

WATER AND SEWER PERMIT *slw*

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name <b>JEFF STUART</b>	Phone <b>238-0896</b>	Property Address <b>TOP OF KIM DRIVE</b>
Address <b>821 TODD CHURBUCK</b>		Legal Description <b>T 7 R 34 S 13</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.	Permit Fee <b>\$50.00</b>
SIZE No. Bedrooms: <b>3</b> Septic Tank: <b>1000 gal.</b> Disposal Area: <b>556 sq. ft.</b>	TYPE <input checked="" type="checkbox"/> Trench <input checked="" 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: <b>4'</b>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Remarks <b>SILT LOAM - TEST HOLE</b>	Applicant's Signature <b>Jeff M. Stuart</b> Date <b>9-1-88</b> Permit Fee <b>\$50.00</b>

INSPECTION

The District Health Department shall be notified of installation **48 HOURS** prior to **BACKFILLING** installation

SEPTIC TANK Size: <b>1000 gal.</b>	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth <b>~18"</b>	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe <b>6"</b>
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 sq. ft.</b>	Installer <b>Browning's Exc.</b>		Date <b>9/21/89</b>	
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 <b>A. Hancock</b>		Date <b>9/21/89</b>		
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 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	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 <b>X</b>	Date	
Remarks <b>* CRY WATER</b>				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

No R.V. Dump allowed into sewer system with chemical treated sewage.

