

DISTRICT

300

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
465 MEMORIAL DRIVE
POCATELLO, ID

G.W., G.W.

FEE PD Y N
PERMIT # 125212

TRAVEL TIME: 30
INSPECTION TIME: 30

****APPLICATION AND PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE**

NAME <u>Laren Noble</u>		PHONE <u>232-1770</u>	PROPERTY ADDRESS <u>1185 Field Dr.</u>	
MAILING ADDRESS: <u>1185 Field Dr.</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>1.76</u>		
STREET/P.O. BOX		1/4 SECTION <u>NE NW</u> SECTION <u>12</u> TOWNSHIP <u>7S</u> RANGE <u>34</u>		
CITY <u>Pocatello</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____		
STATE <u>ID</u> ZIP <u>83204</u>		PARCEL # <u>RPCPP 126100</u> FROM TAX ASSESSOR'S OFFICE		
SEPTIC TANK SIZE <u>1000 gal.</u>	EST TYPE <u>232</u>	EFFECTIVE DISPOSAL AREA <u>833 SQ.FT.</u>	SOIL TYPE <u>C1</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>4'</u>
				# BEDROOMS <u>3</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE <u>Angela T. Markham</u>	EHS # <u>72</u>	APPLICANT SIGNATURE <u>Laren Noble</u>	DATE <u>10/20/97</u>
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REMARKS B-2 type soil, due to amount of gravel, system sized for C-1

INSPECTION

THE DISTRICT HEALTH DEPARTMENT SHALL BE NOTIFIED OF INSTALLATION 48 HOURS PRIOR TO BACKFILLING

SEPTIC TANK SIZE <u>1000 gal</u>	STANDPIPE: (<input checked="" type="checkbox"/>) YES () NO	MANHOLE DEPTH <u>4'</u>	DEPTH BELOW GROUND SURFACE <u>1'</u>	ROCK UNDER PIPE <u>Infil</u>
EFFECTIVE DISPOSAL AREA <u>833 sq. ft.</u>	INSTALLATION <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	INSTALLER <u>Hand Excav.</u>		INSTALLER # <u>14565</u>

EHS SIGNATURE <u>Angela T. Markham</u>	DATE <u>11/24/97</u>	EHS # <u>72</u>
REMARKS <u>Permit Revoked as of 10/31/97. Permit reinstated 11/17/97</u>		

WATER SYSTEM

PLANS APPROVED YES <input checked="" type="checkbox"/> NO _____	SAMPLE COLLECTED BY _____	DATE _____	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES <input checked="" type="checkbox"/> NO _____	CHEMICAL PARAMETERS TESTED WITHIN LIMITS YES _____ NO _____		SYSTEM PUBLIC <input checked="" type="checkbox"/> PRIVATE _____

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION (<input checked="" type="checkbox"/>) YES () NO	EHS SIGNATURE <u>Angela T. Markham</u>	EHS # <u>72</u>
REMARKS <u>Public</u> <u>Code = G</u>		

APPROVED PLANS

AS BUILT PLANS

