
REMARKS <b>23 sections of gravel trench units</b>			

**INSPECTION**

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

Code G

SEPTIC TANK SIZE <b>1000 gal Pre-Cast</b>	STANDPIPE: ( <input checked="" type="checkbox"/> ) YES ( ) NO	MANHOLE DEPTH <b>8"</b>	DEPTH BELOW GROUND SURFACE <b>2'-4"</b>	ROCK UNDER PIPE <b>3'-4" Shingles</b>
EFFECTIVE DISPOSAL AREA <b>700 sq. ft.</b>	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER <b>Rex Branning</b> INSTALLER # <b>880</b>		

EHS SIGNATURE <b>Craig Madison</b>	DATE <b>6-6-97</b>	EHS # <b>65</b>
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REMARKS **manhole location 24' E of cleanout**

**WATER SYSTEM**

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

REMARKS

**APPROVED PLANS**

**AS BUILT PLANS**

