

10/12/05

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JURISDICTION
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SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201

FEE PD Y N
PERMIT # 168001

TRAVEL TIME: 45
INSPECTION TIME: 30

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

NAME <i>Teresa L. Lewis</i>		PHONE <i>237-7391</i>	PROPERTY ADDRESS <i>2476 S. Marsh Cr. Rd. McAmmon</i>		
MAILING ADDRESS <i>2180 Douglas St.</i>		LEGAL DESCRIPTION: LOT SIZE (ACRES) _____			
STREET/P.O. BOX		1/4 SECTION _____ SECTION <i>15</i> TOWNSHIP <i>8S</i> RANGE <i>36E</i>			
CITY <i>Pocatello</i>		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE <i>IA</i> ZIP <i>83201</i>		PARCEL # <i>R 4057011000</i> FROM TAX ASSESSOR'S OFFICE			
SEPTIC TANK SIZE <i>1000</i> gal.	EST TYPE <i>232</i>	EFFECTIVE DISPOSAL AREA <i>556</i> SQ. FT.	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

DATE <i>7-15-05</i>	EHS SIGNATURE <i>Steve Rents</i>	EHS# <i>57</i>	APPLICANT SIGNATURE <i>Teresa L. Lewis</i>
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REMARKS *100' from McWells / 200' from Marsh Cr / 150' from open ditches / 25' from tiled ditches*
 Do Not Drive or Park on Spanfield or Rephones INSPECTION

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

SEPTIC TANK SIZE <i>1000</i> Precast gal.	STANDPIPE: () YES <input checked="" type="checkbox"/> NO	MANHOLE DEPTH <i>18"</i>	DEPTH BELOW GROUND SURFACE <i>4'</i>	ROCK UNDER PIPE <i>28 Quick 4</i>
EFFECTIVE DISPOSAL AREA <i>520</i> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER <i>Holm</i>	INSTALLER # <i>27984</i>	

EHS SIGNATURE <i>Kevin Island</i>	DATE <i>10/12/05</i>	CODE <i>G</i>	EHS# <i>69</i>
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REMARKS *Pump tank every 3 years*

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>Kevin Island</i>	EHS# <i>60/69</i>
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REMARKS

