

This is the property of J. Weece

This House was probably the second structure attached to the only well.

The well is located on E $\frac{1}{2}$ of Lot 17.

My property is the East $\frac{1}{2}$ of Lot 16.

All other structures are rental properties.

My family is the only permanent residents.

Today's Date 5/23/2014

This Structure was moved onto this property sometime in 1999. This is a manufactured home.

The Holden's applied for and received real property status in April 2000.

RECEIVED

MAY 23 2014

WATER RESOURCES
WESTERN REGION



FEB-07-1900 01:14

P.01

Ada & Boise County
707 N. Armstrong Pl.
Boise, ID 83704-0825
Ph. 327-7499

Elmore County
520 E. 8th North
Mountain Home, ID
83647, Ph. 587-9225

Valley County
703 N. 1st
P.O. Box 1448
McCall, ID 83638
Ph. 634-7194

250857	
Date 2-9-00	Received By KK

This application is for a:

☒ New☐ Replacement

* If Replacement, year house built _____

☒ Residential☐ Commercial☐ CommunityIs Central Sewer Service
within 1,000 feet of dwelling?☐ Yes ☒ No

Owner/Applicant's Name RICKY C. HOLONEN		Home Phone 587-0609		Work Phone 828-2530	
CURRENT MAILING	Street Address 670 S 36TH W	City MT HOME	State ID	Zip Code 83647	
PROPERTY ADDRESS	Street Address 1145 S 36TH W	City MT HOME	State ID	Zip Code 83647	
LEGAL DESCRIPTION OF PROPERTY	1/4 SE	1/4 NE	Section 33	Township 3 SOUTH	Range 6 EAST
	Lot 16	Block 1	Subdivision AIRPORT		

Note: Be sure your legal description is accurate - an inaccurate legal description may result in rejection of your application

Type of Dwelling:	☒ Craw Space	☐ Split Level	☐ Basement	☐ Other _____
Lot Size (Acres) 2 ACRES	Number of Bedrooms 4		Water Supply: ☐ Public ☒ Private Well ☐ Other	

DIRECTIONS TO PROPERTY:

GO DOWN AIRPORT RD TOWARD BASE TRAIL LEFT ON 36TH
STREET TOWARD THE END OF STREET ON RIGHT.

RE: INSTALLATION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM (Refer to 01.3002 - 01.3013 State Sewage Regulations)

The system will be installed in accordance with "Title 1, Chapter 3, Individual / Subsurface Sewage Disposal Rules", DEQ, IDHW.
Any building site may require an individual determination of soil absorption capability (Testhole).
Is a check for the proper amount enclosed?

I hereby certify that all information contained in this application is accurate and complete and authorize the health authority access to this property to determine if a sewage system can be installed and to observe the installation of any system that may be permitted.

Applicant's Signature	Date 8 FEB 2000
Address (if not above)	Phone 208-587-0609

APPLICANT IDENTIFIED AS:

☒ LANDOWNER☐ CONTRACTOR☐ LICENSED INSTALLER

HAVE YOU SUBMITTED A PLOT PLAN?

SEE REVERSE SIDE FOR INSTRUCTIONS ON DRAWING THE PLOT PLAN

STAFF FIELD NOTES OF SITE INVESTIGATION

2-10-00 THINP 12500
15000 m. x dip 12 3 ft

Compacted
1/4 soil

C-1
C-2

3-3' x 3' 6" DS

or

15' x 75' bed w/ 18" DR under p.p.

