

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL
ADJUDICATION OF RIGHTS TO
THE USE OF WATER FROM THE
COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER:

Ident. Number:

Date Received:

Receipt No.:

49576

95-7897A-13819

06/11/2009

T088849

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Payment:

Date Submitted	IDWR Receipt No.	IPG Transaction Identifier	Amount
06/11/2009	T088849	2176208	\$54.00

RECEIVED
NOV - 5 2009
IDWR/North

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DOUGLAS BEAMER	777 S. MANOR HEIGHTS DRIVE	POST FALLS	ID	USA	83854

2. Date of Priority:

Date	Explanation
6/1/1976	Built house in 1976 had to have drilled well and ran water line.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
GROUNDWATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	05W	8		SE	SE	KOOTENAI
50N	05W	8		SE	SE	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	
IRRIGATION	-	-	
STOCKWATER	-	Type of Stock	Number of Stock
		Mixed Stock	1 - 10

6. Season(s) of Use:

--	--	--

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Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15
STOCKWATER	1 / 1	12 / 31
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.070	4.20	0.0
IRRIGATION	0.050	6.90	0.0
STOCKWATER	0.010	0.20	0.0

Totals:

CFS	AF	KW
0.070	6.90	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	4

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	05W	8	SE	SE	KOOTENAI	-	-
IRRIGATION	50N	05W	8	SE	SE	KOOTENAI	-	4
STOCKWATER	50N	05W	8	SE	SE	KOOTENAI	-	-

9. Basis of Claim:

Basis	WaterRight
License	95-7897

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do do not wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Douglas E. Blum Date: 11-4-9
Charles Blum Date: 11-4-9

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
 Title Organization

that I have signed the foregoing document in the space below as

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_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name

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USE TYPEWRITER OR
BALL POINT PEN

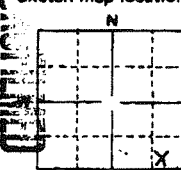
State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

END

RECEIVED

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Reed Dickson</u> Address <u>Box 223 Post Falls, Idaho 83854</u> Owner's Permit No. <u>95-75-N-50</u>		7. WATER LEVEL Department of Water Resources Northern District Office Static water level <u>140</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																																																																																																																																																							
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other <u>Air Blow</u> <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Draw Down</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>80+</u></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Draw Down	Hours Pumped	<u>80+</u>																																																																																																																																																																		
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>10</td><td>Sand Loam</td><td></td><td>X</td></tr><tr><td>8</td><td>10</td><td>20</td><td>Dac. granite</td><td></td><td>X</td></tr><tr><td>6</td><td>20</td><td>71</td><td>Dac. granite (Brown)</td><td></td><td>X</td></tr><tr><td></td><td>71</td><td>97</td><td>Dac. granite (Black)</td><td></td><td>X</td></tr><tr><td></td><td>97</td><td>111</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>111</td><td>112</td><td>granite (Fractured)</td><td></td><td>X</td></tr><tr><td></td><td>112</td><td>138</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>138</td><td>143</td><td>granite (Fractured)</td><td>X</td><td></td></tr><tr><td></td><td>143</td><td>197</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>197</td><td>300</td><td>granite (Fractured)</td><td></td><td>X</td></tr><tr><td></td><td>300</td><td>310</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>310</td><td>311</td><td>granite (Fractured)</td><td></td><td>X</td></tr><tr><td></td><td>311</td><td>315</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>315</td><td>325</td><td>granite (Fractured)</td><td></td><td>X</td></tr><tr><td></td><td>325</td><td>329</td><td>quartzite</td><td></td><td>X</td></tr><tr><td></td><td>329</td><td>331</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>331</td><td>337</td><td>quartzite</td><td></td><td>X</td></tr><tr><td></td><td>337</td><td>340</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>340</td><td>341</td><td>granite (Fractured)</td><td></td><td>X</td></tr><tr><td></td><td>341</td><td>370</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>370</td><td>379</td><td>granite (Fractured)</td><td></td><td>X</td></tr><tr><td></td><td>379</td><td>380</td><td>granite (Fractured)</td><td></td><td>X</td></tr><tr><td></td><td>380</td><td>438</td><td>granite</td><td></td><td>X</td></tr><tr><td></td><td>438</td><td>440</td><td>granite (Fractured)</td><td>X</td><td></td></tr><tr><td></td><td>440</td><td>448</td><td>Dac granite</td><td>X</td><td></td></tr><tr><td></td><td>448</td><td>450</td><td>granite</td><td></td><td>X</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	10	Sand Loam		X	8	10	20	Dac. granite		X	6	20	71	Dac. granite (Brown)		X		71	97	Dac. granite (Black)		X		97	111	granite		X		111	112	granite (Fractured)		X		112	138	granite		X		138	143	granite (Fractured)	X			143	197	granite		X		197	300	granite (Fractured)		X		300	310	granite		X		310	311	granite (Fractured)		X		311	315	granite		X		315	325	granite (Fractured)		X		325	329	quartzite		X		329	331	granite		X		331	337	quartzite		X		337	340	granite		X		340	341	granite (Fractured)		X		341	370	granite		X		370	379	granite (Fractured)		X		379	380	granite (Fractured)		X		380	438	granite		X		438	440	granite (Fractured)	X			440	448	Dac granite	X			448	450	granite		X
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																																																																																																																																																									
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>450</u> feet Casing schedule: ☒ Steel ☐ Concrete <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>1/4</u> inches</td><td></td><td><u>1</u> feet</td><td><u>20</u> feet</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table> Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>20'</u> Material used in seal ☐ Cement grout ☒ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing ☒ Overbore to seal depth		Thickness	Diameter	From	To	<u>1/4</u> inches		<u>1</u> feet	<u>20</u> feet																	Number	From	To																																																																																																																																													
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6. LOCATION OF WELL Sketch map location must agree with written location. <u>95</u>  County <u>Kootenai</u> Subdivision Name _____ Lot No. _____ Block No. _____ SE 1/4 SE 1/4 Sec. 8 T. 50 N. R. 5 E		10. Work started <u>8-20-75</u> finished <u>9-12-75</u>																																																																																																																																																																							
11. DRILLERS CERTIFICATION Firm Name <u>Enterprise Drilling Co.</u> Firm No. _____ Address <u>Box 404 Post Falls, Idaho</u> Date <u>9-15-75</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>[Signature]</u>																																																																																																																																																																									

