

WATER AND SEWER PERMIT

Southeastern District Health Department

PLANNING & ZONING APPROVAL

W 232-6235

Name <b>KATHRYN Snyder</b>	Phone <b>775-4441</b>	Property Address <b>See permit Application</b>
Address <b>3757 So old Highway 91 - McCammon, ID</b>	Legal Description <b>T8S, R36E, S33</b>	
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	Loan No. <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.  
**3905**

No. Bedrooms <b>3</b>	Septic Tank <b>1000 gal.</b>	Disposal Area <b>556 sq. ft.</b>	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed	<input type="checkbox"/> Pit	<input type="checkbox"/> Sand Filter	Permit Fee <b>50.00</b>
Dimensions	Maximum Depth below Ground Surface <b>4'</b>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <b>L. HANCOCK</b>	<input type="checkbox"/> E.T.	<input type="checkbox"/> Modified	Date <b>7-8-87</b>
Remarks <b>SILTY LOAM SOIL</b>	Applicant's Signature <b>X Kathryn Snyder</b>			Permit Fee		

INSPECTION

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

SEPTIC TANK Size <b>1000 gal.</b>	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth <b>18"</b>	DEPTH OF Ground Water	Bedrock	Gravel	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>570 sq. ft.</b>	Installer <b>M. Dale Mathews</b>			
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 <b>X AL HANCOCK</b>	Date <b>8-11-87</b>			
Remarks <b>Well still being drilled.</b>						

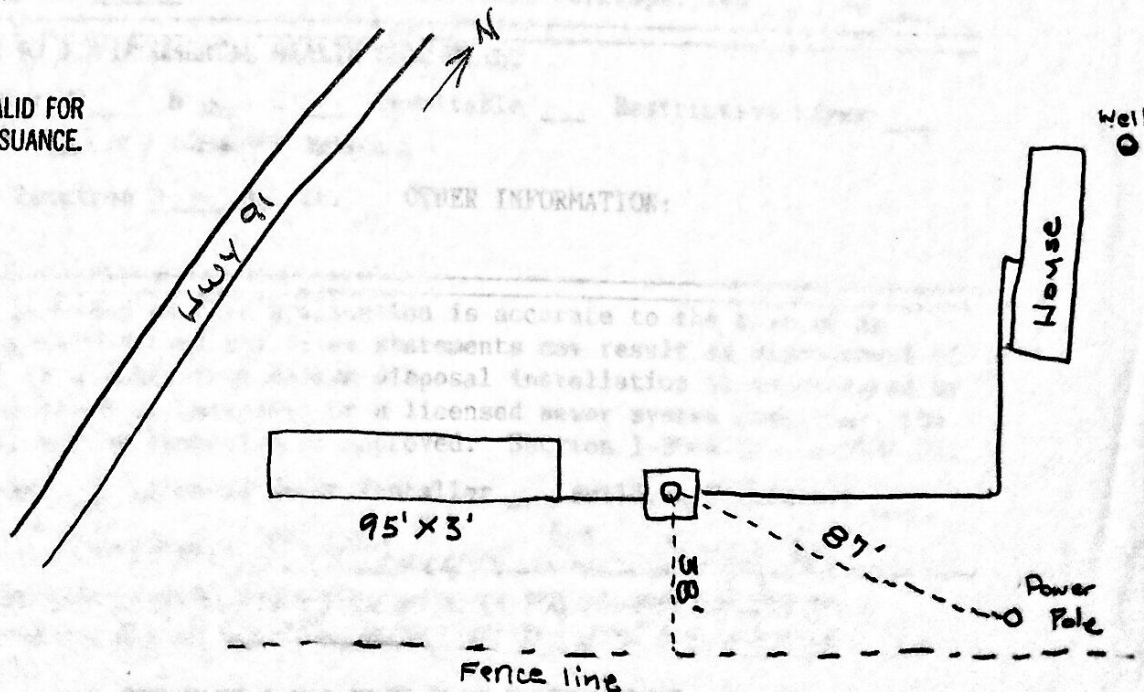
WATER SYSTEM

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 <b>X</b>	Date	
Remarks				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.



OTHER INFORMATION: