

JURISDICTION 300

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
465 MEMORIAL DRIVE
POCATELLO, ID

44496
FEE PD X Y N
PERMIT # 124498

TRAVEL TIME: _____
INSPECTION TIME: _____

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

NAME <u>Kent/Kim Whitehead</u>		PHONE <u>775 4405</u>	PROPERTY ADDRESS <u>Lower Rock Creek Road</u>	
MAILING ADDRESS: <u>PO BOX 231</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>1 ac</u>		
STREET/P.O. BOX _____		1/4 SECTION <u>NE</u> SECTION <u>2</u> TOWNSHIP <u>8</u> RANGE <u>36</u>		
CITY <u>Tatum</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____		
STATE <u>Idaho</u>		PARCEL # <u>124057001300</u> FROM TAX ASSESSOR'S OFFICE		
SEPTIC TANK SIZE <u>1000 gal.</u>	EST TYPE <u>232</u>	EFFECTIVE DISPOSAL AREA <u>1000</u> SQ.FT.	SOIL TYPE <u>C-1B</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>2A 4ft</u>
			# BEDROOMS <u>3</u>	

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <u>[Signature]</u>	EHS # <u>69</u>	APPLICANT SIGNATURE <u>Kent Whitehead</u>	DATE <u>10/21/97</u>
----------------------------------	-----------------	---	----------------------

REMARKS New location of field may denote change in soil type to B-2.

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

SEPTIC TANK SIZE <u>1000</u> gal	STANDPIPE: () YES (X) NO	MANHOLE DEPTH <u>18"</u>	DEPTH BELOW GROUND SURFACE <u>3'</u>	ROCK UNDER PIPE <u>NA</u>
EFFECTIVE DISPOSAL AREA <u>586</u> sq. ft.	INSTALLATION APPROVED <u>X</u> DISAPPROVED _____	INSTALLER <u>SELF</u>	INSTALLER # _____	

EHS SIGNATURE <u>[Signature]</u>	DATE <u>9/17/98</u>	Code = <u>G</u>	EHS # <u>69</u>
----------------------------------	---------------------	-----------------	-----------------

REMARKS At time of inspect - Mr Whitehead told me the house is 3 bed not 4 as on permit & permit changed to reflect this and soil type.

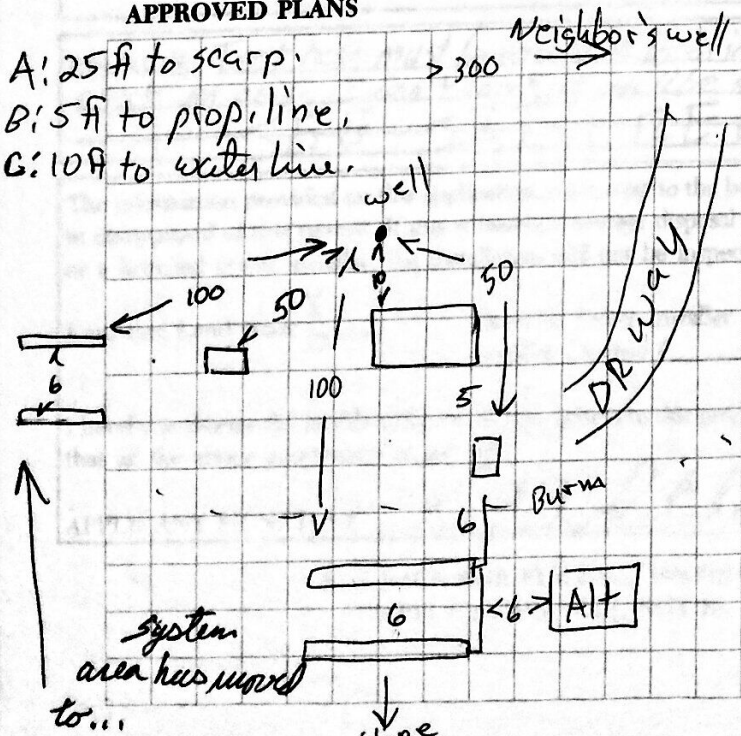
WATER SYSTEM

PLANS APPROVED YES <u>X</u> 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 <u>X</u>	

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION (X) YES () NO	EHS SIGNATURE <u>[Signature]</u>	EHS # <u>69</u>
---	----------------------------------	-----------------

REMARKS _____

APPROVED PLANS



AS BUILT PLANS

