

WATER AND SEWER PERMIT

Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name Ed & SANDY CARNAHAN	Phone 232-4303	Property Address
Address 415 PARK AVE POKY 83204		Legal Description SW 1/4 Sec 1 T7 R34E
Report To County 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. 129

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 50⁰⁰
Dimensions 20x35	Maximum Depth below Ground Surface 4'	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Mark Lowe, EHS		Date 5-7-90
Remarks STEP FILTER APPROVABLE			Applicant's Signature C. R. Brown			Permit Fee 4737 paid RECT

INSPECTION

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

SEPTIC TANK 1000 Size gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 1'	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 900 sq. ft.		Installer K. Browning 03-002		
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 Mark Lowe		Date 5-10-90	
Remarks						Permit Fee

SOIL TYPE **B-2**

WATER SYSTEM

Permit No.

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 CITY WATER				Permit Fee

DIAGRAM

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

NA

TRAVEL TIME 25
INSPEC. TIME 20

