

WATER AND SEWER PERMIT

Southeastern District Health Department *Paul*

PLANNING & ZONING APPROVAL

| | | |
|---------------------------------|---|--|
| Name John Heckler | Phone 232-2971 | Property Address 2550 S. Grant |
| Address 2550 S. Grant | Legal Description NW¹/₄, SE¹/₄, Sec. 1, T7S, R34E | |
| Report To 390 | 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. **784**

| | | | | | |
|---|---|---|-------------------------------------|--|--------------------------------------|
| SIZE 4 | No. Bedrooms 4 | Septic Tank 1000 gal. | Disposal Area 667 sq. ft. | TYPE <input 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 | Permit Fee 30⁰⁰ |
| Dimensions 25x27' | Maximum Depth below Ground Surface 4' | PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | By <i>Richard Halluin</i> | | Date 8/15/90 |
| Remarks <i>Results</i> Test hole Required (B₂ < 35% Gravel & Rock) | | | | Applicant's Signature <i>John Heckler</i> | Permit Fee 30⁰⁰ |

EST. TYPE 0253

INSPECTION

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

| | | | | | | | |
|---|--|---|-------------------------------------|----------------------------|------------------------|---------------------------|-------------------------------|
| SEPTIC TANK Size 1000 gal. | STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Manhole Depth 1' | DEPTH OF N/A | Ground Water N/A | Bedrock N/A | Gravel Approved | Rock Under Pipe 12" |
| 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 675 sq. ft. | Installer <i>Richard Halluin</i> | | Date 10/9/90 | | |
| 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 <i>Richard Halluin</i> | | Date 10/9/90 | | | |
| Remarks Pipe entering dosing chamber still needs grout | | | | | | | |

SOIL TYPE B₂ (#53)

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 N/A | Date 10/9/90 | Permit Fee |
| Min. Distances as per Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | CHEMICAL TOLERANCES Acceptable Limits <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Chk'd | System <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Complies with Health Dist. and/or State of Idaho Standards/Regs <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | INSTALLATION N/A <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | By <i>Richard Halluin</i> | | Date 10/9/90 |
| 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 45

