

# PANHANDLE HEALTH DISTRICT

Box 108 (208) 752-1235  
Silverton, Idaho 83867

009538

DATE 8-2 19 95

TEM

Fee: 110.00  
Date: 9.538

RECEIVED FROM Lloyd Balin for Bonnie Clouse  
THE SUM OF One hundred ten + 10/100 DOLLARS \$ 110.02  
FOR site evaluation

AMOUNT OF ACCOUNT \$  
AMOUNT PAID \$  
BALANCE DUE \$  
☐ CASH ☒ CHECK ☐ M.O. ☐ CREDIT CARD BY Karen Pearson

5575

Thank You!

use  
#5B  
reage: 9.02 ACRES  
5-0573

Remarks :

Valid For One Year From Date: By: Environmental Health Specialist

INSPECTION TIME:

## INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

### INDIVIDUAL SEWAGE DISPOSAL PERMIT

Permit #: Fee: Aquifer Surcharge: Date:

PLOT PLAN ATTACHED (show house, other buildings, etc.)

Bedrooms 3 Baths 1 Sq. Ft. 1600 No. of People 2

Septic Tank: 1000 Gallons, Distance to dwelling foundation: 5 ft. min. Well: 50 ft. min. Water Line: 10 ft. min. Public Water Line 25 ft. min. Type of tank: Cement X Other

Component separations: Property lines 5 ft. min./Dwelling foundation 20 Ft. min./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.

| TYPE OF DWELLING                           | TYPE OF INSTALLATION                    | DISP SYSTEM                            | EST TYPE                                  |
|--------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> SINGLE | <input checked="" type="checkbox"/> NEW | <input type="checkbox"/> DRAINFIELD    | <input type="checkbox"/> 231 COMM SEW     |
| <input type="checkbox"/> MULTIPLE          | <input type="checkbox"/> REPLACEMENT    | <input type="checkbox"/> ABS BED       | <input type="checkbox"/> 232 NEW RES      |
| <input type="checkbox"/> COMMERCIAL        |                                         | <input type="checkbox"/> BASIC ALTER   | <input type="checkbox"/> 233 EXIT RES     |
| <input type="checkbox"/> OTHER             |                                         | <input type="checkbox"/> COMPLEX ALTER | <input type="checkbox"/> 234 RES ALT      |
|                                            |                                         |                                        | <input type="checkbox"/> 235 NEW NON RES  |
|                                            |                                         |                                        | <input type="checkbox"/> 236 EXIT NON RES |
|                                            |                                         |                                        | <input type="checkbox"/> 237 NON RES ALT  |

Remarks and/or conditions:

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: Phone:

Mailing Address:

Plot plan submitted: Approved: Not Approved:

Permit issued by, Environmental Health Specialist

INSPECTION TIME:

## THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION

Approved: Not Approved: Date:

Inspected by Installed by: Installer Lic. #:

Remarks:

INSPECTION TIME:

[illegible]