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

SCANNED
NOV - 5 2009

698462

EASEMENT

BOOK 276 PAGE 302

For Value Received, REED R. DICKSON and ROSEMARY J. DICKSON, husband and wife, do hereby grant, bargain, sell and convey unto DOUGLAS P. BEAMER and CHARLENE Y. BEAMER, husband and wife, their heirs, successors and assigns, an easement to a certain water well for the purpose of obtaining water therefrom for the use and benefit of one home to be constructed on the following described property, to-wit:

That portion of the Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 8, Township 50 North Range, 5 W.B.M., Kootenai County State of Idaho, described as follows:

Beginning at the SE Corner of Section 8, Township 50 North Range, 5 W.B.M., Kootenai County, State of Idaho; thence

North $88^{\circ}44'53''$ West, 1,318.64 feet along the South Boundary line of Section 8 to the Southwest corner of the South east $\frac{1}{4}$ of the South-east $\frac{1}{4}$ of said Section 8; thence

North $0^{\circ}15'25''$ East, 690.36 feet to the true Point of Beginning; thence

continuing North $0^{\circ}15'25''$ East 341.64 feet to a point on the North line of the South 1032 feet of said SE $\frac{1}{4}$ SE $\frac{1}{4}$; thence

South $88^{\circ}44'53''$ East 510 feet to a point; thence

South $0^{\circ}15'25''$ West 341.64 feet to a point; thence

North $88^{\circ}44'53''$ West, 510 feet to the true point of beginning.

Said easement shall run westerly from said existing water well across the West 1000 feet of the North 396 feet of the South 1032 feet of the SE $\frac{1}{4}$ of the SE $\frac{1}{4}$ of Section 8, Township 50 North, Range 5 W.B.M., Kootenai County, Idaho, to the West line of said property.

This easement is for the benefit of and appurtenant to that land located in the County of Kootenai, State of Idaho, described as follows:

That portion of the Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 8, Township 50 North Range, 5 W.B.M., Kootenai County State of Idaho, described as follows:

Beginning at the SE Corner of Section 8, Township 50 North Range, 5 W.B.M., Kootenai County, State of Idaho; thence

North $88^{\circ}44'53''$ West, 1,318.64 feet along the South Boundary line of Section 8 to the Southwest corner of the South east $\frac{1}{4}$ of the South-east $\frac{1}{4}$ of said Section 8; thence

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South $88^{\circ}44'53''$ East 510 feet to a point; thence

South $0^{\circ}15'25''$ West 341.64 feet to a point; thence

North $88^{\circ}44'53''$ West, 510 feet to the true point of beginning.

