

08/16/02 08/29/02 gw gw

JURISDICTION **390** **69** SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
 1901 ALVIN RICKEN DRIVE POCA TELLO, ID 83201

TRAVEL TIME: 30 / 30 / _____
 INSPECTION TIME: 45 / 60 / _____

0205 Receipt #
 FEE PD Y N
 PERMIT # 159224

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

NAME <u>William Eric Limbach</u>		PHONE <u>234-9309</u>	PROPERTY ADDRESS <u>3900 Johnny Creek Road</u>		
MAILING ADDRESS <u>3900 Johnny Creek RD</u>		LEGAL DESCRIPTION: LOT SIZE (ACRES) <u>1.37</u>			
STREET/P.O. BOX		¼ SECTION <u>NE</u> SECTION <u>12</u> TOWNSHIP <u>7</u> RANGE <u>34</u>		LOT # _____ BLOCK # _____ SUBDIVISION _____	
CITY <u>Pocatello</u>	STATE <u>Idaho</u> ZIP <u>83204</u>		PARCEL # <u>RPCPP123200</u> FROM TAX ASSESSOR'S OFFICE		
SEPTIC TANK SIZE <u>1000</u> gal.	EST TYPE <u>233</u>	EFFECTIVE DISPOSAL AREA <u>556</u> SQ. FT.	SOIL TYPE <u>B2</u>	MAXIMUM DEPTH BELOW GROUND SURFACE <u>Replacement</u>	# BEDROOMS <u>3</u>

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

DATE <u>07/31/02</u>	EHS SIGNATURE <u>[Signature]</u>	EHS# <u>69</u>	APPLICANT SIGNATURE <u>[Signature]</u>
REMARKS			

INSPECTION

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

SEPTIC TANK SIZE <u>1500</u> gal.	STANDPIPE: <input checked="" type="checkbox"/> YES () NO	MANHOLE DEPTH <u>Above ground outlet</u>	DEPTH BELOW GROUND SURFACE <u>2ft to 4ft</u>	ROCK UNDER PIPE <u>12 inches</u>
EFFECTIVE DISPOSAL AREA <u>600</u> sq. ft.	INSTALLATION APPROVED <input checked="" type="checkbox"/> DISAPPROVED _____	INSTALLER <u>Rex Browning</u>	INSTALLER # 1234 <u>880</u>	
EHS SIGNATURE <u>[Signature]</u>	DATE <u>08/16/02</u>	CODE <u>A</u>	EHS # <u>69</u>	
REMARKS <u>See Attached Observation Report.</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 _____ 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 <u>City Water</u>	EHS SIGNATURE	EHS#	
REMARKS			

APPROVED PLANS
 This is for a low dosing syphon system - Pressurized through gravity feed. Approved for Absorption Bed design. See attached design.
 A: 100ft to Any well
 B: 5ft to property line