* Need to know well & neighbors well

THIS APPLICATION IS VALID FOR ONE YEAR FROM SUBMITTAL DATE

2000	2001	2002	2003	2004
04	21000	68	25	25

Neighbors well

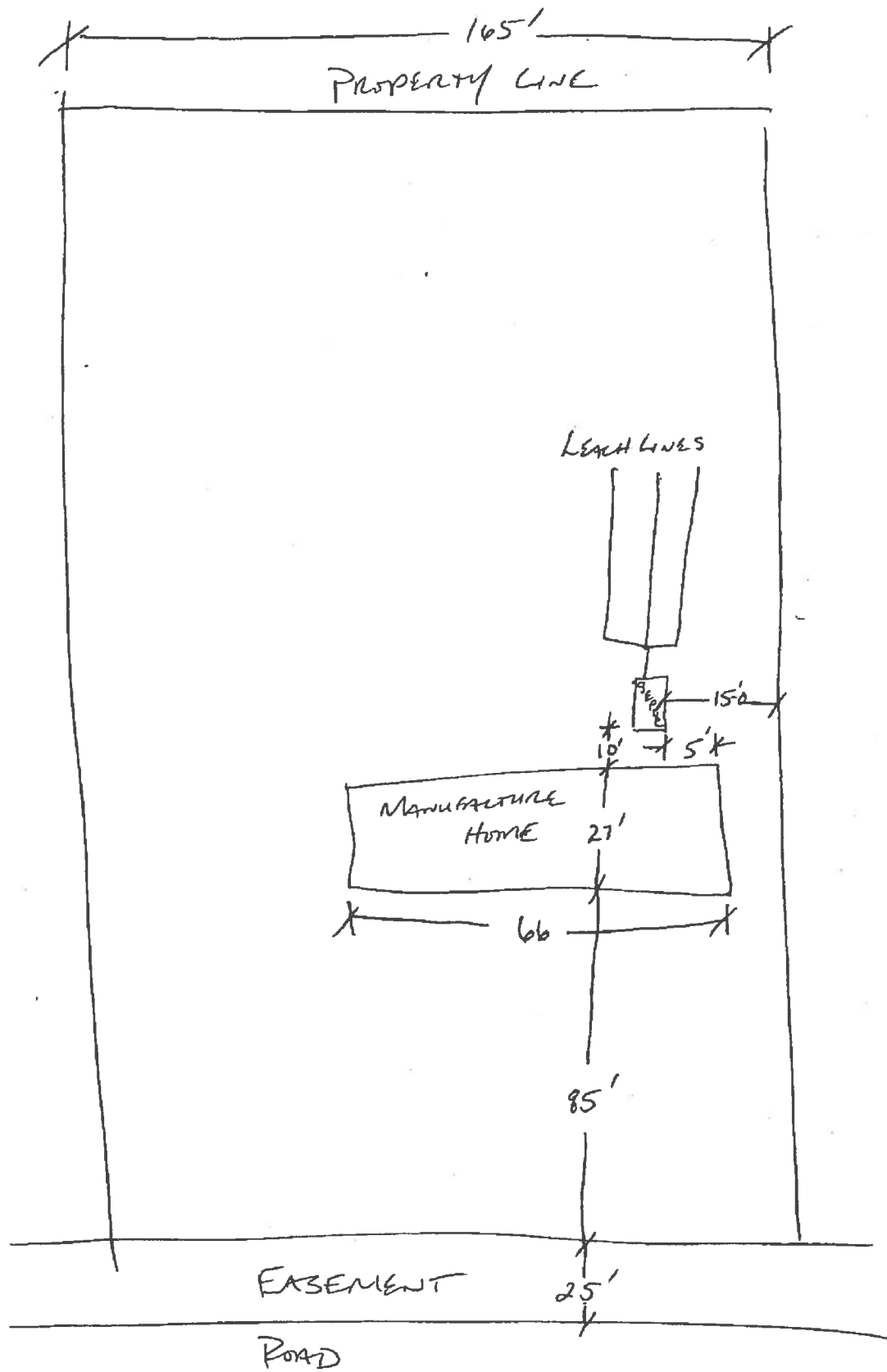
1.6	746.48
43	6.74
12	12
1.62	26
1.86	24
25.8	
266.6	
2.8	
21328	
5332	
746.48	

