☐ PLANNING & ZONING A		40 7 7 6 2 7	Pho	ne	Property	Address			
J. R. Simplot	- co		2	32-6620					
Address		7e114/1941		00 20	Legal Des	cription			
					See	27	-65	R 34	
Report To	erter de pasces			Funding	Govern		☐ Conve		No.
					☐ Individ		☐ Existi	inclotial	
			SEV	WAGE SYSTI	EM				
Installation shall comply with and standards	all requirem	ents of He	ealth District	and/or State	of Idaho s	ewage disp	osal rules	, regulations	Permit No. 00
	Septic Tank		Disposal Area				☐ Pit	П с-	nd Filter Permit Fee
SIZE NOT Applicable	1000	gal.	600	sq. ft. TYP	E Bed		E.T.	☐ Mo	id i little 3
Dimensions Maximum	Depth below (Ground Sur	face PLOT	Approv		Ву	,		Date
20 × 30 4	8"		PLAN	☐ Disappr	Manya Milana	150	Hose		11-4-86
Remarks					ant's Signa	ture	1	1	Permit Fee
				G	MA	1. 7. 4	TAKEL	see No	500-43686
		100		4	HIPA	U.A.A.	rexer	see / St.	2 5000 43686
			The second second	INSPECTION	MARK	O.A.F.	care	de North	2 50° 43686
The Disti	rict Health D	Departmen	The second second		MARK	48 40	prior t	BAOKF	21 50° 43686 220
SEPTIC Size	The second		The second second	tified of install	MARK	48 40			Rock Under Pip
SEPTIC Size TANK / OOO gal. ST	ANDPIPE	☐ Yes	t shall be not	tified of install	ation	48 40		o i nstallatio	1
SEPTIC Size TANK / OOO gal. ST	ANDPIPE		t shall be not	tified of install	ation	48 kms		o i nstallatio	Rock Under Pip
SEPTIC Size TANK / O O gal. ST Minimum Distances as per Regulati Yes No	ANDPIPE ons A	Yes No	t shall be not Manhole Depth (2) ggregate	DEPTH OF	lation Ground Wa	48 4ms	nstaller	o i nstallatio	Rock Under Pip
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SEPTIC Size TANK / O gal. ST Minimum Distances as per Regulati Yes	Standards/Re Standards/Re No Doratory ind were gs C T with all requi	Yes No Approved Ag Yes egs III Icates inter not for CHEMICAL COLERANC	we stinal bacteria und in water. Acceptable	DEPTH OF OF Effective Dispo App N Disa ATER SYSTE Sample Colle Limits No App	lation Ground Wa posal Area Soroved pproved EM Not Chk'd	48 Los ter Bedr 1. ft. By X	rock Installer Town	Gravel Gravel Complies w State of Ide	Rock Under Pip 1 2 1) C Date 5/8/8 Permit No. Permit Fee With Health Dist, and/or standards/Regs

DIAGRAM

Where applicable, diagram shall include orientation of components of water and sewage systems

APPLICATION & PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE.

NOTE! BOTTOM OF Absorption Bed is NOT TO be Driven on with a Rubber TIRE Piece of Equipment during exemulation

O This system is designed to Serve A Single water closer with Accompanying hand Sink FOR Approximately 6 Employees.