

**WATER AND SEWER PERMIT**

Southeastern  
District Health Department *RM*

PLANNING & ZONING APPROVAL

Name <b>JOHN CASHMERE</b>	Phone <b>237-1746</b>	Property Address <b>4550 CEDAR CREST</b>
Address <b>4550 CEDAR CREST</b>		Legal Description <b>T7R34 S52.12</b>
Report To <b>COUNTY 0300 EST TYPE 0252</b>	Funding <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. Permit No. **1467**

No. Bedrooms <b>4</b>	Septic Tank <b>1000</b> gal.	Disposal Area <b>400</b> * 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 <b>\$30.00</b>
Dimensions	Maximum Depth below Ground Surface <b>4'</b>	PLOT PLAN	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <b>Edward G. Meyer</b>		Date <b>5/12/92</b>
Remarks <b>* INFILTRATOR SYSTEM - B2 SOIL</b>		<b>400 sq. ft.</b>	Applicant's Signature <b>James R Ester</b>		Permit Fee <b>RECEIPT # 5742</b>	

**SOIL TYPE B2 - SILT CLAY (GRAVEL) INSPECTION**

The District Health Department shall be notified of installation **48 Hours** prior to **Installation**

SEPTIC TANK Size <b>1000</b> gal.	STANDPIPE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth <b>6"</b>	DEPTH OF <b>710'</b>	Ground Water	Bedrock <b>710'</b>	Gravel <b>YES</b>	Rock/Under Pipe <b>NONE</b>
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 <b>400</b> sq. ft.		Installer <b>J. J. JENSEN 03-004</b>		
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 <b>Thomas H. ...</b>		Date <b>5-15-92</b>	
Remarks <b>INFILTRATOR SYSTEM</b>							

**WATER SYSTEM**

Plans Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	State Laboratory indicates intestinal bacteria <input type="checkbox"/> were <input checked="" type="checkbox"/> were not found in water.	Sample Collected By <b>NA</b>	Date	Permit Fee
Min. Distances as per Standards/Regs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CHEMICAL TOLERANCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Chk'd	System <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Complies with Health Dist. and/or State of Idaho Standards/Regs <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <b>Thomas H. ...</b>	
Remarks				Date <b>5-15-92</b>

**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: MUST MAINTAIN 25' SETBACK FROM SLOPE TO THE WEST OR-SIDE EVAL. 5/12/92 E.M. WILL ALSO INSTALL NEW SPTIC TANK; EXISTING TANK NOT APPROVED.

TRAVEL TIME 20  
INSPEC. TIME 45

