

WATER AND SEWER PERMIT

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name H. Thomas ORE	Phone 2-6034	Property Address 1635 City Cr Rd
Address 1635 City Cr Rd	Legal Description SE, SE, Sec 34, T 7S, R 34E	
Report To	Funding <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Governmental	<input type="checkbox"/> Conventional <input type="checkbox"/> Existing

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

Permit No. 2903
SIZE: No. Bedrooms 3 , Septic Tank 1000 gal., Disposal Area 474 sq. ft. TYPE: <input type="checkbox"/> Trench, <input checked="" type="checkbox"/> Pit, <input type="checkbox"/> Sand Filter, <input type="checkbox"/> Bed, <input type="checkbox"/> E.T., <input type="checkbox"/> Modified Permit Fee \$30
Dimensions: Pit 10' below inlet x 47 1/2' diameter , Maximum Depth below Ground Surface 14-15' PLOT PLAN: <input checked="" type="checkbox"/> Approved, <input type="checkbox"/> Disapproved By: Fred Huffman , Date: 11/30/84
Remarks: Existing home replacement system. Applicant's Signature: H. Thomas ORE , Permit Fee: paid

INSPECTION

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

SEPTIC TANK Size 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> No	Manhole Depth 18 inches	DEPTH OF 225	Ground Water	Bedrock none	Gravel none	Rock Under Pipe pit
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes	Approved Aggregate <input checked="" type="checkbox"/> Yes	Effective Disposal Area 560 sq. ft.	Installer RICHARD BROWNING				
EXISTING SYSTEM Appears to meet Standards/Regs <input checked="" type="checkbox"/> Yes	INSTALLATION <input checked="" type="checkbox"/> Approved	By: Greg Mondell , Date: 12.6.84					

WATER SYSTEM

City water

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 <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 checked="" type="checkbox"/> Disapproved	By: X , Date	

DIAGRAM

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