Carol Delitz
Ex-Officio Auditor-Recorder
Kootenai County, Idaho
Return to _____

By: *Nancy Thurst*

Dec 22 2009

Filed January 14, 2010 and 2010 11:40:01 AM
Pl. Clerk: J. Allen

SCANNED
NOV - 5 2009

This easement is granted upon the following terms, conditions, reservations, and restrictions:

1. That Grantees, their heirs and assigns shall exercise the rights granted under said easement with due regard to the rights of others in their use of said well.
2. The rights and obligations of Grantees, their heirs and assigns under said easement shall pass with the ownership or right of use of the property served by said easement.
3. Grantees, their heirs and assigns shall restrict their use of the water from said well to domestic use for one home located on the land served by said easement.
4. Grantees, their heirs and assigns shall reimburse Grantors, their heirs and assigns one-fifth (1/5) of the costs incurred by Grantors, their heirs and assigns for the operation, repair and maintenance of said well.
5. Grantors, their heirs and assigns reserve the right to grant additional easements for the use of said well.
6. Grantees, their heirs and assigns shall be responsible for the installation and maintenance of the waterline from said well to their home located on the property to be served by said easement; said waterline to be located, installed and maintained as directed by Grantors, their heirs and assigns.

DATED THIS 28th day of April, 1976.

Reed R. Dickson
Reed R. Dickson
Rosemary J. Dickson
Rosemary J. Dickson

STATE OF IDAHO)
County of Kootenai) ss.

On this 28th day of April, 1976, before me, a Notary Public, personally appeared REED R. DICKSON and ROSEMARY J. DICKSON, husband and wife, known to me to be the persons whose names are subscribed to the foregoing instrument and acknowledged to me that they executed the same.

Thurs A. Janson
Notary Public for Idaho
Residing at Post Falls
Commission expires May 20, 1978

STATE OF IDAHO
COUNTY OF KOOTENAI ss.

On this _____ day of April, in the year 1976, before me personally appeared Rosemary J. Dickson

known to me to be the person whose name is subscribed to the within instrument as the attorney in fact of Reed R. Dickson and acknowledged to me that he subscribed the name of Reed R. Dickson thereto as principal, and his own name as attorney in fact.

MAIL TO
FEDERAL SAVINGS & LOAN ASSN

Thurs A. Janson
Notary Public
Residing at Post Falls
Commission expires May 20, 1978

SCANNED
NOV - 5 2009

PANHANDLE HEALTH DISTRICT I INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

PERMIT FEE \$10.00

PERMIT NO. 7530 PAID ☒ CASH ☒ CHECK ☐ NO FEE ☐ DATE Oct 14, 1975
 INSTALLATION FOR (NAME) Doug Beamer
 FULL DESCRIPTION OF PROPERTY SE 1/4 of the SE 1/4, Sec 8, SIZE OF LOT 4 Acres FT. X FT.
750 N. R 5W
 ADDRESS OF INSTALLATION Signal Point Hill

NO. LIVING UNITS 1 BEDROOMS 4 BATHS 2 PEOPLE SERVED 3 OTHER _____
 SEPTIC TANK 1,000 GALS. - DISTANCE TO DWELLING FOUNDATION 5'+ WELL 50'+ WATER LINE 10'+
 SURFACE WATER _____ TYPE OF TANK: CEMENT ☒ METAL ☐ OTHER _____
 DISPOSAL AREA: DRAINFIELD 200' x 23' = 600 sq FT ABSORPTION BED _____ OTHER _____
 PERK RATE _____ MIN/IN. SOIL PROFILE _____
 DISTANCE: PROPERTY LINES:
 FRONT 5'+ FT. BACK 5'+ FT. SIDE 5'+ FT. DWELLING FOUNDATION 20'+ FT.
 WELL 100'+ FT. SURFACE WATER _____ FT. SEPTIC TANK _____ FT. NEIGHBOR'S WELL 100'+ FT.
 DEPTH TO GROUND WATER _____ FT. WELL LOG, YES ☐ NO ☐

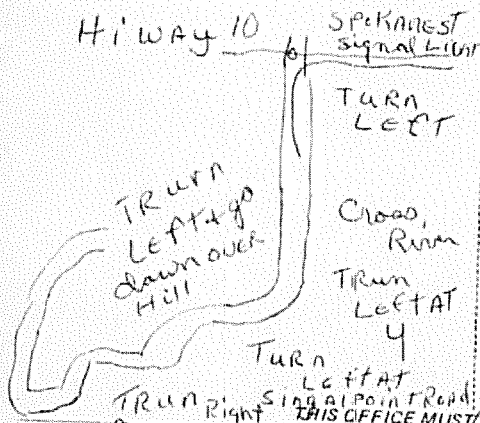
I UNDERSTAND THAT THIS PERMIT IS NON-TRANSFERABLE AND IS VALID FOR ONLY 90 DAYS FROM THE DATE OF APPLICATION. DRAIN FIELD MUST NOT EXCEED 3 FEET IN DEPTH.