2-10-00 - 1022H - left message for RH

told him I need to know well locations

2-11-00 - 1011A - called RH left message

TOTAL P.01



Rick Holden 587-0609

CENTRAL DISTRICT HEALTH DEPARTMENT

MORTGAGE SURVEY REPORT FOR SEWAGE & WATER SYSTEMS

ENVIRONMENTAL HEALTH DIVISION



Ada County

707 N. Armstrong Pl.
Boise, ID 83704-0825
Tel. 327-7499

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FOR OFFICE USE ONLY

Parcel I.D. #	94774	
Fee	180.25	
Receipt No.	26245	
Fee		
Receipt No.		
Fee		
Receipt No.		
☐ Will Call	☐ Mail Out	☐ Hold Resample
☐ WELL ONLY	☒ WELL-SEPTIC	☐ SEPTIC ONLY

Act.	EHS	Date	Travel Time / Insp. Time
04	40005	5-17-05	20 / 30

APPLICATION

Applicant's Name <u>Jack Weece</u>		Applicant's Address Street <u>P.O. Box 103 Grandview</u>		City <u>Boise</u>	Zip Code <u>83647</u>	App's Day Ph. # <u>587-5776</u>
Address of Property Street <u>1085 S. 36th W. Mountain Home</u>		City <u>Boise</u>	Zip Code <u>83647</u>	Legal Description of Property <u>East 1/2 of Lot 16, Block 1, Airport Sub</u>		
Location: ☐ Inside City ☒ In County ☐ Within Impact Zone						
Well head is visible & accessible ☒ Yes ☐ No The well is on the property ☐ Yes ☒ No The house is currently occupied ☐ Yes ☒ No Will dogs be restrained ☒ Yes ☐ No Has sewage system failed, been replaced or repaired in the last 12 months ☐ Yes ☒ No The septic system is functioning properly ☒ Yes ☐ No The septic system has been pumped within the last 3 years ☐ Yes ☒ No If yes, when was it pumped _____ Year home was built _____		PLOT PLAN FOR PROPERTY Please draw house, well, septic location and lot lines where applicable. * NOTE: The septic will be located in relationship to the well.		PARCEL # <u>RP00004001016AA</u> DIRECTIONS TO PROPERTY 		

I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate.

Applicant's Signature Robm Hawks Date 5-13-05

REFUND POLICY: Requests for refunds must be made within one year of date of payment. Refunds will be made for the amount of fee received less the cost of staff time spent on the application up to the date of request for refund. If the cost of staff time exceeds the amount of fee paid, no refund will be made.

SURVEY RESULTS

1. Our survey indicates the water supply is:

- ☐ Public ☐ Individual Well ☒ Community Well ☒ Other shared well
- a. Well is located #132 feet from the SE corner of the house foundation.
- b. The well casing is 4 inches ☒ above ☐ below ☒ grade ☐ floor ☐ in pit ☐ buried well
- c. Water sample collected on 5-17-05 and tested for Intestinal bacteria. 5/17/05 Resample Date _____
- d. Intestinal bacteria ☐ were ☒ were not found in the water sample.
- e. ☒ Well head appears to be acceptable. ☐ Well head is not acceptable.
- f. Field sample results for Nitrate 0.00 mg/l (EPA Maximum Contaminate Level (MCL) is 10 mg/l)
Sample Date: 5-17-05
- g. Field sample results for Nitrite 0.00 mg/l (EPA Maximum Contaminate Level (MCL) is 1.0 mg/l)
Sample Date: 5-17-05

2. Our survey indicates the sewage system is:

- ☐ Public ☐ Private Ind. ☐ Community ☐ Other _____
- a. Sewage disposal system permit issued by Health Authority on 2-10-2000 and inspected/accepted on 3-13-2000
- b. Sewage disposal is 100+ feet from the well and appears to be located on the rear of the house.
- c. Visual evidence of malfunction ☐ was ☒ was not present when surveyed on 5-17-05 (House currently not occupied)

Comments or Special Instructions (NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)

Normal visual signs of sewage system malfunction not normally seen when house vacant for any length of time

EHS signature

Marty Jones EHS

Date 5-23-04

Received by: _____

Date _____

CDHD 9/03 lkc