

WATER AND SEWER PERMIT

Southeastern District Health Department RM

PLANNING & ZONING APPROVAL

Name Tom Romariel	Phone 775-3413	Property Address 698 E. Upper Rock Crk Rd, Inkom
Address 698 E. Upper Rock Cr. Rd Inkom	Legal Description T8S R36 E Sec. 11	
Report To 0300	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<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. 1395	Permit Fee \$30.00
SIZE No. Bedrooms: 3 Septic Tank: 1000 gal. Disposal Area: 833 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> Bed <input type="checkbox"/> E.T. <input type="checkbox"/> Modified
Dimensions Maximum Depth below Ground Surface: 4' or 48"	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
By Edward G. May	Date 4/27/92
Remarks REPLACEMENT SYSTEM - SEE ATTACHED NOTES	Applicant's Signature Tom Romariel

INSPECTION

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

SEPTIC TANK Size: 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 12"	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 960 sq. ft.	Installer Tom Romariel	
EXISTING SYSTEM 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 Edward G. May	Date 5/29/92	
Remarks * REPLACEMENT - AND GOING FURTHER THAN 85' TO CREEK				

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 Acceptable Limits <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 type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By X	Date	
Remarks EXISTING SPRING SYSTEM				

DIAGRAM

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

