

WATER AND SEWER PERMIT

Southeastern District Health Department *LM*

PLANNING & ZONING APPROVAL

REPLACE MOUNT

Name Annie Myrl Tillotson	Phone 232-1749	Property Address 426 Sue Rd
Address 426 Sue Rd.	Legal Description S15 T7 R34	
Report To 3900	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

No. Bedrooms 4	Septic Tank ^{existing} 1000 gal.	Disposal Area ^{see below} 667 * sq. ft.	TYPE <input checked="" type="checkbox"/> Bed DEEP	<input type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee 30-
Dimensions 20x25	Maximum Depth below Ground Surface	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Steven J. Pew	Date 6-18-90	Permit Fee 30-
Remarks bed is a replacement, to have 2.5 to 3' of gravel under pipe, disposal area = 500 ft² of extra gravel			Applicant's Signature X Gerald Tillotson	Date pd 6-17-90	Permit Fee 30-

The District Health Department shall be notified of installation **48** prior to ^{backfilling} installation

SEPTIC TANK Size 1000 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 12"	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe Infiltrator 0
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes ^{see below} <input type="checkbox"/> No	Approved Aggregate infiltrator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 588 sq. ft.	Installer Jim Eskel J & J Excavating		Date 03-004	
EXISTING SYSTEM ^{see below} <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 X Scott L. Reno, ETS	Date 10-30-90	Remarks "INFILTRATOR" SYSTEM USED. 70' TO WELL ALLOWED.	

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	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	Permit Fee
Remarks WELL WAS NOT INSPECTED				

DIAGRAM

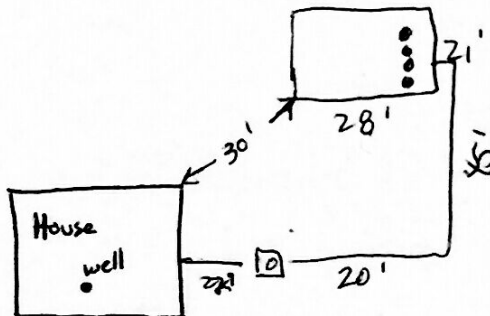
Where applicable, diagram shall include orientation of components of water and sewage systems

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

TRAVEL TIME 70
INSPEC. TIME 20

1/2 inspected 10-26-90 by R. Badlocu
OK

≈ 70' from drainfield to well, max distance possible due to small lot size



SUE RD.