

EASTERN IDAHO PUBLIC HEALTH DISTRICT SEPTIC PERMIT

***NOTE* THIS PERMIT IS ONLY VALID FOR ONE YEAR FROM DATE OF ISSUE and IS NOT TRANSFERABLE**

*Installation shall comply with all the requirements of Idaho's Individual Subsurface Sewage Disposal Regulations as stated below.
Failure to install the system in compliance with permit may be grounds for disapproval and may result in further legal action being taken.*

CDP No _____ T-Code: 233 Time: _____ Permit No. 3008-58
Receipt No _____

Permit Issued To: Name RICK DEBMON Phone 714-932-3029

For Location: Address 40 Mike Englund City _____ Zip _____

Legal Description: 1/4 Section _____ Section 21 Township 25N Range 21E
Subdivision RIVER RUN ESTATES Lot 4A 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 ATU: Company: _____ Model: _____

SEWAGE DISPOSAL (DRAINFIELD) SPECIFICATIONS (minimums)

Type of Standard & Basic Alternative System Permitted: STANDARD TRENCH

Type of Complex Alternative System Permitted: _____

**Note* A licensed complex installer is required to install a complex system. A homeowner cannot install complex systems.*

MAXIMUM DEPTH OF EXCAVATION: 2.5 Feet DISPOSAL AREA SIZE: 500 Sq. Ft.
SOIL TYPE: B APPLICATION RATE: .5 gals/day/ft2
DISTANCE TO NEAREST SURFACE WATER (explanation): _____

SPECIAL CONDITIONS

INSPECTION REQUIRED BEFORE COVER

REPLACEMENT SYSTEM

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 Eastern Idaho Public Health District. I also hereby authorize access to this property for purpose of inspection.

Applicant/Agent Signature X Michael Englund

ISSUED BY EHS Steve Alas # 09 Date Issued: 9/17/08
Expiration Date: 9/17/09

Other requirements on reverse side of permit

EASTERN IDAHO PUBLIC HEALTH DISTRICT SEPTIC SYSTEM INSPECTION REPORT

1/2007

Travel Time: 75 Inspection Time 45

INSPECTION CONDUCTED FOR: Name RICK DEEDMON Permit No 3004-58

LOCATION OF INSPECTION: Street Address 1/4 MILE N. OF HUGHES CK. WEST OF HWY 93 City NORTH FORK

Legal Description: 1/4 Section _____ Section 21 Township 25N Range 21E
Subdivision: OVER RUN ESTATES Lot 4A Block _____

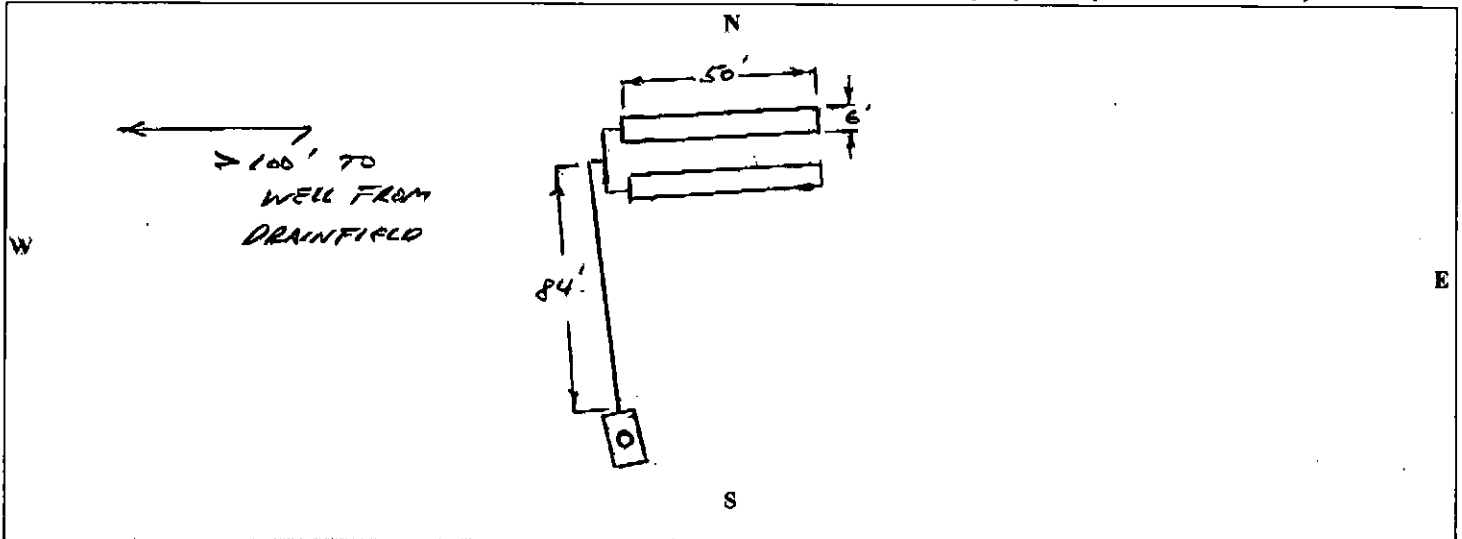
SEPTIC TANK INSPECTION

- Capacity Tank 1000 gallons. ATU N/A gpd. 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 feet

