

JURISDICTION

04/11/97
69

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
465 MEMORIAL DRIVE
POCATELLO ID

FEE PD Y N
PERMIT # 119868

TRAVEL TIME: 30
INSPECTION TIME: 30

Code C

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

NAME Evelyn Roeder		PHONE 237-5520	PROPERTY ADDRESS Wagner Creek Canyon Rd		
MAILING ADDRESS: 14585 West Lea St		LEGAL DESCRIPTION: LOT SIZE (ACRES) 11			
STREET/P.O. BOX		1/4 SECTION 5 SECTION 36 TOWNSHIP 8 RANGE 36			
CITY Chubbuck		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE IDAHO		ZIP 83202		PARCEL # R405703402 FROM TAX ASSESSOR'S OFFICE	
SEPTIC TANK SIZE 1000 gal.	EST TYPE 232	EFFECTIVE DISPOSAL AREA 556 SQ.FT.	SOIL TYPE B2	MAXIMUM DEPTH BELOW GROUND SURFACE 4ft	# BEDROOMS 3

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <i>[Signature]</i>	EHS # 69	APPLICANT SIGNATURE Evelyn K. Roeder	DATE 5/2/97
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REMARKS

INSPECTION

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

SEPTIC TANK SIZE 1000 gal	STANDPIPE: () YES () NO	MANHOLE DEPTH above G	DEPTH BELOW GROUND SURFACE 2ft	ROCK UNDER PIPE 20 In Filtration
EFFECTIVE DISPOSAL AREA 570 sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER Rex Brauning 880		

EHS SIGNATURE <i>[Signature]</i>	DATE 09 12 97	EHS # 69
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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 <input checked="" type="checkbox"/>

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION <input checked="" type="checkbox"/> YES () NO	EHS SIGNATURE <i>[Signature]</i>	EHS # 69
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REMARKS At onsite on 05 02 97 well did not meet code (no sealed cap)

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