

**WATER AND SEWER PERMIT**

Southeastern  
District Health Department

PLANNING & ZONING APPROVAL \* **REPLACEMENT SYSTEM** \*

Name <b>Paul R. Smith</b>	Phone <b>233-1315</b>	Property Address <b>1175 Cactus Dr, POC, Id.</b>
Address <b>1175 CACTUS DR., POC, ID.</b>		Legal Description <b>T7S, R34E, Sec 12</b>
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. <b>3366</b>	Permit Fee <b>30.00</b>
SIZE No. Bedrooms: <b>4</b> Septic Tank: <b>1000</b> gal. Disposal Area: <b>600</b> 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
Dimensions <b>12' x 20' x 12'</b>	Maximum Depth below Ground Surface <b>18'</b>
PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <b>Richard Branning</b> Date <b>5/22/86</b>
Remarks	Applicant's Signature <b>[Signature]</b> Date <b>5/22/86</b>

**INSPECTION**

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

SEPTIC TANK Size gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth <b>48"</b>	DEPTH OF Ground Water Bedrock <b>7/8</b>	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 <b>600</b> sq. ft.	Installer <b>Richard Branning</b> Date <b>5-20-86</b>		
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 <b>Steven J. Wenzell</b> Date <b>5-20-86</b>		
Remarks <b>line to old pit not disconnected &amp; capped or diversion valve not installed. line disconnected &amp; capped.</b>					

**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 <input checked="" type="checkbox"/> X	Date	
Remarks <b>public water supply.</b>				

**DIAGRAM**

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

