

WATER AND SEWER PERMIT

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

(REPLACEMENT)

Name EARL PIXTON (TREE BOX)	Phone 234-0290	Property Address 3555 Bannock Hwy, Pocatello
Address		Legal Description T7S, R34E, Sec. 12
Report To "0390"	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. 100
Permit Fee 30.00
Date 11/29/89
Permit Fee CASH

SIZE No. Bedrooms 450 gal/day	Septic Tank 1000 gal.	Disposal Area 1000 sq. ft.	TYPE <input checked="" type="checkbox"/> Bed <input type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> E.T. <input type="checkbox"/> Modified	Permit Fee 30.00
Dimensions	Maximum Depth below Ground Surface 4'	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By A. Hancock	Date 11/29/89
Remarks			Applicant's Signature X	Permit Fee CASH

INSPECTION

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

SEPTIC TANK Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth	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 1152 sq. ft.	Installer Brad Frasure			
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 Steve J. Per			Date 11-30-89	
Remarks						

SOIL TYPE B-2 **WATER SYSTEM**
GRAVELLY SILT LOAM

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 X	Date	
Remarks				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.

TRAVEL TIME 20
INSPEC. TIME 25

