09/28/04 GW, CW 1056

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT

1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201

FEE PD X Y ___ N
PERMIT # 166497

JURISDICTION 300 69

TRAVEL TIME: 15x ___/___/___
INSPECTION TIME: 45x ___/___/___

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

NAME	PHONE	PROPERTY ADDRESS
Greg Clark	238-8889	Johnny Creek

MAILING ADDRESS 3125 Summit Dr.
STREET/P.O. BOX
CITY Pocatello
STATE Idaho ZIP 83201

LEGAL DESCRIPTION: LOT SIZE (ACRES) 2.41
¼ SECTION SE SECTION 12 TOWNSHIP 7 RANGE 34
LOT # ___ BLOCK # ___ SUBDIVISION ___
PARCEL # ___ FROM TAX ASSESSOR'S OFFICE

SEPTIC TANK SIZE	EST TYPE	EFFECTIVE DISPOSAL AREA	SOIL TYPE	MAXIMUM DEPTH BELOW GROUND SURFACE	# BEDROOMS
1000 gal.	232	667 SQ. FT.	B2	4ft	4

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

DATE	EHS SIGNATURE	EHS#	APPLICANT SIGNATURE
9 22 04	[signature]	69	[signature]

REMARKS Will connect To city sewer when available.

INSPECTION

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

SEPTIC TANK SIZE	STANDPIPE	MANHOLE	DEPTH BELOW GROUND SURFACE	ROCK UNDER PIPE
1000 gal. Pre Cast	(X) YES ( ) NO Inlet/outlet	DEPTH 8 inches	3ft	24 Inf) Hrabors
EFFECTIVE DISPOSAL AREA 667 sq. ft.	INSTALLATION APPROVED X 11/29/04	DISAPPROVED X 09/28/04*	INSTALLER Bob McKee	INSTALLER # 22578

EHS SIGNATURE [signature] DATE 09 28 04 CODE 6 EHS # 69

REMARKS Pump Tank every year. (Bond updated 11/29/04) *(Bob McKee is not yet licensed. He is updating his bond. He is current on all else.)

WATER SYSTEM

PLANS APPROVED	SAMPLE COLLECTED BY	DATE	STATE LAB INDICATES INTESTINAL BACTERIA
YES X NO ___			WERE ___ WERE NOT ___ FOUND

MIN. DISTANCES PER STANDARDS/REGS.	CHEMICAL PARAMETERS TESTED	SYSTEM
YES ___ NO ___	WITHIN LIMITS YES ___ NO ___	PUBLIC X PRIVATE ___

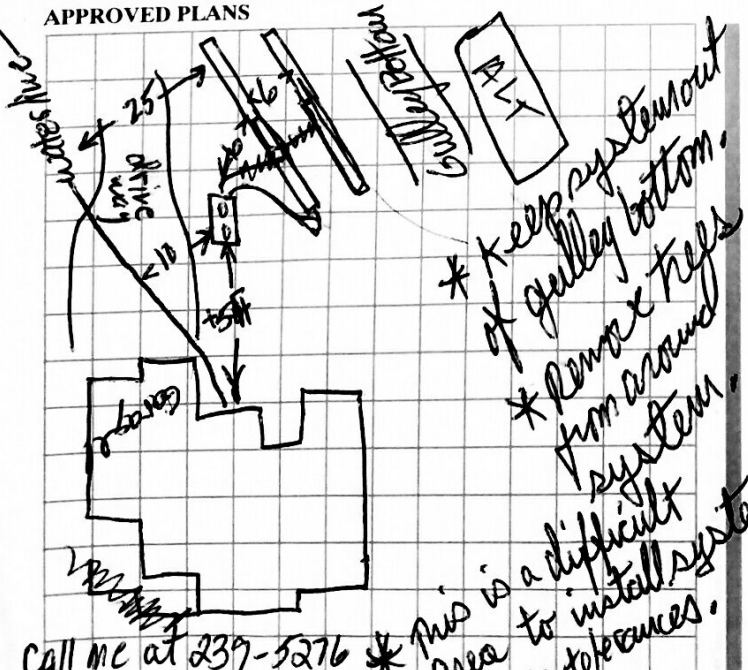
WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION
( ) YES ( ) NO City Water

EHS SIGNATURE EHS#

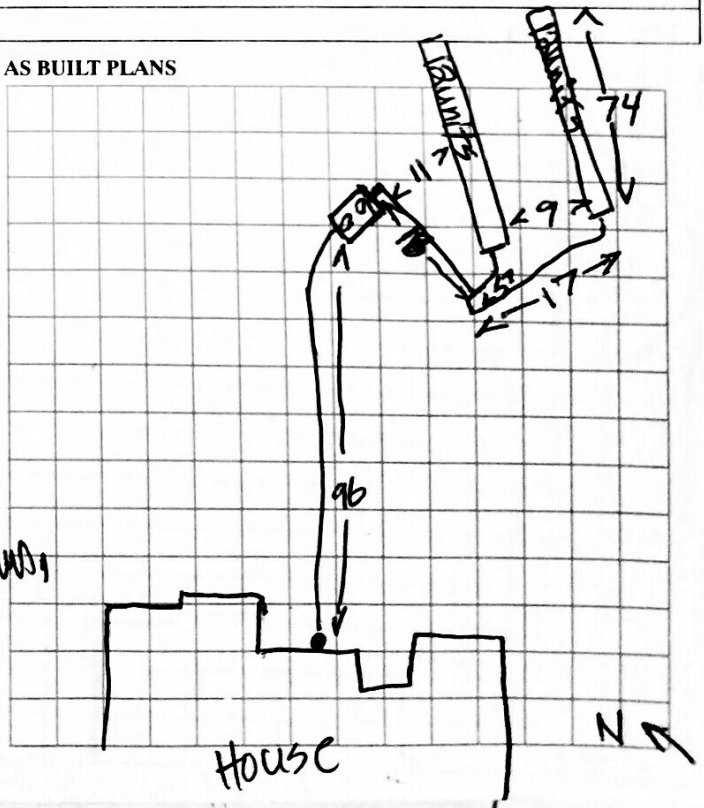
REMARKS

* Use Traffic Lid on Tank.

APPROVED PLANS



AS BUILT PLANS



- Call me at 239-5276 if you have questions.