APPLICANT'S SIGNATURE Doug Beamer APPLICANT IS: OWNER ☐ CONTRACTOR ☐ OTHER ☐
 MAILING ADDRESS R# 1 Box #68 Post Falls PHONE NO. 77-3-5580
 REMARKS: _____

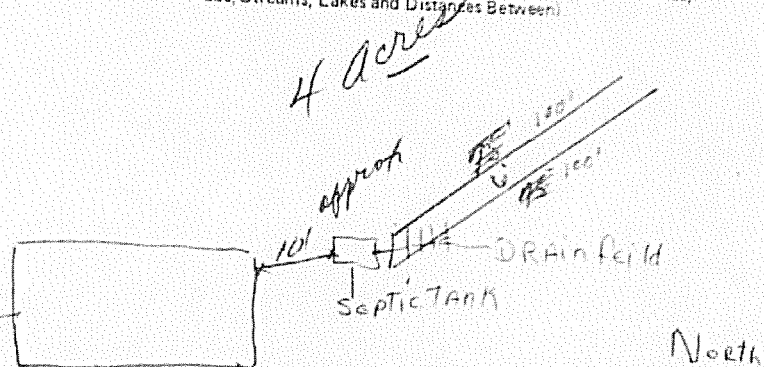
COPY TO: Fm. HA ☐ Fed. HA ☐ VA ☐ OTHER _____

PLAN SUBMITTED _____ Date _____ APPROVED Oct 15, 75 DISAPPROVED _____ Date _____
 PERMIT ISSUED BY Anthony Dues REMARKS See Permit No 0547 - 6/19/78

VICINITY MAP
(Show How To Get There From This Office)



PLOT PLAN
(Show House, Other Buildings, Proposed Sewage Layout, Wells, Water Lines, Roads, Streams, Lakes and Distances Between)



INSPECTION. SYSTEM COVERED _____ APPROVED _____ NOT APPROVED _____
 INSPECTED BY _____ Name _____ INSTALLED BY _____ Name _____ DATE _____

REMARKS _____

SCANNED
NOV - 5 2009

PANHANDLE HEALTH DISTRICT I
INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

PERMIT FEE \$10.00

PERMIT NO. _____ PAID ☒ CASH ☐ CHECK ☐ NO FEE ☐ DATE Feb 14, 1975

INSTALLATION FOR (NAME) _____ SIZE OF LOT _____ FT. X _____ FT.

GENERAL DESCRIPTION OF PROPERTY _____

ADDRESS OF INSTALLATION _____

NO. LIVING UNITS _____ BEDROOMS _____ BATHS _____ PEOPLE SERVED _____ OTHER _____

SEPTIC TANK _____ GALS. - DISTANCE TO DWELLING FOUNDATION _____ WELL _____ WATER LINE _____

SURFACE WATER _____ TYPE OF TANK: CEMENT _____ METAL _____ OTHER _____

DISPOSAL AREA: DRAINFIELD _____ ABSORPTION BED _____ OTHER _____ DIMENSIONS _____

PERK RATE _____ MIN/IN. SOIL PROFILE _____

DISTANCE: PROPERTY LINES: _____

FRONT _____ FT. BACK _____ FT. SIDE _____ FT. DWELLING FOUNDATION _____ FT.

WELL _____ FT. SURFACE WATER _____ FT. SEPTIC TANK _____ FT. NEIGHBOR'S WELL _____ FT.

DEPTH TO GROUND WATER _____ FT. WELL LOG. YES _____ NO _____

I UNDERSTAND THAT THIS PERMIT IS NON-TRANSFERABLE AND IS VALID FOR ONLY 90 DAYS FROM THE DATE OF APPLICATION. DRAIN-FIELD MUST NOT EXCEED 3 FEET IN DEPTH.

