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JURISDICTION	SOUTHEASTE	RN DISTRICT HEALT	TH DEPARTMENT CATELLO, ID 83201	FEE PD X Y N PERMIT 155 444
300	1901 ALVIIVIII	SKEIV DI IIVE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	123449
INSPECTION TIME: 2				
**APPLICATION AND PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE PHONE PROPERTY ADDRESS				
NAME D. C. L. J	PHONE	1324	2 Trail Treet	120
MAILING ADDRESS:	242 west TrailCK	LEGAL DESCRIPTION:	LOT SIZE (ACRES)	1 21
	242 west [rail CK	4 SECTION NO S	ECTION 21 TOWNSH	IIP \mathcal{L} RANGE 34
CITY C (910/O		LOT # BLOCK	SUBDIVISION 3	53023006
STATE Idah O	ZIP 83201	PARCEL # 12600		OM TAX ASSESSOR'S OFFICE
SEPTIC TANK	EST TYPE EFFECTIVE		GROUND SURFACE	Accement BEDROOMS
SIZE CHISTING gal.	INSTALLATION MUST BE BY		LER OR HOMEANDOWN	
EHS SANATERE	FUE		TISIGNATURE,	DATE
Jan -		69	en hotox	97 4/9/01
REMARKS Roplas em	entoustem,	Provide Waren	tee Deed on to	weef #
INSPECTION THE DISTRICT HEALTH DEPARTMENT SHALL BE NOTIFIED OF INSTALLATION 48 HOURS PRIOR TO BACKFILLING				
SEPTIC TANK SIZE	STANDPIPE: () YES	MANHOLE	DEPTH BELOW	ROCK UNDER PIPE
galcylistivy	() NO	DEPTH	GROUND SURFACE 4	30 Intiltrators
EFFECTIVE DISPOSAL AREA	INSTALLATION APPROVED DISA	nnn ou Th	INSTALLER 1	1 NSTALLER
EHS SCINATORE (CQDE EHS #				
09/1/01 6				
REMARKS				
				a late and a sales and a second
PLANS APPROVED	SAMPLE COLLECTED BY	DATE	STATE LAB IN	DICATES INTESTINAL BACTERIA
YES NO			WERE	WERE NOT FOUND
MIN. DISTANCES PER STANDA YES NO		ARAMETERS TESTED TS YES NO	SYSTEM	PRIVATE 🔽
WELL (SPRING) APPEARS TO A		EHS SIGNATURE	Troble	EHS #
STANDARDS AT TIME OF INS				200 B (2010 20 B)
() YES () NO				
REMARKS				1 100 100
DI ANI	10	AC D	UILT PLANS	Test College Base
APPROVED PLAN	5	AS B	i . A	
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