JURISDICTION		SOUTHEASTE 465 MEMO	ERN DISTRICT DRIAL DRIVE	HEALTH POC	DEPARTMENT	GW FE	E PD X Y N RMIT # 84386
FRAVEL TIME: INSPECTION TIME	15					حالمي	
			T VALID FOR	ONE YE	AR FROM DAT	E OF ISSUAN	NCE
NAME	ATTLICATIO	PHONE		PROPERTY	ADDRESS		
R. m	4.22011		1219	69 Olne	, Cula Roa	1	
MAILING ADDRESS	I Colaton	Homes.	LEGAL DESCR	IPTION: (LOT SIZE (ACRES	5)	
			4 SECTION S	E SE SE	CCTION 12_	TOWNSHIP 7	3 RANGE 34
TREET/P.O. BOX /2		3× 1			SUBDIVI		
CITY Pocalet							X ASSESSOR'S OFFICE
TATE STATE	EST TYP	IP 83201			MAXIMUM DEPTH		# BEDROOM
IZE /000 gal.		AREA 6			GROUND SURFAC	CE	4
7000					LER OR HOME/LA		
EHS SIGNATURE		EHS	#	APPLICANT	STATURE /		DATE
/ 1	Madem		65	dist	Mo	1	6/9/94
REMARKS				Carrie o	1000	7	
V V			INSPEC	TION			
THE DISTR	UCT HEALTH I	DEPARTMENT SHA	ALL BE NOTIFIEI	OF INSTAL	LLATION 48 HOUR	S PRIOR TO INS	STALLATION
EPTIC TANK SIZE		PE: () YES	1		DEPTH BELOW	ROC	K LINDER PIPE
/000 gal	- 1 N. K.	(X) NO	DEPTH /6	. 11	GROUND SURFACE	29'	8
FFECTIVE DISPOSAL AI		ATION			INSTALLER		INSTALLER #
720 sq. ft.	APPROVE	D DISA	PPROVED		10495 8	(Cava Ting	888
CHS SIGNATURE	1. 1/1	1	DATE	1-10	,,		EHS #
Via	Glorix L	aris	10	121/1	7		<u> </u>
REMARKS			•	ı			THE COLUMN THE PROPERTY.
							THE PERSON NAMED IN COLUMN
N ANG ADDROVED	Leaver P	COLL POTED DV	WATER SY		L CTT A TT	E I AD INDICATE	CINTECTIMAL DACTEDIA
PLANS APPROVED TES NO	SAMPLE	COLLECTED BY		DATE			S INTESTINAL BACTERIA OT FOUND
AIN. DISTANCES PER ST	ANDARDS/REGS.	CHEMICAL P	ARAMETERS TESTE	D			
TES NO		WITHIN LIMI	rs yes	NO	PUBL	ICX PRIVA	TE
VELL (SPRING) APPEARS	TO MEET CONS	TRUCTION	EHS ŞIGNAŢUI	RE 1	1	, 1	EHS #
STANDARDS AT TIME OF				()+			NAME OF TAXABLE
) YES () NO	n 20 60 50 750 250 460 60		1 / who	relota	iren		62
REMARKS					/ SERVE		
				L			
APPROVED P	LANS KAN	e why when	<i>^</i> .	AS BU	ILT PLANS		
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