

# DISTRICT SEVEN HEALTH DEPARTMENT

## SEPTIC PERMIT

**\*NOTE\*** THIS PERMIT IS ONLY VALID FOR ONE YEAR FROM DATE OF ISSUE

4/99

Installation shall comply with all the requirements of the Health District and Idaho's Individual Subsurface Sewage Disposal Regulations as stated below. Failure to install system in compliance with permit will cause disapproval by District 7 and possible legal action.

CDP No. \_\_\_\_\_ T-Code: 232 Time: 15 MIN Permit No. 3000-33  
Receipt No. \_\_\_\_\_

Permit Issued To: Name BOB LYNCH Phone 768-2338

For Location: Address GENERAL DELIVERY City LEADORE Zip 83464  
LEWIS CREEK RD  
Legal Description: 1/4 Section NW Section 6 Township 15N Range 25E  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

### SEPTIC TANK SPECIFICATIONS (minimums)

Size of Septic Tank: 1000 gallons Multiple tank (If using or required): \_\_\_\_\_ Total gallons  
First tank: \_\_\_\_\_ gallons Second tank: \_\_\_\_\_ gallons  
Pump Chamber (if required): \_\_\_\_\_ gallons

### SEWAGE DISPOSAL (DRAINFIELD) SPECIFICATIONS (minimums)

Type(s) of Standard Sewage Disposal System Permitted: Trench  Bed \_\_\_\_\_ Pit \_\_\_\_\_ Gravelless \_\_\_\_\_  
Basic Alternative Privy \_\_\_\_\_ Steep Slope System \_\_\_\_\_ Capping Fill \_\_\_\_\_ Extra Drain-rock Trench \_\_\_\_\_  
Type(s) of Complex Alternative Disposal System Permitted: Sand Filter Intermittent \_\_\_\_\_ Sand Filter Intrench \_\_\_\_\_  
Sand Mound \_\_\_\_\_ Lagoon \_\_\_\_\_ Extended Treatment Systems \_\_\_\_\_ Large Soil Absorption Systems \_\_\_\_\_  
Other \_\_\_\_\_  
\*Complex Alternative Disposal Systems are required to be installed by a licensed complex installer\*

MAXIMUM DEPTH OF EXCAVATION: 2 Feet DISPOSAL AREA SIZE: 355 Sq. Ft.  
SOIL TYPE: B-2 APPLICATION RATE: .45 gals/day/ft2  
DISTANCE TO NEAREST SURFACE WATER (explanation): \_\_\_\_\_

### SPECIAL CONDITIONS

I hereby agree that the system will be installed as per the permit and will not make any changes from the permit without written approval from District 7. I also hereby authorize access to this property for purpose of inspection.

Applicant/Agent Signature X [Signature] Date: 6/21/00

ISSUED BY EHS [Signature] # 09 Date Issued: 5/24/00  
Expiration Date: 5/24/01

**\*Note\*** Other requirements on reverse side of permit:

**DISTRICT SEVEN HEALTH DEPARTMENT  
SEPTIC SYSTEM INSPECTION REPORT**

Activity Code: 01 4/99  
Travel Time: 90 Inspection Time: 30

INSPECTION CONDUCTED FOR: Name Bob Lynch Permit No 3000-33  
LOCATION OF INSPECTION: Street Address Eight mile Cir City Leadore  
Legal Description: ¼ Section NW Section 6 Township 15N Range 25 E  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

