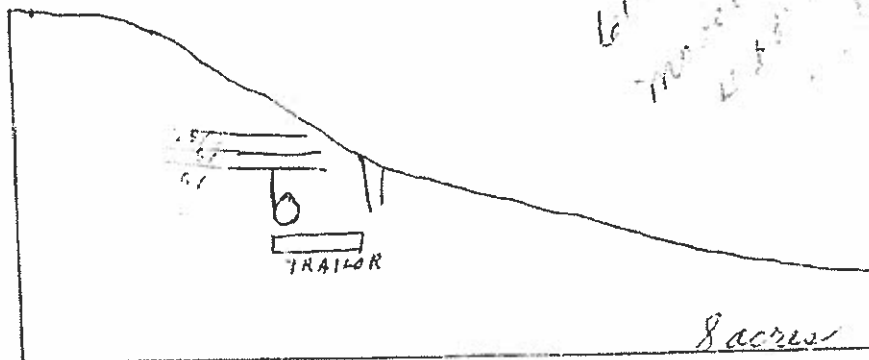


15-28-112582

PARRAND DISTRICT HEALTH DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

Permit No. 6943 Date April 13, 1973
 Installation for Erwan E. Bailey at SE 1/4 NE 1/4 Sec 9, T50N, R50W
 (Name) (Legal description of property)
 Address of Installation Shoof river at Post Falls - 1.3 mi from Bridge
 No. Living Units _____ Bedrooms 3 People Served 5 Water Supply - Private X Public _____
 Applicant is: Contractor _____ Other _____
 FHA _____ FARM HOME _____ VA _____ CONV. _____ EXISTING _____ NO. 14X64 McGILL 71-111
 Septic Tank 1000 gal. Perc. Rate _____ Min./in. Min. Depth to Ground Water _____ ft.
 Effluent Disposal: Effective Area Requested _____ sq. ft. Soil System: _____ Soil Profile _____
 Field Drain _____ Absorption Bed _____ Standard _____ Modified _____ Seepage Pit _____ Dimensions _____
 Distance from Disposal Area to:
 Property Lines: Front 2 ft. Back _____ ft. Side _____ ft. Dwelling Foundation _____ ft. Well _____ ft.
 Surface Water _____ ft. Nearest Neighbor's Well _____ ft. Plot Plan Submitted and Approved _____ Septic Tank _____ ft.
 Remarks: _____
 Applicant Erwan E. Bailey Path _____ Bill _____ No Fee _____
 Address RT 2, Box 347, Post Falls Permit Issued by David J. Conely
 INSPECTION: Septic Tank Size _____ Standpipe _____ Depth to Manhole _____
 Distance from Septic Tank to: Dwelling Foundation _____ ft. Well _____ ft. Nearest Neighbor's Well _____ ft.
 Effluent Disposal: Effective Area _____ sq. ft.
 Field Drain _____ Absorption Bed _____ Standard _____ Modified _____ Seepage Pit _____ Dimensions _____
 Pipe Size _____ No. of Lines _____ Length _____ Depth _____
 Distance from Disposal Area to:
 Property Lines: Front _____ ft. Back _____ ft. Side _____ ft. Dwelling Foundation _____ ft. Well _____ ft.
 Surface Water _____ ft. Water Service Piping _____ ft. Depth to Gravel _____ ft. Nearest Neighbor's Well _____ ft.
 Approved _____ Not Approved _____ Inspected _____ by _____ Installed by _____
 (Date)
 Remarks _____

Applicant's sketch of house, proposed sewage layout and all adjacent wells (dimension between all components): --



PATRIAL DISTRICT HEALTH DEPARTMENT
INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

Permit No. 12942 Date 12/14/13

Installation for _____ at _____
(Name) (Legal description of property)

Address of Installation _____

No. Living Units _____ Bedrooms _____ People Served _____ Water Supply--Private _____ Public _____ Applicant is: Owner _____ Contractor _____ Other _____

FHA _____ FARM HOME _____ VA _____ CONV. _____ EXISTING _____ NO. _____

Septic Tank _____ gal. Perc. Rate _____ Min./in. Min. Depth to Ground Water _____ ft.

