

WATER AND SEWER PERMIT

Southeastern
District Health Department *Rm*

PLANNING & ZONING APPROVAL

Name Ron Nelson	Phone	Property Address 12269 Rio Vista Rd.
Address 3962 Northlight		Legal Description N2 1/4 SE 1/4 S31 T5 R34
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. 1014	
No. Bedrooms: 3 Septic Tank: 1000 gal. Disposal Area: 500 sq. ft.	TYPE: <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Pit <input type="checkbox"/> Sand Filter <input type="checkbox"/> Bed <input type="checkbox"/> E.T. <input type="checkbox"/> Modified Permit Fee: 50-
Dimensions: 3' 3" x 5' 6" Maximum Depth below Ground Surface: 4 feet	PLOT PLAN: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved By: Ron Nelson Scott Reno Date: 4-18-91
Remarks: on 2 83' x 3' trenches	Applicant's Signature: <i>Ron Nelson</i> Permit Fee: 50% PD

EST. TYPE 0251

INSPECTION

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

SEPTIC TANK Size: 1000 gal.	STANDPIPE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth: 2 feet	DEPTH OF: N/A	Ground Water: N/A	Bedrock: N/A	Gravel: N/A	Rock Under Pipe: 6-8"
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: 600 sq. ft.	Installer: Ron Nelson				
EXISTING SYSTEM: <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: Rich Halluin	Date: 8/13/91			
Remarks							

SOIL TYPE B (0.5 gal/ft²/day) 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: 8/13/91	Permit Fee
Min. Distances as per Standards/Regs: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CHEMICAL TOLERANCES: <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: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By: Rich Halluin	Date: 8/13/91	Permit Fee
Remarks: left on Seal open hole on well head where wires enter				

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 045

INSPEC. TIME 035

4/5/91 OK'ED THE APPROVAL TO INSTALL ABSORPTION BED INSTEAD OF ~~MANHOLE~~ *ETM*

