

PLANNING & ZONING APPROVAL

WATER AND SEWER PERMIT  
REPLACEMENT

Southeastern  
District Health Department *LM*

Name <i>Christine M. Miller</i>	Phone <i>232-7686</i>	Property Address <i>3707 Johnny Creek Road</i>
Address <i>3707 Johnny Creek Road</i>		Legal Description <i>SW 1/4, NE 1/4, Sec. 12, T7S, R34E</i>
Report To <i>0253</i>	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. <b>1128</b>		Permit Fee <b>30<sup>00</sup></b>
SIZE No. Bedrooms: <i>2</i> Septic Tank: <i>900</i> gal. Disposal Area: <i>667</i> sq. ft.	TYPE <input checked="" type="checkbox"/> Trench Bed <input checked="" type="checkbox"/> RA <input type="checkbox"/> Pit <input type="checkbox"/> E.T. <input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Date <i>7-26-91</i>
Dimensions <i>17x40</i> Bed	Maximum Depth below Ground Surface <i>4</i>	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Remarks <i>Soil type 90 (B<sub>2</sub> cobbles?) Test hole required Test hole shows C<sub>1</sub> Soil (Silty Clay Loam)</i>		Applicant's Signature <i>Christine M. Miller</i> Permit Fee <i>PAID</i>

INSPECTION

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

SEPTIC TANK Size: <i>1000</i> gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth <i>1'</i>	DEPTH OF Ground Water: <i>-</i> Bedrock: <i>-</i> Gravel: <i>-</i>	Rock Under Pipe <i>N/A</i>
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area <i>408 w/ 1/2 Filtration</i> sq. ft.	Installer <i>J &amp; J Excavation</i>	Date <i>8/6/91</i>
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>Edward G. Mays</i>	Remarks <i>IN FILTRATION SYSTEM - 3 TRENCHES (2x48'; 40')</i>	

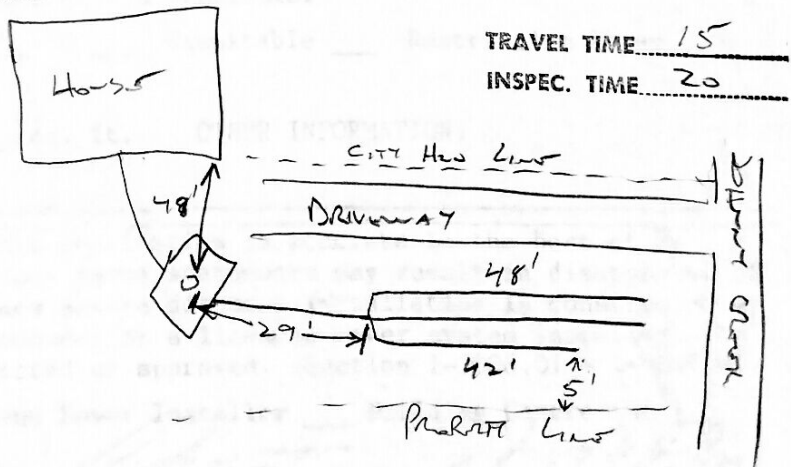
WATER SYSTEM

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 <i>X</i>	Remarks <i>City H<sub>2</sub>O SYSTEM</i>	

DIAGRAM

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

Would need 400 sq ft with Infiltrators  
For Example 2 Trenches 70x3  
Example for a bed 17x40'  
Does not meet distance to City H<sub>2</sub>O Line but Ok as No other alternative exists and this is a replacement system.



see letter #10063 #90-03- Cabotank