APPLICANT'S SIGNATURE _____ APPLICANT IS: OWNER ☐ CONTRACTOR ☐ OTHER ☐

MAILING ADDRESS _____ PHONE NO. _____

REMARKS: _____

COPY TO: Fm. HA ☐ Fed. HA ☐ VA ☐ OTHER _____

PLAN SUBMITTED _____ Date _____ APPROVED _____ Date _____ DISAPPROVED _____ Date _____

PERMIT ISSUED BY _____ REMARKS _____

VICINITY MAP
(Show How To Get There From This Office)

PLOT PLAN
(Show House, Other Buildings, Proposed Sewage Layout, Wells, Water Lines, Roads, Streams, Lakes and Distances Between)

THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION BEFORE COVERING SYSTEM!

INSPECTION. SYSTEM COVERED ☒ APPROVED _____ NOT APPROVED _____

INSPECTED BY 10-27-75 Name _____ Date _____

INSTALLED BY James C. ... Name _____ DATE 10-20-75

REMARKS Empire Concrete

REFERENCE: RULES AND REGULATIONS FOR INDIVIDUAL AND SUBSURFACE SEWAGE DISPOSAL SYSTEMS
Idaho Department of Health, Environmental Improvement Division, August 1971

667-9461 Return to 1309 E. Best, Cd 9

SCANNED
NOV - 5 2009

PERMIT FEE \$10.00

SCANNED
ITEMS
NOV - 5 2003

PANHANDLE HEALTH DISTRICT I
INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

PERMIT FEE \$10.00

PERMIT NO. 75500 PAID ✓ CASH ✓ CHECK ✓ NO FEE ✓ DATE Oct 14, 1975

INSTALLATION FOR (NAME) James C. Carter SIZE OF LOT 4 Acres FT. X 4 Acres FT.

AL DESCRIPTION OF PROPERTY 1/4 Sec 36, T4N, R10E, S1E, Blk 1, Lot 1, 4 Acres

ADDRESS OF INSTALLATION 1/4 Sec 36, T4N, R10E, S1E, Blk 1, Lot 1, 4 Acres

NO. LIVING UNITS 4 BEDROOMS 4 BATHS 4 PEOPLE SERVED 4 OTHER 4

SEPTIC TANK 4 GALS. - DISTANCE TO DWELLING FOUNDATION 10' WELL 10' WATER LINE 10'

SURFACE WATER 4 TYPE OF TANK: CEMENT ✓ METAL ✓ OTHER ✓

DISPOSAL AREA: DRAINFIELD 4 ABSORPTION BED 4 OTHER 4 DIMENSIONS 20' x 5' - 100' x 5'

PERK RATE 4 MIN/IN. SOIL PROFILE 4

DISTANCE: PROPERTY LINES: FRONT 4 FT. BACK 4 FT. SIDE 4 FT. DWELLING FOUNDATION 20' FT.

WELL 4 FT. SURFACE WATER 4 FT. SEPTIC TANK 4 FT. NEIGHBOR'S WELL 100' FT.

DEPTH TO GROUND WATER 4 FT. WELL LOG. YES 4 NO 4

I UNDERSTAND THAT THIS PERMIT IS NON-TRANSFERABLE AND IS VALID FOR ONLY 90 DAYS FROM THE DATE OF APPLICATION. DRAIN-FIELD MUST NOT EXCEED 3 FEET IN DEPTH.

APPLICANT'S SIGNATURE James C. Carter APPLICANT IS: OWNER ✓ CONTRACTOR ✓ OTHER ✓

MAILING ADDRESS 10-27-75 PHONE NO. 10-20-75

REMARKS: 4

COPY TO: Fm. HA ✓ Fed. HA ✓ VA ✓ OTHER ✓

PLAN SUBMITTED 4 Date 4 APPROVED 4 Date 4 DISAPPROVED 4 Date 4

PERMIT ISSUED BY 4 REMARKS 4

VICINITY MAP
(Show How To Get There From This Office)

PLOT PLAN
(Show House, Other Buildings, Proposed Sewage Layout, Wells, Water Lines, Roads, Streams, Lakes and Distances Between).

THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION BEFORE COVERING SYSTEM!

INSPECTION. SYSTEM COVERED ✓ APPROVED ✓ NOT APPROVED ✓

INSPECTED BY 10-27-75 Name James C. Carter INSTALLED BY James C. Carter DATE 10-20-75

REMARKS Empire Concrete

REFERENCE: RULES AND REGULATIONS FOR INDIVIDUAL AND SUBSURFACE SEWAGE DISPOSAL SYSTEMS
Idaho Department of Health, Environmental Improvement Division, August 1971

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