

#120⁰⁰

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
SEWER APPLICATION & PARCEL SURVEY

JURISDICTION
370

Shaded Area - OFFICE USE ONLY

FEE PAID Y N
PERMIT # 102345

ON-SITE CONDUCTED () APP () DISAPP
EHS # 64
DATE 9-6-95
TRAVEL TIME: 15
SEQUENCE # 60

DATE 9-20-95
OFFICE TIME 30
EHS # 64

***COPY OF DEED REQUIRED

NAME JOHN & ARLENE SOUSA	PHONE W-238-0737 208-233-2229	MAILING ADDRESS 3515 JOHNNY CREEK ROAD STREET/P.O. BOX CITY POCATELLO STATE IDAHO IP 83204
PROPERTY ADDRESS STREET 3515 JOHNNY CREEK ROAD CITY POCATELLO STATE IDAHO	ORIGINAL OWNER'S NAME GUY PERRY	LOT SIZE (acres) 1.21 AC
LEGAL DESCRIPTION: 1/4 SECTION NE4 NW4 SECTION 12 TOWNSHIP T7S RANGE 34E LOT # 11 BLOCK # NA SUBDIVISION NA PARCEL # FROM TAX ASSESSOR'S OFFICE RPC PP 126901		

BRIEF DIRECTIONS TO PROPERTY: TR NE4 NW4 Tax 167 1.21 AC - 1512-175-234E
COUNT PROP IN SOCA

PLEASE COMPLETE THE FOLLOWING INFORMATION

TYPE OF DWELLING () SINGLE FAMILY () MULTIPLE FAMILY () COMMERCIAL () OTHER	# BEDROOMS # EMPLOYEES SOIL TYPE	TYPE OF INSTALLATION () NEW () REPLACEMENT	WATER SUPPLY () PRIVATE () WELL () SPRING () PUBLIC	TYPE OF DISPOSAL SYSTEM () DRAINFIELD () ABSORPTION BED () BASIC ALTERNATIVE () COMPLEX ALTERNATIVE
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PLEASE COMPLETE THE GEOLOGICAL INFORMATION

HIGHEST SEASONAL GROUNDWATER DEPTH _____ FT. WHAT TIME OF YEAR? _____ DESCRIBE THE SOIL _____	DEPTH TO BEDROCK _____ TYPE OF BEDROCK () LAVA () SHALE () OTHER	ROCK OUTCROPS () YES () NO
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REMARKS: Current house on private well, cannot split lot unless it's put on public water (city of Pocatello); Must also provide test hole on new lot for analysis; ~~Area~~ There is adequate area for replacement on existing home.

The information provided on this application is accurate to the best of my knowledge. I understand that any false statements may result in disapproval of this permit. If this subsurface sewage disposal installation is constructed by anyone other than the home/landowner or a licensed sewer installer, the installation will not be inspected or approved. Section 1-3006.01 - 1-3007.01.

I am the: Landowner Licensed Sewer Installer _____ Building Contractor _____
Installer License # _____

I hereby authorize the health authority to have access to this property for the purpose of performing the requested services and I certify that all the above information is accurate.

APPLICANT SIGNATURE Arlene Sousa DATE 8/29/95

SEE BACK FOR FURTHER INSTRUCTIONS AND DIAGRAM OF PROPERTY
***APPLICATION WILL NOT BE ACCEPTED W/O DIAGRAM ON BACK