

WATER AND SEWER PERMIT

Southeastern District Health Department *dep*

PLANNING & ZONING APPROVAL

(2)

Name Hans Hayden	Phone 335-2325	Property Address Arbon, Idaho
Address Gen. Del Arbon Idaho	Legal Description 9S-34EBM-8-N-1/2	
Report To	Funding <input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Governmental <input type="checkbox"/> Conventional <input type="checkbox"/> Existing
Loan No.		

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

Permit No. **2760**

See note below

No. Bedrooms 4	Septic Tank 1000 gal.	Disposal Area 540 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed	<input type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee 50.00
Dimensions	Maximum Depth below Ground Surface 8 FT	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Tom Hopkins	Date 5-9-89	
Remarks	Applicant's Signature Hans Hayden + Julie Hayden				Permit Fee	ex #542

INSPECTION

The District Health Department shall be notified of installation **48 hrs** prior to installation *Backfill*

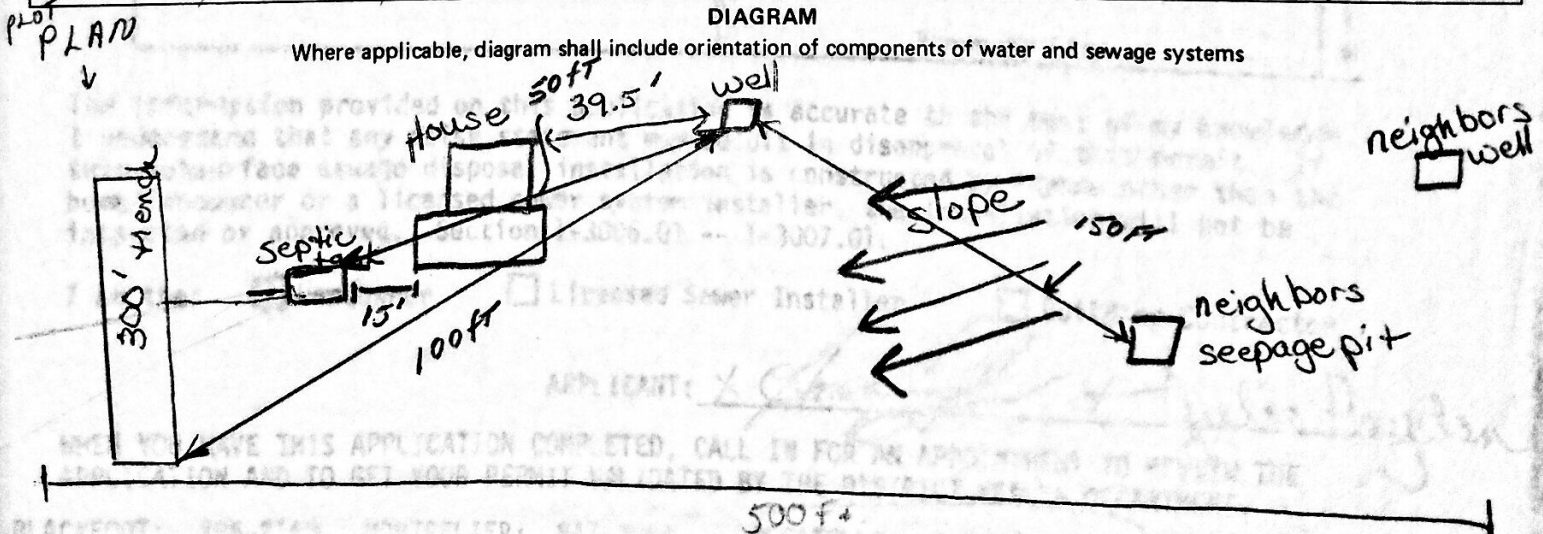
SEPTIC TANK Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 18	DEPTH OF Ground Water > 25	Bedrock none	Gravel none	Rock Under Pipe 6 inches
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 600 sq. ft.	Installer R. Browning		Date 9.13.85	
EXISTING SYSTEM Appears to meet Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Tom Hopkins	Date 9.13.85			
Remarks						

WATER SYSTEM

Plans Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	State Laboratory indicates intestinal bacteria <input type="checkbox"/> were <input type="checkbox"/> were not found in water.	Sample Collected By	Date	Permit Fee
Min. Distances as per Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	CHEMICAL TOLERANCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd	System <input type="checkbox"/> Public <input type="checkbox"/> Private	Complies with Health Dist. and/or State of Idaho Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing System appears to comply with all requirements of Health Dist. and State of Idaho Drinking Water Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By X	Date	Permit Fee
Remarks <i>previous by installed.</i>				

DIAGRAM

Where applicable, diagram shall include orientation of components of water and sewage systems



Perce RATE Redone. Permit changed to 540 sq foot. Perce RATE 6 min/inch. TEST Done by Mr. Hayden. APPROVED 7/9/85 TH