

WATER AND SEWER PERMIT

233-9080
 Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name Ralph Anderson	Phone 7-8074	Property Address
Address 1337 Yellowstone	Legal Description E 1/4 Section 18 T 6 S R 39 E	
Report To	Funding n/a	<input type="checkbox"/> Governmental <input type="checkbox"/> Individual
	<input type="checkbox"/> Conventional <input type="checkbox"/> Existing	Loan No.

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

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No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 500 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed	<input type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit Fee \$50.00
Dimensions	Maximum Depth below Ground Surface 4 feet		PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Gene Mundell	Date 3-12-86	
Remarks	Applicant's Signature Ralph Anderson				Permit Fee \$50.00 ck	

INSPECTION

The District Health Department shall be notified of installation **48 hrs** prior to **backfill** installation

SEPTIC TANK SIZE 1000 gal.	STANDPIPE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manhole Depth 24"	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe 6"
Minimum Distances as per Regulations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 513 sq. ft.	Installer BRAD FRASURE		
EXISTING SYSTEM Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By Tom Hopkins	Date 5-7-86		
Remarks						

WATER SYSTEM

Plans Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	State Laboratory indicates intestinal bacteria <input type="checkbox"/> were <input type="checkbox"/> were not found in water.	Sample Collected By	Date	Permit Fee
Min. Distances as per Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	CHEMICAL TOLERANCES Acceptable Limits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd	System <input type="checkbox"/> Public <input type="checkbox"/> Private	Complies with Health Dist. and/or State of Idaho Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing System appears to comply with all requirements of Health Dist. and State of Idaho Drinking Water Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By X	Date	Permit Fee
Remarks				

DIAGRAM

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

3-lines 57'-0 X 3'-0 wide = 513
5-7-86 - WELL NOT DRILLED.