

PLANNING & ZONING APPROVAL

WATER AND SEWER PERMIT

Southeastern District Health Department

233-8011 Butcher Block

Name MARGARET Katsilometas (Thorne) <i>(Thorne)</i>	Phone 232-2568	Property Address
Address 7641 W. Vasilious Place	Legal Description Sec 21 T 75 R 38	
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. 3908	
SIZE 2	No. Bedrooms 2
Septic Tank 1000 gal.	Disposal Area 445 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 50.00
Dimensions Maximum Depth below Ground Surface 48"	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
By Tom Hopkins	Date 7-18-87
Remarks 200 feet from River	Applicant's Signature X Margaret Katsilometas
	Permit Fee

INSPECTION

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

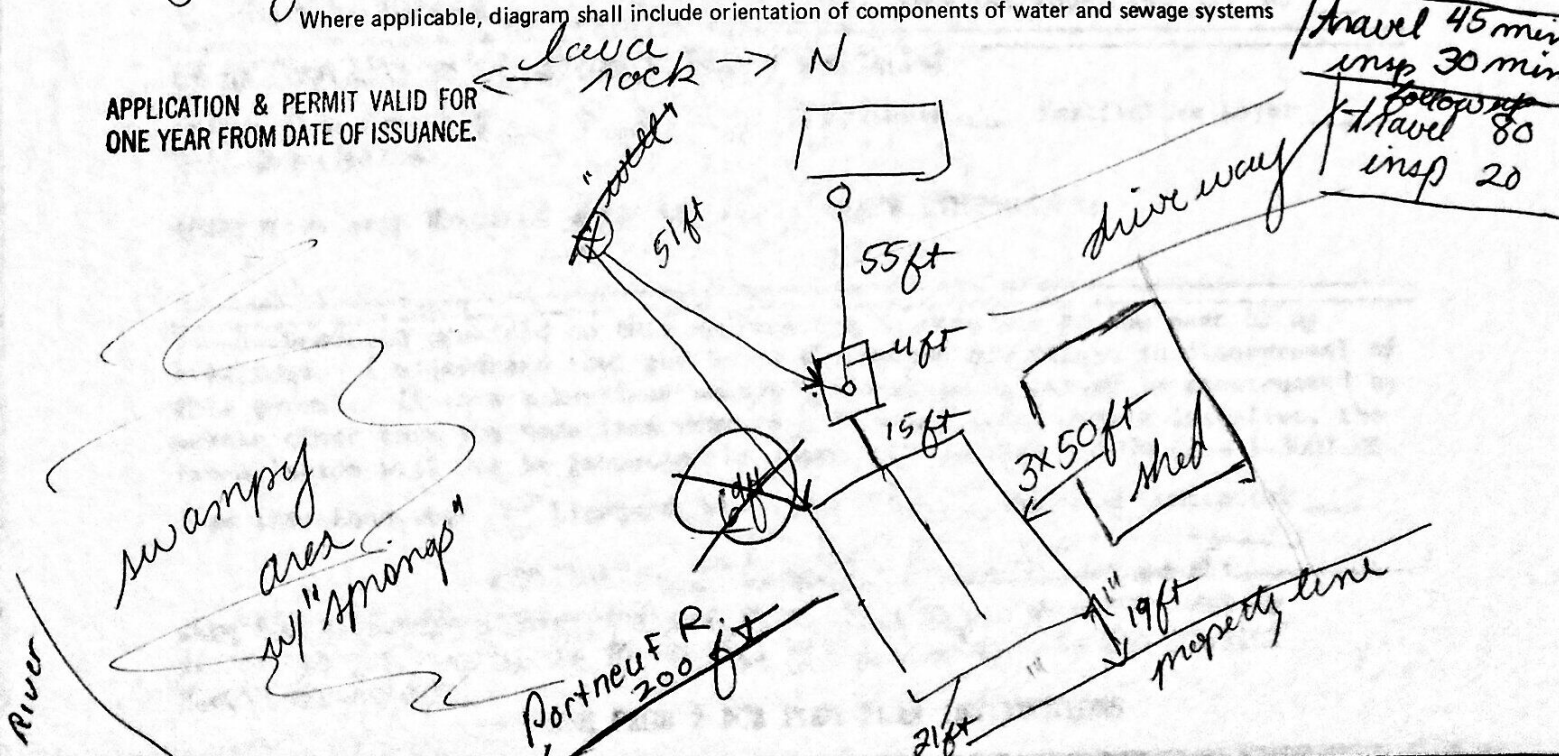
SEPTIC TANK Size 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth NA	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe 6"
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 450 sq. ft.	Installer Mark Campbell		Date 10-19-87	
EXISTING SYSTEM Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION 11-12-87	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By X Margaret Katsilometas		Date 10-19-87	
Remarks Aug well only 69ft from nearest drain line - "well" backfilled. MMS						

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 X	Date	
Remarks existing Aug well, to be abandoned, plans to hook up to lava pws				Permit Fee

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 45 min
insp 30 min
following
Travel 80
insp 20