Effluent Disposal: Effective Area Required _____ sq. ft. Soil System: _____ Soil Profile _____

Field Drain _____ Absorption Bed _____ Standard _____ Modified _____ Seepage Pit _____ Dimensions _____

Distance from Disposal Area to:

Property Lines: Front _____ ft. Back _____ ft. Side _____ ft. Dwelling Foundation _____ ft. Well _____ ft.

Surface Water _____ ft. Nearest Neighbor's Well _____ ft. Plot Plan Submitted and Approved _____ Septic Tank _____ ft.

Remarks: _____

Applicant _____ Paid _____ Bill _____ No Fee _____

Address 1122 2nd St NE, Portland, OR 97232 Permit Issued by _____

INSPECTION: Septic Tank Size _____ Scandpipe _____ Depth to Manhole _____

Distance from Septic Tank to: Dwelling Foundation _____ ft. Well _____ ft. Nearest Neighbor's Well _____ ft.

Effluent Disposal: Effective Area _____ sq. ft.

Field Drain _____ Absorption Bed _____ Standard _____ Modified _____ Seepage Pit _____ Dimensions _____

Pipe Size _____ No. of Lines _____ Length _____ Depth _____

Distance from Disposal Area to:

Property Lines: Front _____ ft. Back _____ ft. Side _____ ft. Dwelling Foundation _____ ft. Well _____ ft.

Surface Water _____ ft. Water Service Piping _____ ft. Depth to Gravel _____ ft. Nearest Neighbor's Well _____ ft.

Approved _____ Not Approved _____ Inspected _____ by _____ Installed by X J. J. Smith
(Date) 12/14/13

Remarks _____

Applicant's sketch of house, proposed sewage layout and all adjacent walls (dimension between all components) --

Return to
PO Box 608
Coeur d'Alene, Idaho

No 3797 BUILDING PERMIT APPLICATION

KOOTENAI COUNTY, IDAHO

S. P.

Applicant to complete numbered spaces only.

JOB ADDRESS			
Tax #8064		Section 9, T. 50N., R. 5 W. E. M. (19 acres)	
LEGAL DESCR.	LOT NO.	BLK	TRACT
☐ SEE ATTACHED SHEET			
OWNER	MAIL ADDRESS		PHONE
2	I. E. Bailey Rt. 2, Box 602, Post Falls, Idaho 83854		773-5908
CONTRACTOR	MAIL ADDRESS		LICENSE NO.
3	Same		
ARCHITECT OR DESIGNER	MAIL ADDRESS		LICENSE NO.
4			
ENGINEER	MAIL ADDRESS		LICENSE NO.
5			
LENDER	MAIL ADDRESS		BRANCH
6			
USE OF BUILDING			
7 Rec Room & Bedroom Addition on Mobile Home			
8 Class of work: ☐ NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE			
9 Describe work: Pleasantview Drive - Post Falls			
10 Change of use from			
Change of use to			

11 Valuation of work: \$7,840.00		PLAN CHECK FEE		PERMIT FEE \$40.00	
SPECIAL CONDITIONS:		Type of Const.	Occupancy Group	Division	
CALL FOR INSPECTIONS		Size of Bldg. 560'	No. of Stories	Max. Occ. Load	
		(Total) Sq. Ft.			
APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:	Fire Zone	Use Zone	Fire Sprinklers Required ☐ Yes ☐ No
A. L.	A. L.	A. L.	No. of Dwelling Units	OFFSTREET PARKING SPACES:	
			Covered	Uncovered	
NOTICE SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.		Special Approvals	Required	Received	Not Required
		ZONING	Sub Agg		
		HEALTH DEPT.	6943	Okay by Health Dept.	
		FIRE DEPT.		6/1/76	(April, 1973)
		SOIL REPORT			
		OTHER (Specify)			
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		(DATE)			
SIGNATURE OF OWNER (IF OWNER BUILDER)		(DATE)			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

SCANNED

SEP 17 2010

Date 8-20-71

Photo No.

