

WATER AND SEWER PERMIT

Southeastern District Health Department

PLANNING & ZONING APPROVAL

Name LYNN TRANSTRUM	Phone 233-2269	Property Address SEE ATTACHED
Address P.O. BOX 93 BOCADELLO, ID 83204		Legal Description 1.06 Acre Parcel Situated in SE 4, SEC 1, T7S, R34E
Report To CITY 0390	Funding <input type="checkbox"/> Governmental <input checked="" 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

No. Bedrooms 3	Septic Tank 1000 gal.	Disposal Area 833 sq. ft.	TYPE <input checked="" type="checkbox"/> Trench <input checked="" type="checkbox"/> Bedrock	<input type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit No. 828
Dimensions 3, 3' x 93'	Maximum Depth below Ground Surface 48 inches	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Scott L. Reno, B.S.		Date 11-1-90	Permit Fee 50-
Remarks			Applicant's Signature X Lynn Transtrum		Permit Fee 50 - PAID	

EST. TYPE 51

INSPECTION

The District Health Department shall be notified of installation 48 HOURS prior to BACKFILLING installation

SEPTIC TANK Size 1250 gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth 1'	DEPTH OF N/A	Ground Water N/A	Bedrock N/A	Gravel N/A	Rock Under Pipe 8"
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 750 sq. ft.	Installer Richard Nelson		Date 03-022	
EXISTING SYSTEM Appears to meet Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By X Scott L. Reno		Date 3-21-91	
Remarks 750' ft² drainfield area approved due to lack of gravel in soils present in drainfield area sized for B-2							

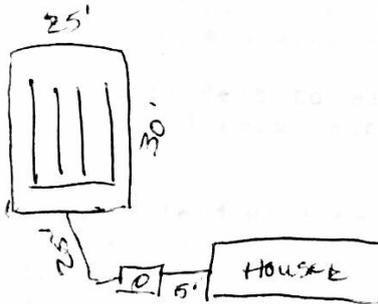
SOIL TYPE B-2 (DOWN SIZED TO C-1 DUE TO GRAVEL) WATER SYSTEM

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 <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	
Remarks City H₂O				Permit Fee

DIAGRAM

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

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



TRAVEL TIME 020
INSPEC. TIME 020