

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

SEWAGE PERMIT

Computer File # <u>57449</u>		Fee Paid: _____	
Permit # <u>MQS-14</u>		Receipt #: _____	
EHS # <u>37</u>		Travel Time: <u>30</u>	
Date: <u>8-10-94</u>		Insp. Time: <u>30</u>	
NAME <u>Ted Carsich</u>		MAILING ADDRESS <u>Eid Rd</u>	
PHONE _____		STREET/P O BOX _____	
LEGAL DESCRIPTION		CITY <u>MOSCOW</u> STATE <u>ID</u> ZIP <u>83843</u>	
1/4 SEC _____ SECTION <u>4</u> TOWNSHIP <u>38N</u> RANGE <u>5W</u>		DIRECTIONS TO PROPERTY: _____	
LOT _____ BLOCK _____ SUBDIVISION _____		WATER SUPPLY: _____	
PARCEL # (from Tax Assessor's Office) _____		() Public (X) Private (X) Well () Spring	
LOT SIZE: (acres) <u>2</u>			

TYPE OF DWELLING	TYPE OF INSTALLATION	TYPE OF DISPOSAL SYSTEM:
(X) Single Family () Multiple Family <u>3</u> # Bedrooms	(X) New () Replacement	() Drainfield
() Commercial Other _____	SOIL TYPE: <u>C-1</u>	(X) Absorption Bed
		() Basic Alternative
		() Complex Alternative

Tank Size: <u>1000</u> gal.	Type of Tank _____	Riser (Yes/No) _____	Depth to Riser _____ ft.
Distance from septic tank to: Dwelling Foundation: <u>5</u> ft.	Disposal Area: <u>6</u> ft.	Nearest Well: <u>50</u> ft.	
Disposal Area: Effective Area Required: <u>900</u> sq.ft.	Dimensions _____ ft.	Distance to Surface Water: <u>50</u> ft.	
Property Lines: Front <u>5</u> ft. Back <u>5</u> ft. Side <u>5</u> ft.	Dwelling Foundation: <u>10</u> ft.	Nearest Well: <u>100</u> ft.	

Remarks: _____

The information provided on this application is accurate to the best of my knowledge. I understand that any false statements may result in disapproval of this permit. The subsurface sewage disposal installation must be constructed by the home/landowner or a sewer installer, Section 1-3006.01 - 1-3007.01.

Owner _____ I hereby authorize the health authority to have access to this property for the purpose of performing the requested services.
 Contractor _____ and I certify that all the above information is accurate.
 Other _____

APPLICANT SIGNATURE _____

DATE _____

PERMIT ISSUED BY Richard Gabriel DATE: 8-10-94

FINAL INSPECTION

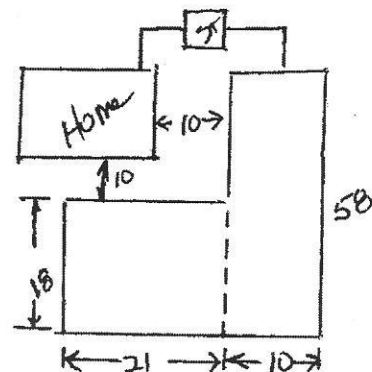
Tank Size: <u>1000</u> gal.	Type of Tank <u>concrete</u>	Riser Yes/No <u>yes</u>	Depth to Riser <u>2</u> ft.
Distance from septic tank to: Dwelling Foundation: <u>10</u> ft.	Disposal Area: <u>19</u> ft.	Nearest Well: <u>50+</u> ft.	
Disposal Area: Effective Area: <u>958</u> sq.ft.	Dimensions _____ ft.	Distance from Disp. Area to Surface Water: <u>50</u> ft.	
Property Lines: Front <u>5+</u> ft. Back <u>5+</u> ft. Side <u>5+</u> ft.	Dwelling Foundation: <u>10</u> ft.	Nearest Well: <u>100+</u> ft.	
Approved ☒ Not Approved _____	Date: <u>8-10-94</u>	Inspected By: <u>Richard Gabriel</u>	Installer: <u>Mel's Excavating</u>

REMARKS: 2891

CALL FOR AN INSPECTION PRIOR TO BACKFILLING

APPROVED PLANS

AS BUILT PLANS



Please Note: After issuance a permit shall become invalid if the construction is not completed within one (1) year of the date of issuance. Refer to the back of this sheet for information on maintenance of individual sewage systems.

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