Bk. 230 Pg. 23 Rev. Stamps.

Date Checked

REMARKS

A-43-544-1

Irvan E. Bailey
110805 E. Grace
Spokane, Wa. 99206

908# 米

AS 05 6

[illegible]

SCANNED

-SEP-17-2010

CONFIRMATION

MOBILE HOME APPRAISAL RECORD

Owner IRVAN E. BOILEY Code Area 113-544-1 Decal No. _____

Address RT. 2 BOX 349-C P.F. Rent per Mo: Dwelling \$ _____ Lot \$ _____

Resident ☒ Military non-resident ☐ Assessed Value 19 _____ 19 _____ 19 _____ 19 _____ 19 _____

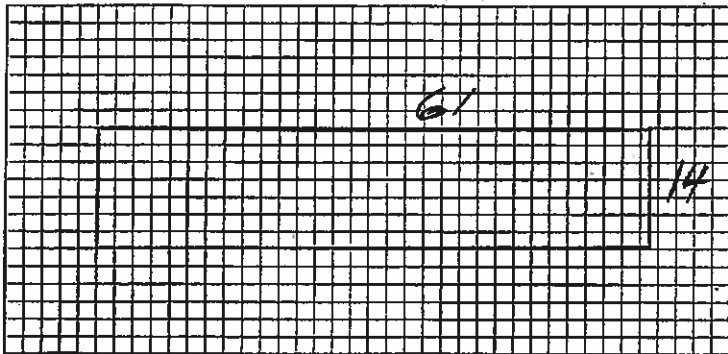
Location / Legal Des. Trx # 8064 Mfgd by GUERDON INDUSTRIES Serial No. P6022

Lienholder _____ Trade Name TAMEREC Model _____

Previous Owner _____ Class 2 Sgl ☒ Dbl _____ Lgth 61 Width 14

Purchase price \$ 6,600 New ☒ Used ☐ Expando size _____ Total Sq Ft _____

Date of Purchase April 73 Year Mfgd 73 Int inspected: Yes ☐ No ☒ Owner ☒ Tenant ☐



APPRAISED VALUE SUMMARY

Dwelling -- Depr Repl Cost \$ 7720 7000

Other Improvements D.R.C. _____

Total Depr Repl Cost _____

Value by GMRM _____

Correlated Value \$ _____

Site Value \$ _____

Total Site & Improvements Value \$ 7725

	Foundation	Skirting	Frame	Exterior	Roof	Floor	Interior	Interior Components	Electrical	Plumbing	Heating Cooling	Ratings
Cont	Conc <u>Blk</u>	Wd <u>Mil</u>	Channel <u>1-bm</u>	Fr: <u>Wd</u> <u>Mil</u> <u>Elaborate</u>	Flat <u>Gal</u> <u>Overhang</u>	Sgl <u>Dbl</u> <u>Hwd</u>	Fr: <u>Wd</u> <u>Mil</u> <u>Doors</u>	Bltns: <u>Simple</u> <u>Good</u>	Quality: <u>Low cost</u> <u>Avg</u>	1 Lav <u>1</u> Tub <u>1</u>	Fao <u>1</u> Fag <u>1</u>	Phys Cond <u>F A G</u>
Rock												
Masonry												
Wd												
Mil												
Pier												
Post												
Mudsill												
Cover												
Style												
Shgs												
Comp												
Insulation												
CW Insulation												
Base Cost												
Lump Sums												

Remarks: Furniture Store

Ref. _____

Dwelling 854 sq ft x 9.30 psf = 7942

Net Lump Sum Adjustment 650

Total Base Cost 8592

19 _____ LCM _____ % x Qual Adjustment _____ % = _____ % Modifier x Base = _____

Depreciation: Physical, Functional and Economic = Percent Good 81.90 %

Depreciated Replacement Cost (transfer to Value Summary) 7722

Appraised 4-23-74 By Am Computed 7-9-74 By 7000

SCANNED

SEP 17 2010