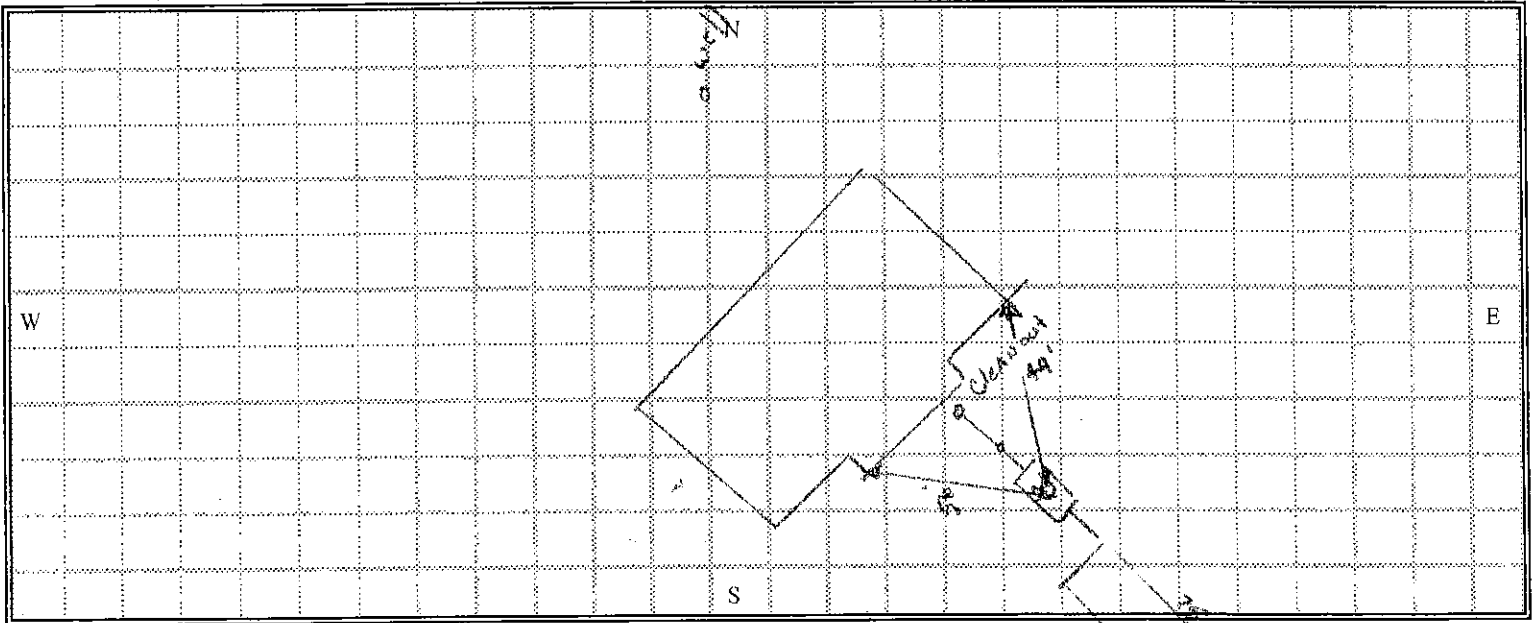
**SEPTIC TANK INSPECTION**

- Capacity of Septic Tank Installed 1000 gallons. Septic Tank capacity = or greater than permit requirements?  Yes No N/A
- Was Septic Tank construction in compliance with State regulations and was tank State approved?  Yes No
- Were inlet and outlet properly sealed?  Yes No
- Did Septic Tank meet minimum separation requirements as required by permit?  Yes No
- Was extension of manhole required? Yes  No Depth from final grade to manhole. 1.5 feet

**SUBSURFACE DISPOSAL (DRAINFIELD) INSPECTION**

- Type of Disposal System installed standard system Meets permit requirements?  Yes No N/A
- Disposal Area Size 500 Square Feet In compliance with Permit Issued?  Yes No
- Did Disposal System meet the minimum separation distance as required by the Permit?  Yes No
- Was Disposal System constructed in compliance with the State Technical Guidance Manual?  Yes No
- Maximum depth of Disposal System 2 Feet. In compliance with Permit Issued?  Yes No

**DRAWING:** (Show buildings, septic system components, water lines, surface waters, & wells within 300 feet of septic system. Important to show distances.)



**SELF-INSPECTION:** If given approval for self inspection Installer certifies that information provided is accurate and system was installed as shown.

Installers Signature X \_\_\_\_\_ License #: \_\_\_\_\_ Date: 6/23/00

Installed by: Foster Official Use Only License #: \_\_\_\_\_  
This System appears to:  
1. Be in Substantial Compliance with permit and is approved.  Yes  
2. Have Minor deficiencies which could cause premature failure, but still in substantial compliance with Intent of Rules. Recommend that deficiencies be corrected, which could improve your system, but system is still approved. Yes  
3. Have Major deficiencies which violate the Intent of Rules and must be corrected, system not approved. Yes  
Comments: \_\_\_\_\_  
INSPECTED/REVIEWED BY EHS: Steve Adams #: 09 DATE: 6/23/00

**Boyd Foster Backhoe Service, Inc**

**P.O. Box 118**

**Leadore, ID 83464**

**Invoice**

Date	Invoice #
5/8/2007	1451

Bill To
Bob Lynch Leadore, ID 83464

					Due Date
					6/11/2007
Equipment	Description	Date	Qty	Rate	Amount
Backhoe	Dug up water line and backfilled	3/26/2007	4.5	60.00	270.00
Labor	Working on water	3/26/2007	2.5	25.00	62.50
Labor	Installing pressure tank and box	3/30/2007	6	25.00	150.00
Service Truck	Pull old pump and set new pump	4/7/2007	1	55.00	55.00
Labor	Replumb in box	4/7/2007	4	25.00	100.00
Other	Parts and supplies; including 1 transducer @ \$143.10, 1- 2 gallon pressure tank @ \$48.97, 1 - 1 HP pump @ \$645.01, miscellaneous supplies @ \$58.13			895.21	895.21
Thank you for your business.				<b>Total</b>	<b>\$1,532.71</b>

Phone #
208-768-2300