

GWGW cm

JURISDICTION Bannock

65  
9/2/93

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT  
465 MEMORIAL DRIVE  
POCATELLO, ID

FEE PD  Y  N  
PERMIT # 26824

TRAVEL TIME: 30  
INSPECTION TIME: 60

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

NAME <u>Evan</u> <u>Barbara S. Smith</u>		PHONE <u>775-3551</u>	PROPERTY ADDRESS <u>3 miles south of cement plant Johnson on west side</u>		
MAILING ADDRESS: <u>P.O.</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>11.6</u>			
STREET/P.O. BOX <u>P.O. Box 364</u>		1/4 SECTION <u>SW</u> SECTION <u>3</u> TOWNSHIP <u>85</u> RANGE <u>36</u>			
CITY <u>Tukam</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE <u>Id</u>		ZIP <u>83245</u>	PARCEL # <u>R4057001800</u> FROM TAX ASSESSOR'S OFFICE		
SEPTIC TANK SIZE <u>1000</u> gal.	EST TYPE <u>Single F.</u>	EFFECTIVE DISPOSAL AREA <u>556</u> SQ.FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>4</u>	# BEDROOMS <u>3</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <u>Craig Madson</u>	EHS # <u>65</u>	APPLICANT SIGNATURE <u>Barbara S. Smith</u>	DATE <u>9-1-93</u>
REMARKS			

**INSPECTION**

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

SEPTIC TANK SIZE <u>1000</u> gal <u>Maxroc</u>	STANDPIPE: (X) YES <u>not in yet</u> ( ) NO	MANHOLE DEPTH <u>8"</u>	DEPTH BELOW <u>2'-4'</u> GROUND SURFACE	ROCK UNDER PIPE <u>6</u>
EFFECTIVE DISPOSAL AREA <u>600</u> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER <u>Budd Campbell</u>		INSTALLER # <u>883</u>

EHS SIGNATURE <u>Craig Madson</u>	DATE <u>9/2/93</u>	EHS # <u>65</u>
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REMARKS Home over foundation set yet (manufactured) unable to get manhole co-ordinates standpipe to be installed by contractor

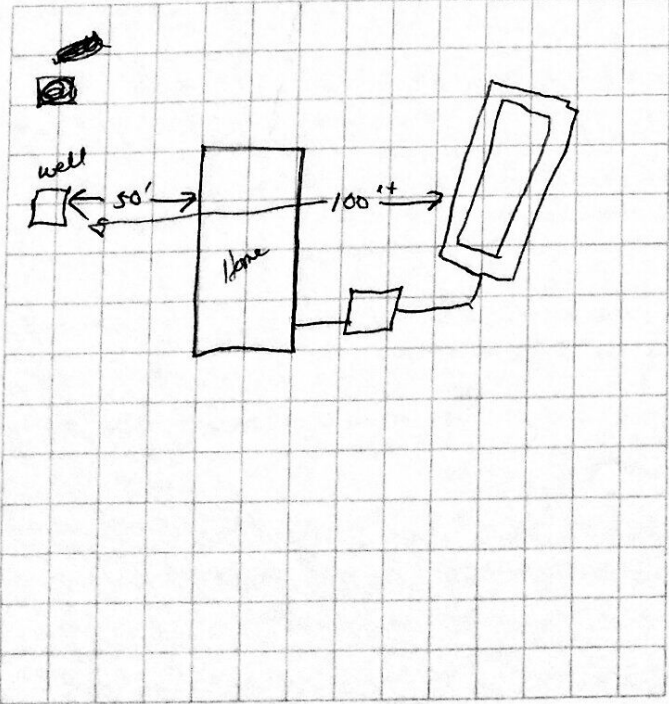
**WATER SYSTEM**

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 _____ NO _____	CHEMICAL PARAMETERS TESTED WITHIN LIMITS YES _____ NO _____	SYSTEM PUBLIC _____ PRIVATE <input checked="" type="checkbox"/>	

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION ( ) YES ( ) NO	EHS SIGNATURE _____	EHS # _____
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REMARKS

**APPROVED PLANS**



**AS BUILT PLANS**

