

WATER AND SEWER PERMIT

216

Southeastern District Health Department

GW

PLANNING & ZONING APPROVAL

Name Gregg S. McCandless	Phone 775-4421	Property Address 1065 Lower Rock Creek Inkorn
Address P.O. Box 209 Inkorn ID 83245	Legal Description SW 1/4 NW 1/4 Sec 1 T8S R36 E8M	
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. **148 216**
 Permit Fee **50.00**
 Date **7-12-90**
 Applicant's Signature
X Margaret McCandless
 Permit Fee **5066**

SIZE 3	No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 556 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
Dimensions	Maximum Depth below Ground Surface 48"	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Margaret McCandless		Date 7-12-90
Remarks				Applicant's Signature X Margaret McCandless		Permit Fee 5066

INSPECTION

The District Health Department shall be notified of installation **48 hours** prior to installation **covering**

SEPTIC TANK 1000 gal.	Size 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 12"	DEPTH OF 6"	Ground Water	Bedrock	Gravel	Rock Under Pipe
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 588 sq. ft.	Installer SLEP		Date 10/26/92			
EXISTING SYSTEM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 X Margaret McCandless		Date 10/26/92			
Remarks				ENS 61				

SOIL TYPE **B2**

WATER SYSTEM

Plans Approved <input checked="" 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 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 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By X Margaret McCandless	Date 10/1/93	Permit Fee
Remarks				

DIAGRAM

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

10/26/92

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

Permit Renewed 7/31/92
 Good until 7/31/93 EAM
 10/26/92

TRAVEL	45
INSPECTION	45

TRAVEL TIME **45**
 INSPEC. TIME **45**

