

WATER AND SEWER PERMIT 4

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name JAMES H RILEY	Phone 232-7195	Property Address
Address 4570 JOHNNY CREEK ROAD		Legal Description SEC 12 T 75 R 34
Report To	Funding <input type="checkbox"/> Governmental <input type="checkbox"/> Individual	<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.
3399

SIZE 4	No. Bedrooms	Septic Tank 1000 gal.	Disposal Area 660 sq. ft.	TYPE <input type="checkbox"/> Trench <input type="checkbox"/> Bed	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee 30.00
Dimensions 12' x 14' x 14'	Maximum Depth below Ground Surface		PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Tom Hopkins		Date 6-2-80
Remarks				Applicant's Signature James H Riley		Permit Fee 30	

INSPECTION

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

SEPTIC TANK 1000 gal.	Size MONROE	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 18"	DEPTH OF unknown	Ground Water	Bedrock	Gravel	Rock Under Pipe
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Effective Disposal Area 765 sq. ft.		Installer BRAD FRASURE		
EXISTING SYSTEM Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No			INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By Tom Hopkins		Date 6-5-80	
Remarks See page Pit 16'-0 x 16'-0 x 12'-0 core								

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 Acceptable Limits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd		System <input type="checkbox"/> Public <input type="checkbox"/> Private
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
Remarks City of Pocatello				Permit Fee

DIAGRAM

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

APPLICATION & PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE.

Replacement System.

See page Pit APPROVED due to the following:

- 1. EXISTING SYSTEM, 10 YEARS OLD**
- 2. NO ROOM FOR DRAINFIELD - limited lot size**