

The revision dates below represent the file save dates for the posting of the feed per se.

The original dates for these revisions are posted within the ARCHIVE REVIEWS box in the drawing file block.

06/11/97 - TH
52Nate 35-1600 out of 1000 (97)
52Nate 35-1614 out of 1000 (97)
52Nate 35-1600 paired into S&P/N ACTION (98)
P/10/07/01-01-00 (new - 3) combined w/
52Nate 37-2000 (98)
02/09/98 - TH
52Nate 35-1600 out of 1600 paired into
P&M'S ESTIMES (98)
02/19/97 - SW
52Nate 35-1600 paired into P&M'S ESTIMES 157 out (93)
09/26/97 - V&C
Pin 52Nate 35-1600 combined w/ 7500 (93)
Pin 52Nate 35-1600 combined w/ 7500 (93)
Pin 52Nate 35-1600 and to P/N (new) (93)
Pin 0-0545-001-5002 out of 5000 and to P/N (93)
Pin 01/02/03 - BE
01/02/03 - BE
01/02/03-001-001-0 out of 1000 and to P/N and Cat 19 (93)
06/17/08 - JIG
52Nate 35-1600 and 1600 (16 out) P/N and Cat 19 (93)
52Nate 35-2000
pin for (11213) replaced w/P&M





Kootenai Electric

Kootenai Electric Co-op
Hayden

COOPERATIVE LETTER OF CREDIT

A Touchstone Energy Cooperative



SUB:1M70
COOR:29835

SO #:134163
SVC SO:191408
WK DT:02/09/09
CREW:cheryl

SAD DESC:
CYC/RTE/SEQ: 1- 260- 230
PIN:1M70-8-T1

LOC:905960

-----[LETTER OF CREDIT]-----

ACCT: 1253232
NAME: Montee, Virginia M
CONTACT: Virginia M Montee

HM PH: (000)762-2733
WK PH: (000)762-2733
GEN DT: 02/09/09 RECD BY: cheryl

CONN DT: 09/19/86
DISC DT:

BEGIN HISTORY: 02/10/08
END HISTORY: 02/09/09

CREDIT HISTORY

DESC	# EVENTS
COLL AGENCY	0
FINAL NOTICE	2
R/O NON PAY	0
DISC NONPAY	0
DISC ORDER	0
PAY ARR NOT HON	0
LATE PMT FEE	2
RTN CHECK	0
WRITE OFF	0

ADDITIONAL CUSTOMERS

FIRST NAME : Virginia
LAST NAME : Montee

FIRST NAME : _____
LAST NAME : _____

CUST P/U DATE : _____

MAIL-FIRST NAME: _____
LAST NAME: _____

FAX TO # : _____

COMPANY : _____
ATTENTION : _____

ADDRESS : _____
CITY : _____
STATE ZIP : _____

COMPLETED BY: _____
PRINTED 02/09/09 3:00 pm cheryl

DATE: ____/____/____ TIME: ____:____ AM/PM

SCANNED
FEB 10 2009

Kootenai Electric Co-op
Hayden
LETTER OF CREDIT

SAD:N Hamlet Trl 15198
SAD DESC:
CYC/RTE/SEQ: 1- 260- 230
PIN:1M70-8-T1

SUB:1M70
COOR:29835
LOC:905960

SO #:134164
SVC SO:191409
WK DT:02/09/09
CREW:cheryl

-----[LETTER OF CREDIT]-----

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CONTACT: Virginia M Montee

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CUST P/U DATE : _____
FAX TO # : _____

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LAST NAME: _____

COMPANY : _____
ATTENTION : _____

ADDRESS : _____
CITY : _____
STATE ZIP : _____

COMPLETED BY: _____
PRINTED 02/09/09 3:01 pm cheryl

DATE: ____/____/____ TIME: ____:____ AM/PM

SCANNED
FEB 10 2009

52N03W-35-7200

PANHANDLE HEALTH DISTRICT I APPLICATION AND PERMIT FOR ON-SITE SEWAGE SYSTEM

INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION

Paid: Cash ☐ Check ☒ No Fee ☐

Fee: _____

Date: _____

Site Eval. # _____

For (name) John T. MonteeLegal description of property Parcel in N¹/₄, NE, SELocation Hayden Lake Rd. to Stump Rd. East 2 1/2 miles on Stump Rd. to RRR GateSize of lot 20 Acres ft. x _____ ft.

Applicant's signature _____ Applicant is: _____ Owner _____ Other _____

Mailing Address: _____ Phone _____

SITE EVALUATION

Testhole #1 0-12" Silty loam topsoil Testhole #2 _____12" → 7' decomposed graniteTesthole #3 very loose and easy Testhole #4 _____to digRemarks: TESTHOLE INFO GIVEN/WILL CALLValid for one year from date: _____ By: Environmental Health Specialist

INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

INDIVIDUAL SEWAGE DISPOSAL PERMIT

Permit # 9360Fee: \$85.00Date: June 20, 1986

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

No. Living Units 1 Bedrooms 3 People served 2 Other MOBILE HOMESeptic Tank: 1,000 Gallons, Distance to dwelling foundation: 5 ft. min.

Well: 50 ft. min. Water Line: 10 ft. min. Surface Water: 50 ft. min.

Type of tank: Cement ☒ Other ☐Disposal area: Drainfield ☒ Ab. Bed _____ Other _____ Dimensions 2' x 150'

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.

Remarks and/or conditions: COMMUNITY SERVICES APPROVAL / June 6/20/86

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 Virginia MonteePhone: 773-3825Mailing address: E. 5155th Rd. Post Falls, ID 83854

Plot plan submitted _____

Approved 6-23-86

Disapproved _____

Permit issued by Edgar O. Hall, Environmental Health Specialist

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

Inspection: System covered _____ Approved _____ Not approved _____

Inspected by _____ Installed by _____

Remarks _____

Date: _____

Reference: Rules & Regulations for Individual and Subsurface Sewage Disposal Systems

SCANNED
FEB-10-2009

Attn: John Montee

777-2029

52N03W-35-7200

BUILDING PERMIT

CALL FOR INSPECTIONS 664-8237

KOOTENAI CO., IDAHOJob Address PARCEL IN N2 NE SE 20 ACRES
Legal Description _____Plan # NO 7 14077
SECTION 35 TOWNSHIP 52 RANGE 3Date Issued 8-31-87
Permit Fee \$ 50Owner JOHN T. MONTEE
Address E 5155 16TH ST

Tel. # _____

POST FALLS,Valuation \$ _____
ED Number _____

Contractor _____

Tel. # _____

Occupancy - Group _____

Address _____

Occupancy - Load _____

GATE

DIRECTIONS: HAYDEN LAKE ROAD TO STUMP ROAD-EAST 2 1/2 MILES ON STUMP ROAD TO

Type of Occupancy - Single Resident ()

Multi. Resident (). Commercial ()

Industrial (). Agricultural ().

Other SETTING1976 GALLATIN

Type of Const. - Wood Frame ().

Steel (). Conc. Masonry ().

Reinf. Conc. (). Other _____

14' X 66'

Zoning RURAL

Size: _____

Health District Permit # _____

Date _____

Comments _____

SCANNED
FEB 10 2009