

6W

11-10-97

JURISDICTION  
0300

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT  
SEWER APPLICATION & PARCEL SURVEY  
Shaded Area - OFFICE USE ONLY

FEE PAID Y X N \_\_\_\_\_  
PERMIT # 125201

ON-SITE CONDUCTED (  ) APP ( ) DISAPP  
EHS # 65  
DATE 11-17-97  
TRAVEL TIME: 90  
SEQUENCE # 60

DATE \_\_\_\_\_  
OFFICE TIME \_\_\_\_\_  
EHS # \_\_\_\_\_

\*\*\*COPY OF DEED REQUIRED

NAME <u>ROBERT WOODVARD</u>	PHONE <u>208) 234-4512</u>	MAILING ADDRESS <u>10,000 W. Train Rd #6</u> STREET/P.O. BOX CITY <u>POCATELLO</u> STATE <u>Idaho</u> ZIP <u>83201</u>
PROPERTY ADDRESS STREET <u>WALKER CREEK RD.</u> CITY <u>McCammon</u> STATE <u>Id</u>	ORIGINAL OWNER'S NAME <u>Cathy Shultz</u>	LOT SIZE (acres) <u>7.995</u>
LEGAL DESCRIPTION: 1/4 SECTION <u>NE 4 SE 4</u> SECTION <u>16</u> TOWNSHIP <u>85</u> RANGE <u>26E</u> LOT # _____ BLOCK # _____ SUBDIVISION _____ PARCEL # FROM TAX ASSESSOR'S OFFICE <u>R 4057016700</u>		

BRIEF DIRECTIONS TO PROPERTY: Walker Creek Rd.

PLEASE COMPLETE THE FOLLOWING INFORMATION

TYPE OF DWELLING ( <input checked="" type="checkbox"/> ) SINGLE FAMILY ( ) MULTIPLE FAMILY ( ) COMMERCIAL ( ) OTHER	# BEDROOMS <u>4</u> # EMPLOYEES _____ SOIL TYPE _____	TYPE OF INSTALLATION ( <input checked="" type="checkbox"/> ) NEW ( ) REPLACEMENT	WATER SUPPLY ( <input checked="" type="checkbox"/> ) PRIVATE ( ) WELL ( ) SPRING ( ) PUBLIC	TYPE OF DISPOSAL SYSTEM ( <input checked="" type="checkbox"/> ) DRAINFIELD ( ) ABSORPTION BED ( ) BASIC ALTERNATIVE ( ) COMPLEX ALTERNATIVE
---	---	--	---	---

PLEASE COMPLETE THE GEOLOGICAL INFORMATION

HIGHEST SEASONAL GROUNDWATER DEPTH _____ FT. WHAT TIME OF YEAR? _____ DESCRIBE THE SOIL _____	DEPTH TO BEDROCK _____ TYPE OF BEDROCK ( ) LAVA ( ) SHALE ( ) OTHER	ROCK OUTCROPS ( ) YES ( ) NO
---	---	------------------------------------

REMARKS: \_\_\_\_\_

The information provided on this application is accurate to the best of my knowledge. I understand that any false statements may result in disapproval of this permit. If this subsurface sewage disposal installation is constructed by anyone other than the home/landowner or a licensed sewer installer, the installation will not be inspected or approved. Section 1-3006.01 - 1-3007.01.

I am the: Landowner  Licensed Sewer Installer \_\_\_\_\_ Building Contractor \_\_\_\_\_  
CONSIDERING PURCHASE Installer License # \_\_\_\_\_  
OF PROPERTY

I hereby authorize the health authority to have access to this property for the purpose of performing the requested services and I certify that all the above information is accurate.

APPLICANT SIGNATURE Robert Woodward DATE 11-14-97

SEE BACK FOR FURTHER INSTRUCTIONS AND DIAGRAM OF PROPERTY  
\*\*\*APPLICATION WILL NOT BE ACCEPTED W/O DIAGRAM ON BACK