

**ANHANDLE HEALTH DISTRICT
APPLICATION AND PERMIT FOR ON-SITE SEWAGE SYSTEM**

INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION

Paid: Cash _____ Check ☒ No Fee _____
Fee _____
Date _____
Site Eval. # _____
For (name) Gary Wells
Legal description of property NW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Sec 24, T51N, R6W
Location N. 5105 Vogt Rd - Hwy 53 west to Beck Road, north to Vogt at top of hill then right.
Size of lot 20 acres ft. x _____ ft.
Applicant's signature _____ Applicant is: Owner ☒ Other _____
Mailing Address: _____ Phone: _____

SITE EVALUATION

Testhole #1 0-6" TOP SOIL
6"-7' SANDY LOAM
Testhole #2 0-6" TOP SOIL
6"-18" SANDY LOAM
18"-7' SAND & GRAVEL
Testhole #3 _____ Testhole #4 _____
Remarks: This site appears acceptable for on-site sewage system
Valid for one year from date: September 17, 1991 By: Robert H. Eachus
Soil type B-1 Environmental Health Specialist

INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

INDIVIDUAL SEWAGE DISPOSAL PERMIT

Permit # 5724 Fee: 125.00
Date: 9/13/91
PLOT PLAN ATTACHED (show house, other buildings, etc.)
No. of Living Units 1 Bedrooms 3 Baths 1 $\frac{1}{2}$ Sq. Ft. 1200 No. of People 4
Septic Tank: 1000 Gallons, Distance to dwelling foundation: 5 ft. min. MOBILE HOME
Well: 50 ft. min. Water Line: 10 ft. min. Public Water Line 25 ft. min. Surface Water 50 ft. min.
Type of tank: Cement ☒ Other _____ Dimensions 4-38'x3'-lines
Disposal area: Drainfield ☒ Ab. Bed _____ Other _____ Dimensions 450 sq. ft.
Component separations: Property lines 5 ft. min./Dwelling foundation 20 ft. mn./Well 100 ft. min./Surface water 300 ft./min./Neighbor's well 100 ft. min./Septic tank 6 ft. min./Water service lines 25 ft. min./Water suction line 100 ft. min.
Remarks and/or conditions: Must maintain at least 100ft. distance from well.
I understand that this permit is non-transferable and is valid for 1 year from date of application. Drainfield must not exceed 4 feet in depth.
Applicant's Signature Eug D. Will Phone _____
Mailing address: N 5105 Vogt Rd Post Falls Id. 83845
Plot plan submitted _____ Approved _____ Not approved: _____
Permit issued by Robert H. Eachus, Environmental Health Specialist

THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION 24 HOURS BEFORE COVERING SYSTEM

Inspection: System covered: _____ Approved: _____ Not approved: _____
Inspected by _____ Installed by _____
Remarks _____ Date: _____