

WATER AND SEWER PERMIT

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name Tom Andersen / C&A Livestock	Phone 228-3330	Property Address 2 miles South of I-86 on Rainbow Rd
Address P.O. Box 254 Roberts Idaho		Legal Description T7S, R34E, Sec. 3
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. 4143
Permit Fee 50.00
Date 5/5/88
Permit Fee 50.00

SIZE	No. Bedrooms -	Septic Tank 1000 gal.	Disposal Area 180 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
Dimensions	Maximum Depth below Ground Surface 4'		PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Tom Andersen		Date 5/5/88
Remarks 1 line 3' x 60'				Applicant's Signature X Tom Andersen		Permit Fee 50.00

INSPECTION

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

SEPTIC TANK 1000 gal.	Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 18"	DEPTH OF -	Ground Water -	Bedrock -	Gravel -	Rock Under Pipe 6"
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 189 sq. ft.		Installer Self		
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 X Tom Hopkins		Date 5-10-88	
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
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	
Remarks Existing well				

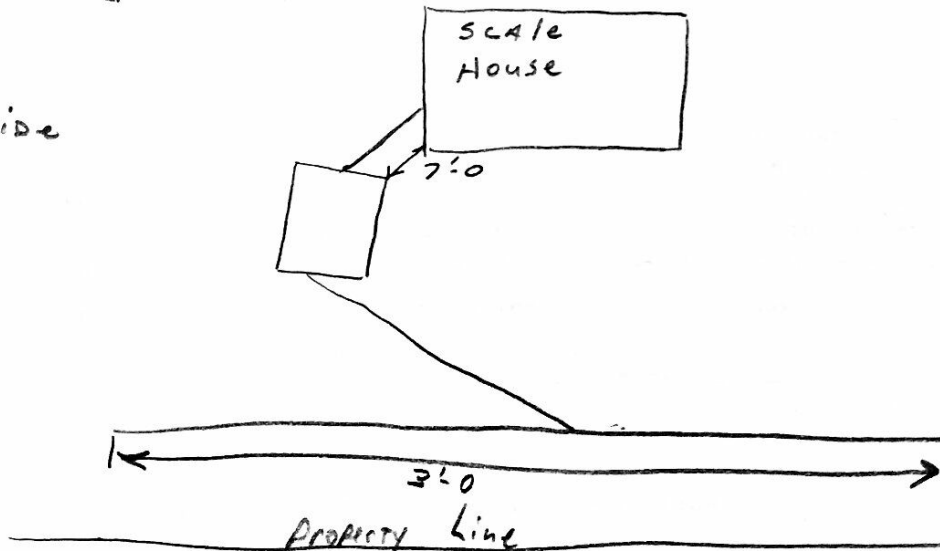
DIAGRAM

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

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

TRAVEL TIME **3.025**
INSPEC. TIME **60.40**

Single trench
63'-0" x 36" wide



DETECTION PERMIT ISSUED