

Kootenai County

Terms of Use

Map Layers

3D

2D

Street View

Layers

Full Screen

Help

Parcel Number

50N03W-27-7900

Find

Search By

Parcel Number

Parcel ID

50N03W-27-7900

Owner Name

HOWERTON, JARED

Owner

Additional

AIN: 112252

LRSN: 49852

Parcel Number: 50N03W-27-7900

Appr Dist: 6 TRS: 503W27

Incorporation: NONE

Owner Information:

HOWERTON, JARED

8629 E SUNNYSIDE RD

COEUR D ALENE, ID 83815

Site Address:

8629 E SUNNYSIDE RD

COEUR D ALENE

Legal Description: BKPG:

TAX#21965 EX TAX #20999 [IN NW-SE] 2750N03W

Acres: 9.9485

OBJECTID

38707

STRUCT_ID

49946

STRUC_TYPE

HS

SERIAL

112252

LAST_NAME

PARKS

FIRST_NAME

ROBERT

OLD_ADD

7435

OLD_SUB

E

OLD_DIR

SUNNYSIDE

OLD_ROAD

RD

OLD_RDTYPE

COEUR D ALENE

OLD_CITY

83814

OLD_ZIP

DEC 16 2013

SCANNED

50N03W-27-7900

RENEWAL \$10.00

PERMIT FEE \$50.00

PANHANDLE HEALTH DISTRICT I
INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

PERMIT NO. 6175 PAID ☒ CASH ☒ CHECK ☐ NO FEE ☐ DATE August 5, 1983
INSTALLATION FOR (NAME) Robert C. Parks SIZE OF LOT 10 Acres FT. X FT.
LEGAL DESCRIPTION OF PROPERTY Portion of land in NW $\frac{1}{4}$, SE $\frac{1}{4}$ North of Road Except E $\frac{1}{2}$, SE $\frac{1}{4}$, NW $\frac{1}{4}$, SE $\frac{1}{4}$
Less Tax # - Sec. 27, T 50N, R 3W
LOCATION OF INSTALLATION Sunnyside Rd. 1/8 mile left to 1/8 mile

NO. LIVING UNITS 1 BEDROOMS 3 BATHS 3 PEOPLE SERVED 4 OTHER MOBILE HOME TEMPORARY UNTIL HOUSE BUILT
SEPTIC TANK 1,000 GALS. - DISTANCE TO DWELLING FOUNDATION 5' min WELL 50' min WATER LINE 10' min
SURFACE WATER 50' min TYPE OF TANK: CEMENT ☒ METAL ☐ OTHER ☐

DISPOSAL AREA: DRAIN FIELD ☒ ABSORPTION BED ☐ OTHER ☐ DIMENSIONS 400 lineal feet
COMPONENT SEPARATIONS:

PROPERTY LINE:
FRONT 5' min FT. BACK 5' min FT. SIDE 5' min FT. DWELLING FOUNDATION 20' min FT.
WELL 100' min FT. SURFACE WATER 300' min FT. SEPTIC TANK N/A FT. NEIGHBOR'S WELL 100' min FT.
DEPTH TO GROUND WATER 25' min FT. WATER SERVICE LINES 25' min FT.

I UNDERSTAND THAT THIS PERMIT IS NON-TRANSFERABLE AND IS VALID FOR 1 YEAR FROM THE DATE OF APPLICATION. DRAINFIELD MUST NOT EXCEED 3 FEET IN DEPTH.

APPLICANT'S SIGNATURE Robert C. Parks APPLICANT IS: ☒ OWNER ☐ CONTRACTOR ☐ OTHER

MAILING ADDRESS _____ PHONE NO. _____

REMARKS _____

PERK RATE _____ MIN/In. SOIL PROFILE _____

PLOT PLAN SUBMITTED _____ Date Aug 5, 1983 APPROVED Aug 5, 1983 DISAPPROVED _____ Date _____

PERMIT ISSUED BY Anthony Davis REMARKS RENEWAL OF EXPIRED PERMIT #4927 - 4/22/82

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)

SEE ATTACHED PLOT PLAN

SEE ATTACHED

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

INSPECTION - SYSTEM COVERED _____ APPROVED _____ Date _____ NOT APPROVED _____ Date _____

INSPECTED BY _____ Name _____ INSTALLED BY _____ Name _____ DATE _____

REMARKS _____

SCANNED

DEC 1-6 2013

DEC 16 2011
UAD-RC
Box 94-87

Use Typewriter
or
Ball Point Pen

Other IDWR No. _____

2. OWNER:

Name BOB PARKS

Address F. 7435 SUNNYSIDE RD.

City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 50N North ☒ or South ☐
 Rge. 3W East ☐ or West ☒
 Sec. 27 1/4 NW 1/4 SE 1/4
 Gov't Lot _____ County KOOTENAI

Address of Well Site **SUNNYSIDE RD.**

City

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Bk. _____ Sub. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☐ New Well ☒ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
N/A				

Was drive shoe used? Y ☐ N ☒

Was drive shoe seal tested? Y ☐ N ☐ How?

8: CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations **Method** _____

Screens	Screen Type
---------	-------------

From	To	Slot Size	Number	Diameter	Material	Casing	Line
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices:

NW	SE	27	SDN	34
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11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6½ EST.	N/A	450	1 HR

Water Temp. COLD Bottom hole temp. COLD

Water Quality test or comments: **CLEAR**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name **UNITED DRILLING INC.** Firm No. **414**

Firm Official John C. Kelly Jr. Date 7-26-91

Supervisor or Operator Loren Vandulinden Date 12-26-94

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES