

34-14031
Permit No. 34-14148

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
In-Office Beneficial Use Examination

1. ☒ Copy of Permit
2. ☒ Copy of proof of beneficial use
3. N/A Copies of amendments/orders
4. ☒ Qualifies under Rule 35.01.r (IDAPA 37.03.02)
5. ☒ Point of Diversion
Township 8N, Range 20E, Section 36, QQ SENWSW
Method used to determine POD: site visit, maps, aerial photos
6. ☒ Place of Use
Township 8N, Range 20E, Section 36, QQ NWSW
Method used to determine POU: site visit, maps, aerial photos
7. ☒ POD and POU match Permit Approval
8. ☐ Aerial photo of place of use
9. N/A Well driller's report
10. ☒ Within a water district? (WD# 34)
11. ☐ Volume Calculation
12. ☐ Other information

AUTHENTICATION

Examiner Name James Cefalo Date 7/16/12

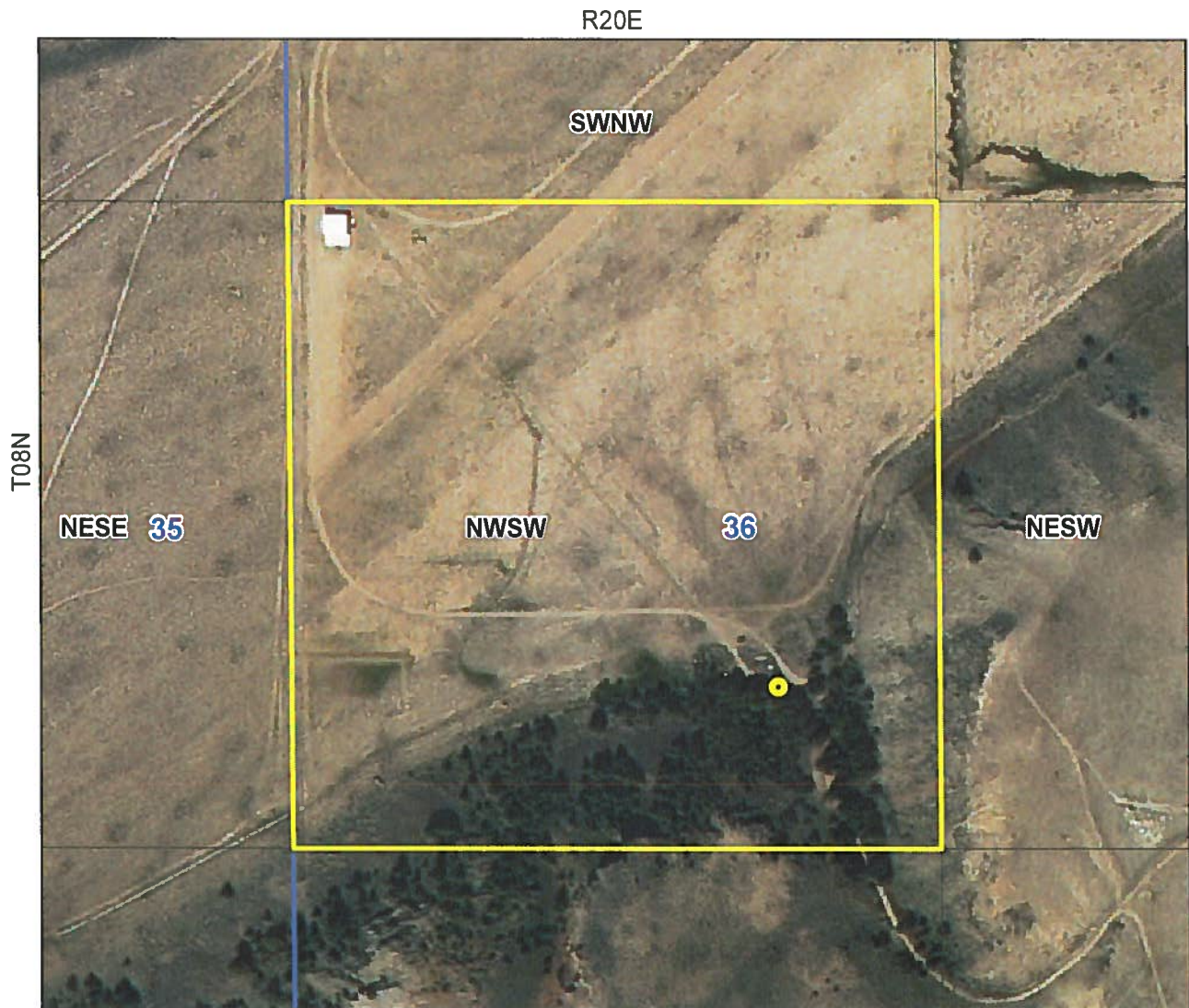
Reviewer _____ Date _____

State of Idaho
Department of Water Resources
Water Right License

34-14148

Water Service Area Boundary for Mary M Sorensen

July 16, 2012



0 0.045 0.09 0.18 Miles

- Point of Diversion
- Place Of Use Boundary
- Townships
- PLS Sections
- Quarter Quarters





Image © 2022 Google
SPOTLIGHT
© 2022 Google
Data © Europa Technologies

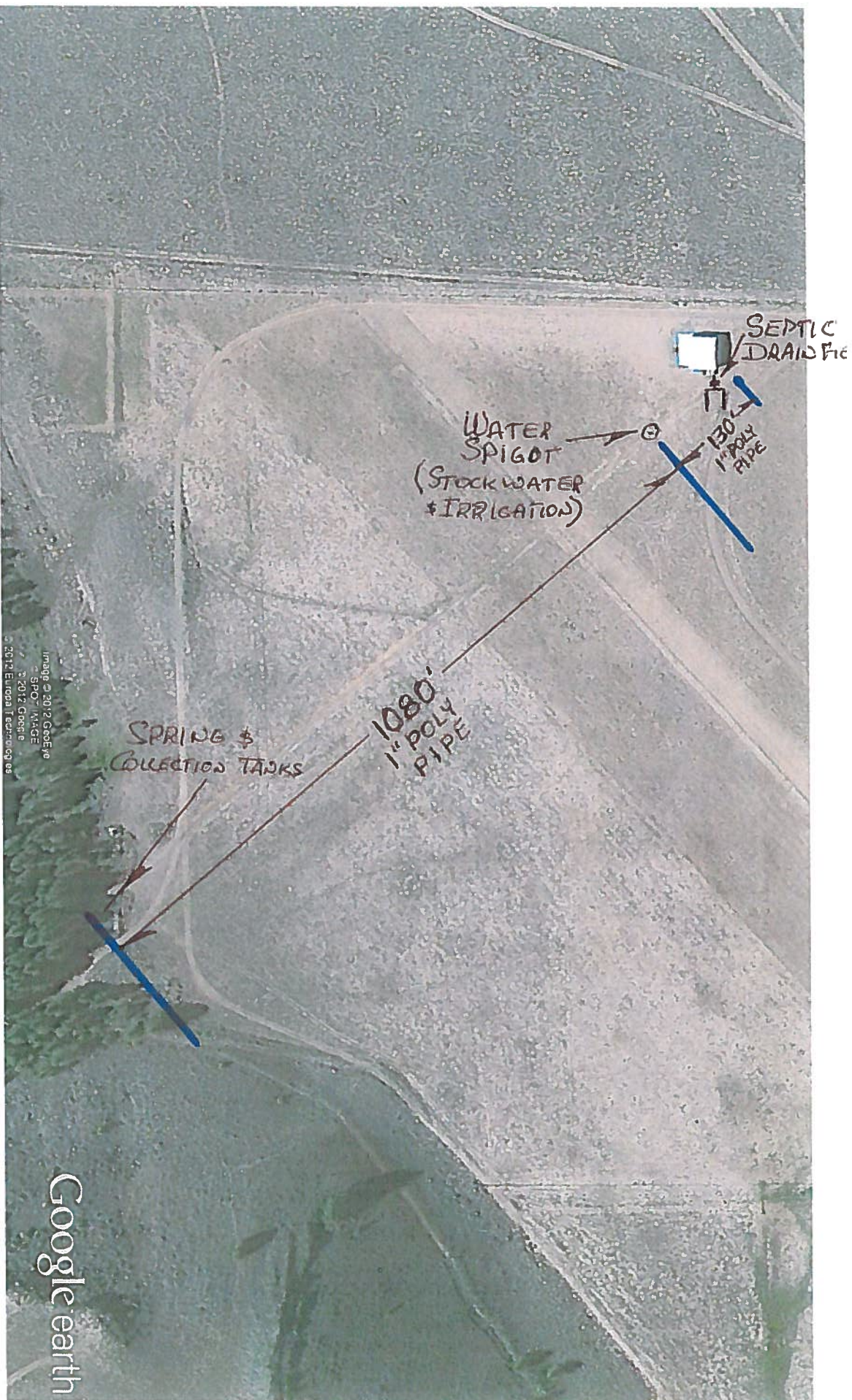
Google earth

miles
km



Google earth





Google earth

feet
meters

1000
300



STAR'S RANCH

DOMESTIC WATER

(SPRING → HADGAR)

REPORT: 30 APR 2012

PERMIT # 34-14148

Google earth

*SPRING WATER
COLLECTION TANKS*



IRRIGATION &
STOCK WATER SPIGOT



APPLICATION-Subsurface Sewage Disposal, Page 1



Public Health
Prevent. Promote. Protect.

Southeastern District Health
Department

Idaho Public Health Districts

CR # 1786

Permit Fee: 550.00 Date: 9-7-11

Document # : _____

Receipt # : 096656 (Official Use Only)

Parcel # : RP08N20E363060A Acres: 3.224

Property Address (If available): 4911 TRAIL CREEK RD. City: MACKAY

Legal Description: Township 8N Range 20E Section 36 County CUSTER

Subdivision: _____ Lot _____ Block _____

Directions (nearest crossroad): HWY 93 TO CHILLY, WSW ON TRAIL CREEK RD FOR 13 MILES (1 MILE PAST END OF PAVEMENT), LEFT THRU 2 RED GATES, CROSS BRIDGE, STAY RIGHT & CLIMB TO SW - HANGAR ~ 1/4 MILE SOUTH

Applicants Name: RODGER & MARY SORENSEN Email: RODGERLS@cs.com

Mailing Address: 245 N HOOPER AV Phone #: 547-4701

City: SODA SPRINGS, State: ID Zip Code: 83276

Applicant is: ☒ Landowner ☐ Contractor ☐ Installer ☐ Other _____

Owners Name : SAME AS APPLICANT

Mailing Address : _____ Phone # : _____

City : _____ State: _____ Zip Code: _____

Type of Septic Installation : ☒ New ☐ Expansion ☐ Repair ☐ Tank Only

Proposed Usage : ☒ Residential AND HANGAR Non-Residential ☐ Other (i.e. barn, shop, etc.)

☐ Central (more than two dwellings) ☐ Large Soil Absorption (2,500 gal/day or ten or more dwellings) # of Units: _____

Is there an existing structure on this parcel? ☒ Yes ☐ No Year Built: BEGAN 1990 FINISH 2005

Number of Bedrooms: (residential only) 3 MAX Number of bathrooms: 2 MAX

Number of People: 4 Square Footage: _____ Garbage Disposal? ☐ Yes ☒ No

Non-Residential Flow Design: Average: (gallons per day (gpd)) ~10 Peak: (gpd) ~50

Foundation Type : ☐ Basement ☐ Crawl Space ☐ Split Level ☒ Slab

Property is located : ☐ Inside City ☒ Inside County

Zoning certificate or other county documentation submitted? ☐ Yes ☐ No ☒ N/A

City sewer or central wastewater collection system 200 feet or less to structure? ☐ Yes ☒ No

Water Supply : ☐ Private Well ☐ Shared Well ☐ Public Water System, Number: _____

☒ PRIVATE SPRING (Non-Public)

SIGNATURE: A. J. Sorenson DATE: 5 SEP. 2011

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that this application and the subsequent permit is non-transferable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, when issued, may be renewed if the renewal is applied for on or before the expiration date.



Public Health
Prevent. Promote. Protect.

PERMIT-Subsurface Sewage Disposal

Eastern Idaho Public Health District

1250 Hollipark Drive
Idaho Falls ID 83401
(208) 523-5382

Permit # : 1911012
Date : 09/13/2011
Parcel # : RP08N20E363060/
Doc ID # :

Idaho Public Health Districts

Applicant's Name: Rodger Sorensen
Owners Name: Rodger Sorensen
Property Address: 4911 Trail Creek Road Mackay ID 83251
Legal Description: Township 8N Range 20E Section 36
Subdivision: Lot Block Size(acres): 3.224

Type of Installation	Type of System (check all that apply)			Water Supply
☒ New System ☐ Expansion ☐ Repair ☐ Tank Only	☐ Absorption Bed ☐ Capping Fill ☐ Central System ☐ Composting Toilet ☐ Drip Distribution ☐ ETPS ☐ Experimental ☐ Extra Drainrock ☐ Evapotranspiration ☐ Gravel Drainfield	☐ Gravelless Drainfield ☐ Gray Water Sump ☐ Gray Water System ☐ Holding Tank ☐ Incinerator Toilet ☐ Individual Lagoon ☐ Intermittent SF ☐ Intrench SF ☐ LSAS ☐ Pit Privy	☐ Pressurized DF ☐ Recirculating GF ☐ RV Dump Station ☐ Sand Mound ☐ Seepage Pit ☐ Steep Slope Drainfield ☐ Two Cell Lagoon ☐ Vault Privy ☐ Other (see below)	☒ Private ☐ Shared ☐ Public
☒ Basic System ☐ Complex System				Water Source ☐ Well ☒ Spring

Conditions of Approval:

Inspection required before cover
48 Hours advanced notice required for inspection
Maximum depth of excavation 4 feet
System sized for 3 bedroom residence

☐ Residential permit

☐ Non-residential permit

Soil Type:

The minimum septic tank capacity is:

The minimum effective drainfield absorption area is:

The drainfield can be no closer to permanent/intermittent surface water than:

3	Bedrooms
	Gallons Per Day
	Gallons Per Day
A-2b	USDA
1000	Gallons
333	Square Feet
300	Feet

Note: (Final approval of this permit requires inspection of the uncovered system.)

All plans, specifications, and conditions contained in the approved permit application are hereby incorporated into, and are enforceable as part of the permit. The permit will expire one (1) year from date of issuance. The permit may be renewed if the renewal is applied for on or before the expiration date.

EHS Permit Issued Signature	
09	9/13/2011
EHS Code	Date
Revision Date: 06/17/2010	

Onsite Wastewater System O&M Inspection Report



Public Health
Prevent. Promote. Protect.

Eastern Idaho Public Health District
1250 Hollipark Drive,
Idaho Falls, ID, 83401
(208) 523-5382

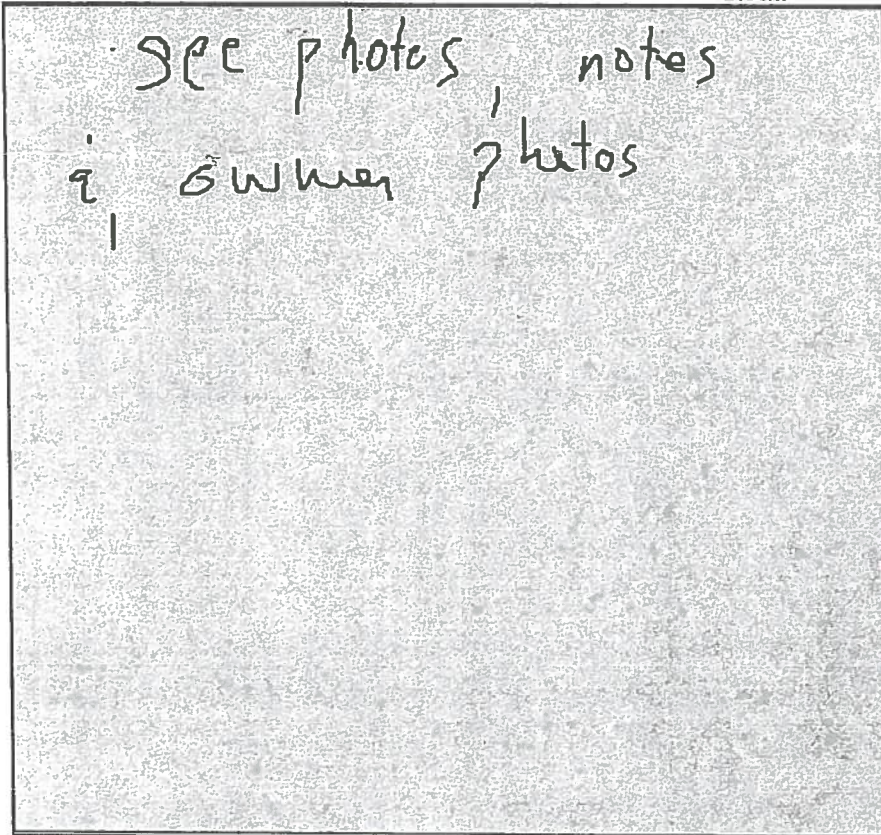
Permit #: 1911012
Date: Oct 14, 2011
Parcel #: RP08N20E363060A
Doc ID #:

Idaho Public Health Districts

Applicant Name: Rodger Sorensen
Owner's Name: Rodger Sorensen
Property Address: 4911 Trail Creek Road, Mackay ID 83251

Legal Description Subdivision Township: 8N Range: 20E Block:

Section: 36
Size (acres): 3.224



System Type:	Basic System, Gravelless Drainfield
System Mfg:	InfiltratorGravel (yds):
Septic/Trash Tank (gal):	1000 Sand (yds):
Septic/Trash Mfg:	NorwescoDepth2 to Pipe (ins):
Depth to Tank Lid (Inches):	18 Rock Under Pipe (ins):
Standpipe/ Riser (ins):	0 InstallOct 12, Date:2011
Riser Longitude:	Latitude:
Pump Tank (gal):	WellNo Installed?
Pump Tank Mfg:	Distance to Tank (ft):
Drainfield Width (ft):	3 to Drainfield (ft):
Length (ft):	44 Valve:No
Area(sq ft):	333 D-Box:No

Notes/Conditions of Approval

Owner made correction to entry of transport line to chambers. (See photos)
System sized for 3 bedroom residence

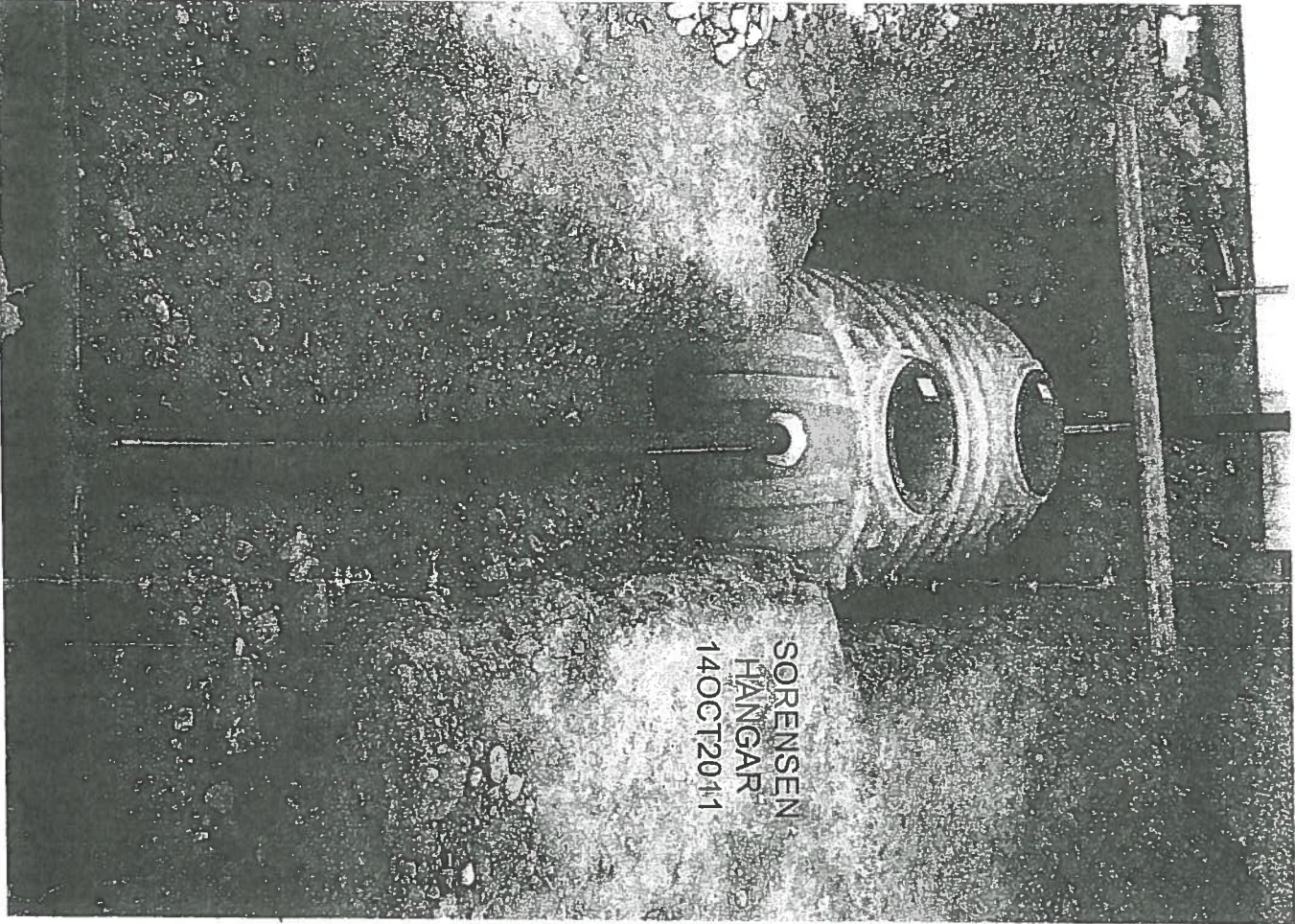
Installer Name:
Installer Number:
Date: Nov 02, 2011

Not Available

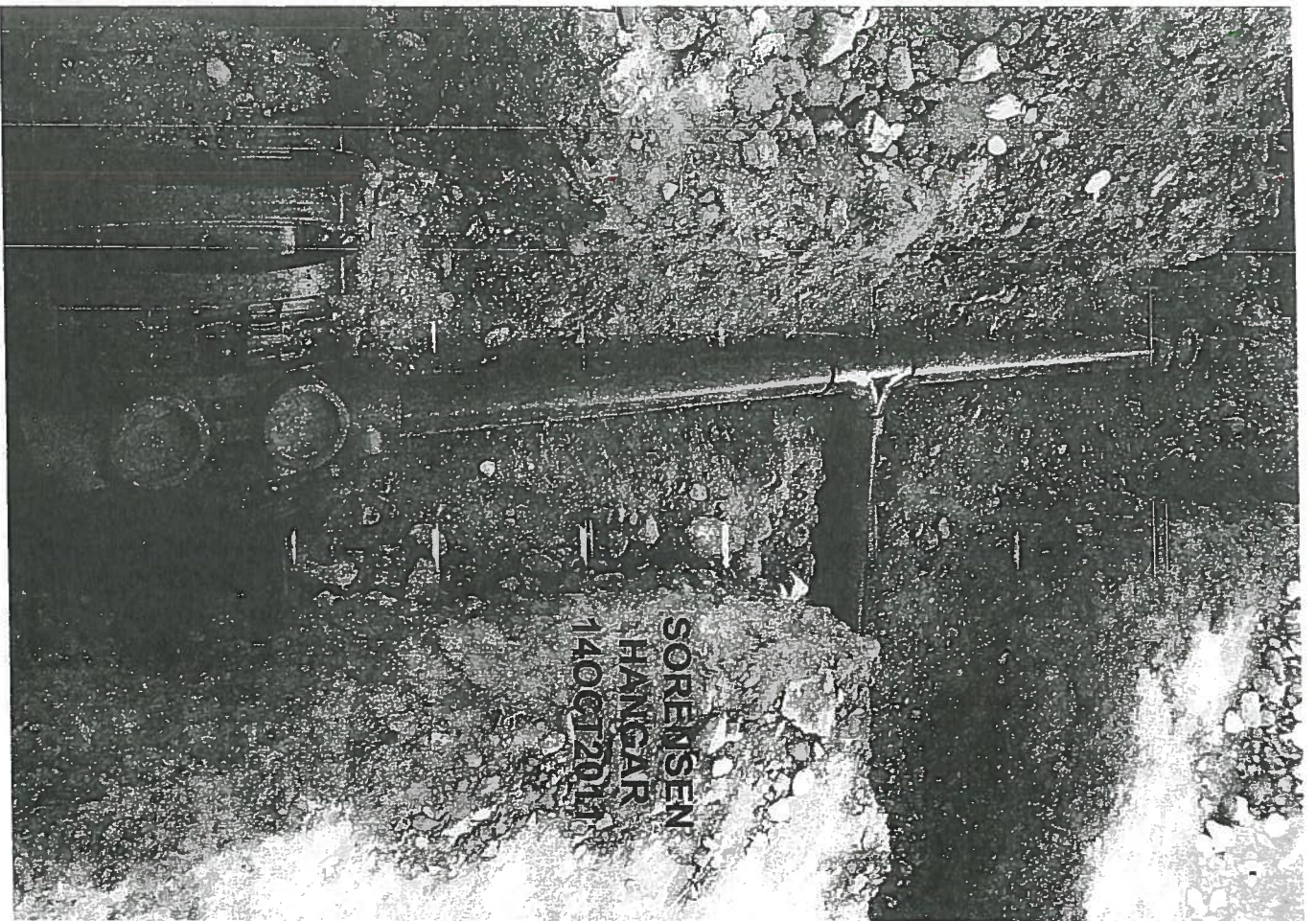
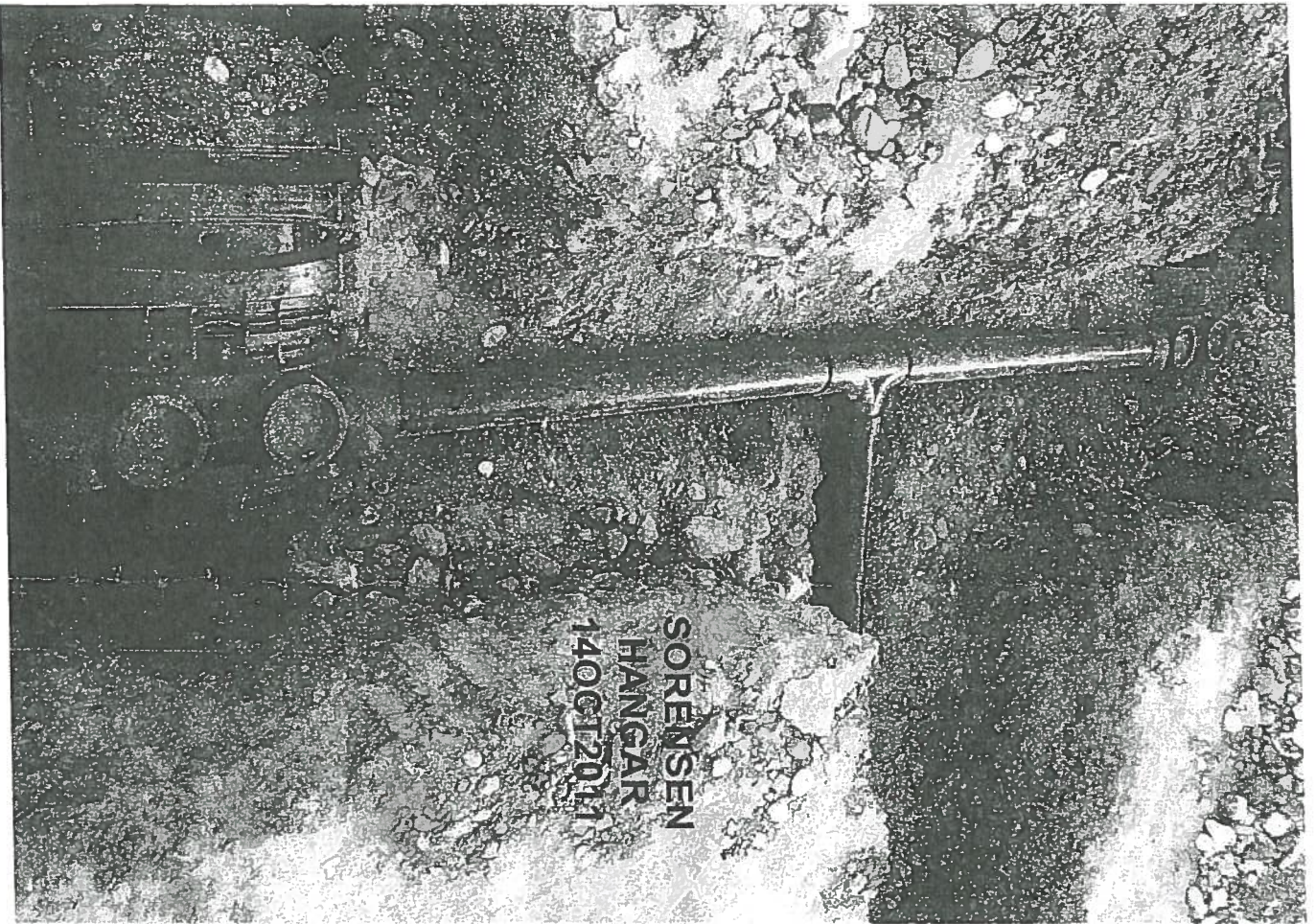
EHS Name: Steve G Adams
Date: Nov 02, 2011

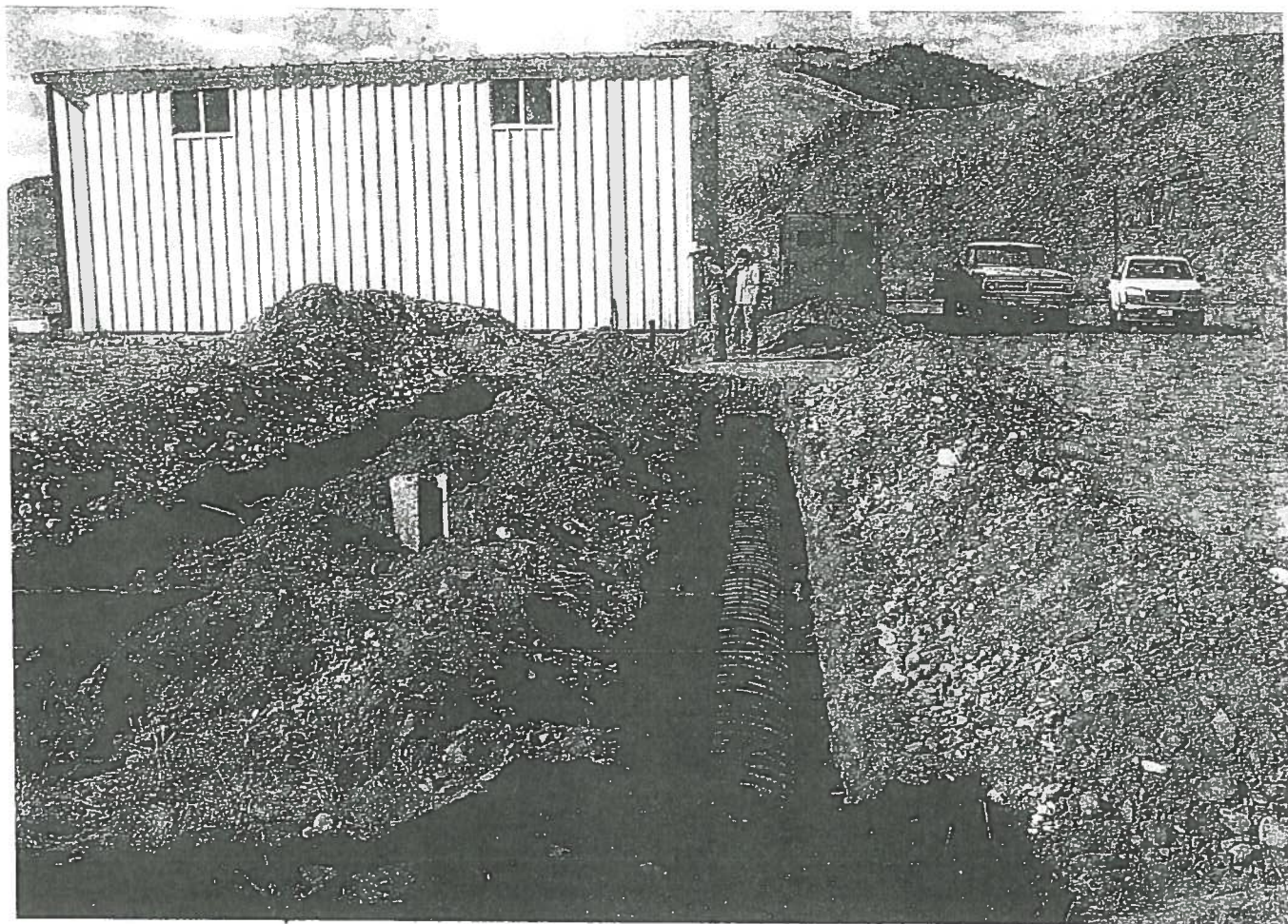
Steve Adams

As-Built provided by: EHS



SORENSEN
HANGAR
14OCT2011





WATER CLOSET
(NE CORNER-HANG)

