

JURISDICTION 300 ^{02 #3 #9} ⁶⁹ **SOUTHEASTERN DISTRICT HEALTH DEPARTMENT** ^{GW} ^{GW} **FEE PD 152 Y ___ N**
 1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201 **PERMIT # 133438**

TRAVEL TIME: 30
 INSPECTION TIME: 30

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

NAME <u>City of Pocatello</u>		PHONE <u>234-6233</u>	PROPERTY ADDRESS <u>3270 South 2nd</u>		
MAILING ADDRESS: <u>911 North 7th</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>1.91</u>			
STREET/P.O. BOX		1/4 SECTION <u>E</u> SECTION <u>1</u> TOWNSHIP <u>7</u> RANGE <u>34</u>			
CITY <u>Pocatello</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE <u>IDAHO</u> ZIP <u>83205</u>		PARCEL # <u>RPPOCI5100</u> FROM TAX ASSESSOR'S OFFICE			
SEPTIC TANK SIZE <u>1000</u> gal.	EST TYPE <u>232</u>	EFFECTIVE DISPOSAL AREA <u>556</u> SQ.FT.	SOIL TYPE <u>D-2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>Replacement</u>	# BEDROOMS <u>3</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER (hold to two(2) feet.)

EHS SIGNATURE <i>[Signature]</i>	EHS # <u>69</u>	APPLICANT SIGNATURE <i>[Signature]</i>	DATE <u>1-13-99</u>
-------------------------------------	--------------------	---	------------------------

REMARKS don't floor irrigate over or around system or construct canal near. don't drive over it.

INSPECTION

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

SEPTIC TANK SIZE <u>1000</u> gal	STANDPIPE: (X) YES () NO	MANHOLE DEPTH <u>6 in</u>	DEPTH BELOW GROUND SURFACE <u>3 ft</u>	ROCK UNDER PIPE <u>19 Infiltrators</u>
EFFECTIVE DISPOSAL AREA <u>556</u> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER <u>Brad Frasure</u>	INSTALLER # <u>891</u>	
EHS SIGNATURE <i>[Signature]</i>	DATE <u>02/23/99</u>	CODE <u>G</u>	EHS # <u>69</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 () YES () NO	EHS SIGNATURE _____	EHS # _____	

