

WATER AND SEWER PERMIT

Southeastern District Health Department *SHU*

PLANNING & ZONING APPROVAL

Name ERMIÉ GEIGER III	Phone 233-0342	Property Address CORNER OF JIMMY GARDNER & COURTESY
Address 115 OASIS	Legal Description T7S R34 S32-13	
Report To COUNTY 0300 EST 0257	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 **BED CONSTRUCTION OF TRENCH 7-20-92 20'x28'**

No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 556 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input checked="" type="checkbox"/> Bed	<input type="checkbox"/> P.P. <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee 150.00
Dimensions SEE BELOW	Maximum Depth below Ground Surface 4' on 48"	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Thomas H. Spivack		Date 5/29/92	Permit Fee 5776
Remarks 3 TRENCHES 12' LONG X 3' WIDE = 556 EXAMPLE: 2 TRENCHES 93' LONG X 3' WIDE = 556						Permit Fee 5776

SOIL TYPE **B-2**

INSPECTION

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

SEPTIC TANK Size 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 18"	DEPTH OF 7'0"	Ground Water 7'0"	Bedrock 7'0"	Gravel 7'0"	Rock Under Pipe 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 FRASURE CONST. 03-018		Date 7-27-92	
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 Thomas H. Spivack		Date 7-27-92		

Remarks
NOTE: BE SURE TO MAINTAIN AT LEAST 25 feet from system to PRESSURE WATER LINES

WATER SYSTEM

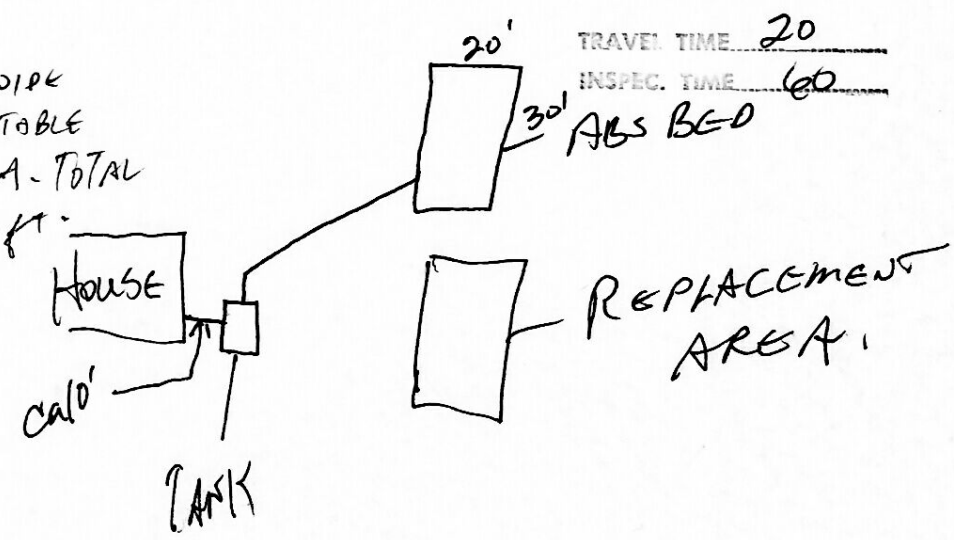
Plans Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	State Laboratory indicates intestinal bacteria <input type="checkbox"/> were <input type="checkbox"/> were not found in water.	Sample Collected By NONE	Date 5/29/92	Permit Fee
Min. Distances as per Standards/Regs <input 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 checked="" type="checkbox"/> Public <input 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 Thomas H. Spivack	Date 7-27-92	

Remarks
PUBLIC WATER

DIAGRAM

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

APPLICATION & PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE.
IF TRENCHES ARE 1 foot WIDE
NEED 556' - NOT ACCEPTABLE
MAX TRENCH LENGTH = 500ft. - TOTAL
SINGLE LINE MAX = 100ft.



$\frac{20 \times 30}{600ft^2}$