

JURISDICTION
0300

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
465 MEMORIAL DRIVE
POCATELLO, ID

G.W. (G.W.) 90.00 sum
FEE PD X Y N
PERMIT # 93390

TRAVEL TIME: 40
INSPECTION TIME: 30

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

| | | | | | |
|--|------------------------|---|---|---|------------------------|
| NAME <i>Ryced Candice Ransbottom</i> | | PHONE <i>237-8674</i> | PROPERTY ADDRESS <i>March Creek (6 1/2 m from Pocatello)</i> | | |
| MAILING ADDRESS: | | LEGAL DESCRIPTION: LOT SIZE (ACRES) | | | |
| STREET/P.O. BOX <i>4539 Ponderosa</i> | | 1/4 SECTION <i>n/w/nw</i> SECTION <i>27</i> TOWNSHIP <i>8s</i> RANGE <i>36e</i> | | | |
| CITY <i>Chubbuck</i> | | LOT # _____ BLOCK # _____ SUBDIVISION _____ | | | |
| STATE <i>Id</i> | | ZIP <i>83202</i> | | PARCEL # <i>R4057 024903</i> FROM TAX ASSESSOR'S OFFICE | |
| SEPTIC TANK SIZE <i>1000 gal.</i> | EST TYPE <i>232</i> | EFFECTIVE DISPOSAL AREA <i>556 SQ.FT.</i> | SOIL TYPE <i>B2</i> | MAXIMUM DEPTH BELOW GROUND SURFACE <i>4</i> | # BEDROOMS <i>3</i> |

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

| | | | |
|--------------------------------------|--------------------|--|------------------------|
| EHS SIGNATURE <i>Craig Madson</i> | EHS # <i>65</i> | APPLICANT SIGNATURE <i>Jack A Betty</i> | DATE <i>4/16/95</i> |
| REMARKS | | | |

INSPECTION

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

| | | | | |
|---|---|---|--|-------------------------------|
| SEPTIC TANK SIZE <i>1000 gal</i> | STANDPIPE: (X) YES () NO | MANHOLE <i>blank way</i> DEPTH <i>5ft 13 1/4 hds</i> | DEPTH BELOW GROUND SURFACE <i>4ft</i> | ROCK UNDER PIPE <i>2in</i> |
| EFFECTIVE DISPOSAL AREA <i>729 sq. ft.</i> | INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____ | INSTALLER <i>SELF</i> | | INSTALLER # _____ |

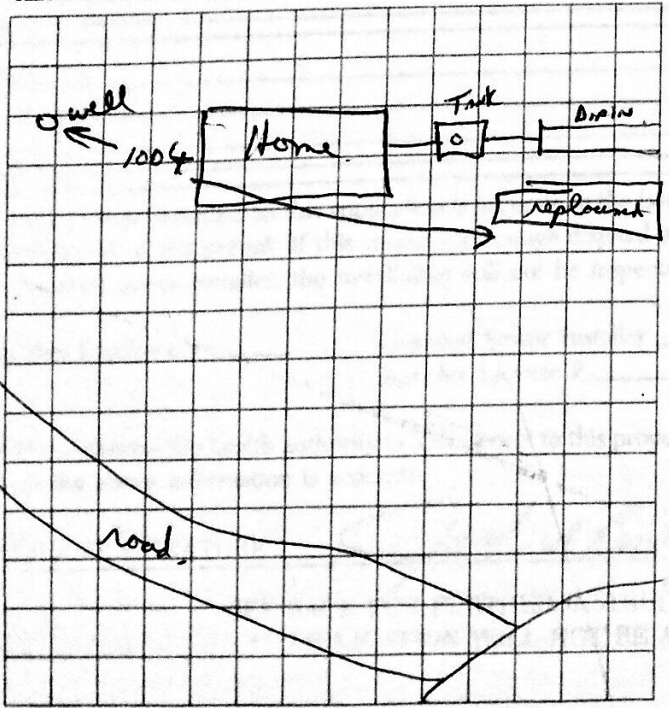
| | | |
|-------------------------------------|-------------------------|--------------------|
| EHS SIGNATURE <i>[Signature]</i> | DATE <i>10/10/95</i> | EHS # <i>69</i> |
| REMARKS | | |

WATER SYSTEM

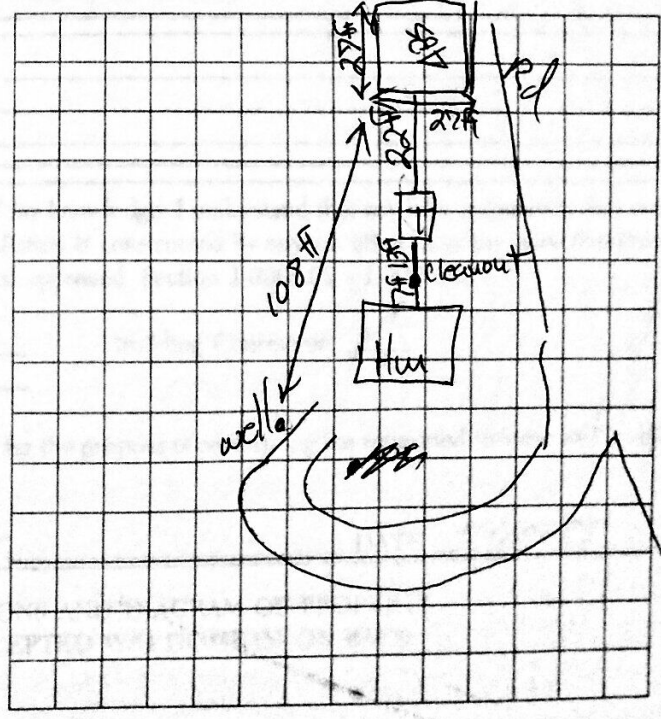
| | | | |
|--|--|--------------------------------------|---|
| PLANS APPROVED YES <input checked="" type="checkbox"/> NO _____ | SAMPLE COLLECTED BY _____ | DATE _____ | STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND |
| MIN. DISTANCES PER STANDARDS/REGS. YES <input checked="" type="checkbox"/> NO _____ | CHEMICAL PARAMETERS TESTED _____ WITHIN LIMITS YES _____ NO _____ | SYSTEM PUBLIC _____ PRIVATE _____ | |
| WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION () YES () NO | EHS SIGNATURE _____ EHS # _____ | | |

REMARKS

APPROVED PLANS



AS BUILT PLANS



March Creek Rd N →