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022797

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
465 MEMORIAL DRIVE
POCATELLO, ID

G.W.G.W #40824

FEE PD Y N
PERMIT # 115644

TRAVEL TIME: 15
INSPECTION TIME: 45

code G

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

NAME Jeff Christensen Jeff Butler		PHONE 233-2913	PROPERTY ADDRESS Highline Rd. Chubbuck ID		
MAILING ADDRESS: 424 S. Johnson		LEGAL DESCRIPTION: LOT SIZE (ACRES) 2.04			
STREET/P.O. BOX		1/4 SECTION NW	SECTION 2	TOWNSHIP 6S	RANGE 34E
CITY Pocatello		LOT # _____ BLOCK # _____ SUBDIVISION _____			
STATE ID		PARCEL # R3853002402 FROM TAX ASSESSOR'S OFFICE			
SEPTIC TANK SIZE 1000 gal.	EST TYPE 232	EFFECTIVE DISPOSAL AREA 556 SQ.FT.	SOIL TYPE B2	MAXIMUM DEPTH BELOW GROUND SURFACE 4'	# BEDROOMS 3

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE Alycia I. Marshall	EHS # 72	APPLICANT SIGNATURE Jeff Butler	DATE 11/26/96
REMARKS			

INSPECTION

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

SEPTIC TANK SIZE 1000 gal	STANDPIPE: () YES (X) NO	MANHOLE DEPTH 10 in	DEPTH BELOW GROUND SURFACE 4 ft	ROCK UNDER PIPE INFIL
EFFECTIVE DISPOSAL AREA 556 sq. ft.	INSTALLATION APPROVED (X) DISAPPROVED ()	INSTALLER American Heratic		INSTALLER # 8672

EHS SIGNATURE [Signature]	DATE 03 03 97	EHS # 69
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REMARKS Must have current bond. Bond received 02/23/97.

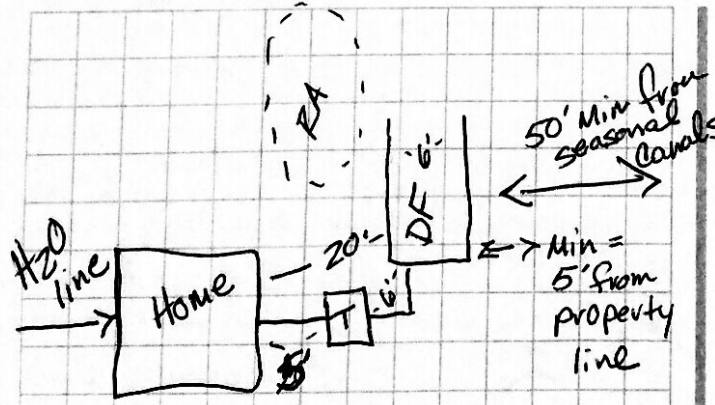
WATER SYSTEM

PLANS APPROVED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SAMPLE COLLECTED BY	DATE	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 [Signature]	EHS #
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REMARKS

APPROVED PLANS



AS BUILT PLANS