SUBSURFACE DISPOSAL (DRAINFIELD) INSPECTION

- Type of Disposal System installed STANDARD TRENCH Meets permit requirements? Yes No N/A
- Disposal Area Size 600 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 2.5 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:

Official Use Only

Installed by: MIKE ENGLAND

License #: 2988

This System appears to:

- Be in Substantial Compliance with permit and is approved. Yes
- 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*
- Have Major deficiencies which violate the Intent of Rules and must be corrected, system not approved. Yes*

*See Comments

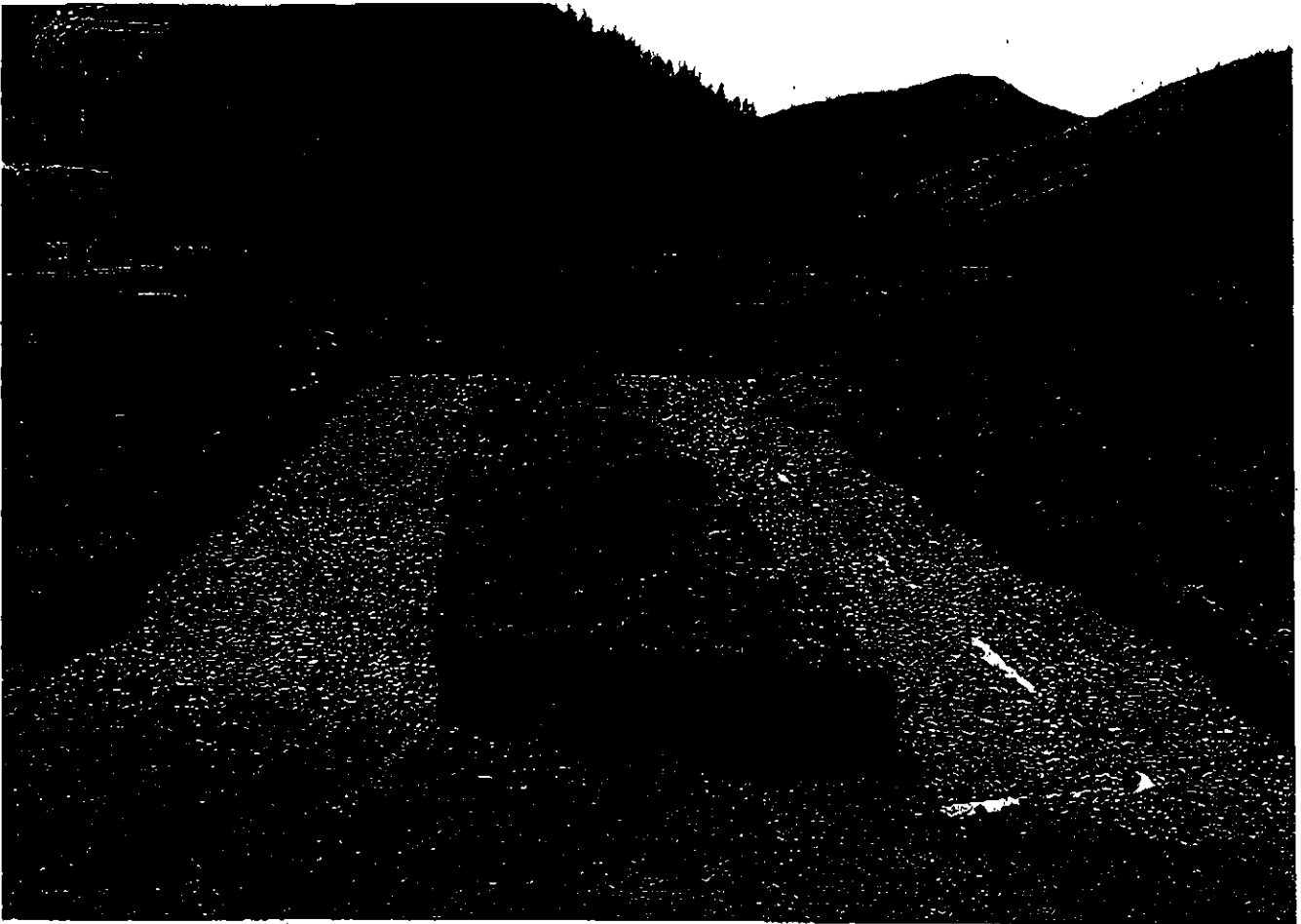
Comments THIS IS A REPLACEMENT SYSTEM. NO STRUCTURES AT TIME OF INSPECTION

INSPECTED/REVIEWED BY EHS:

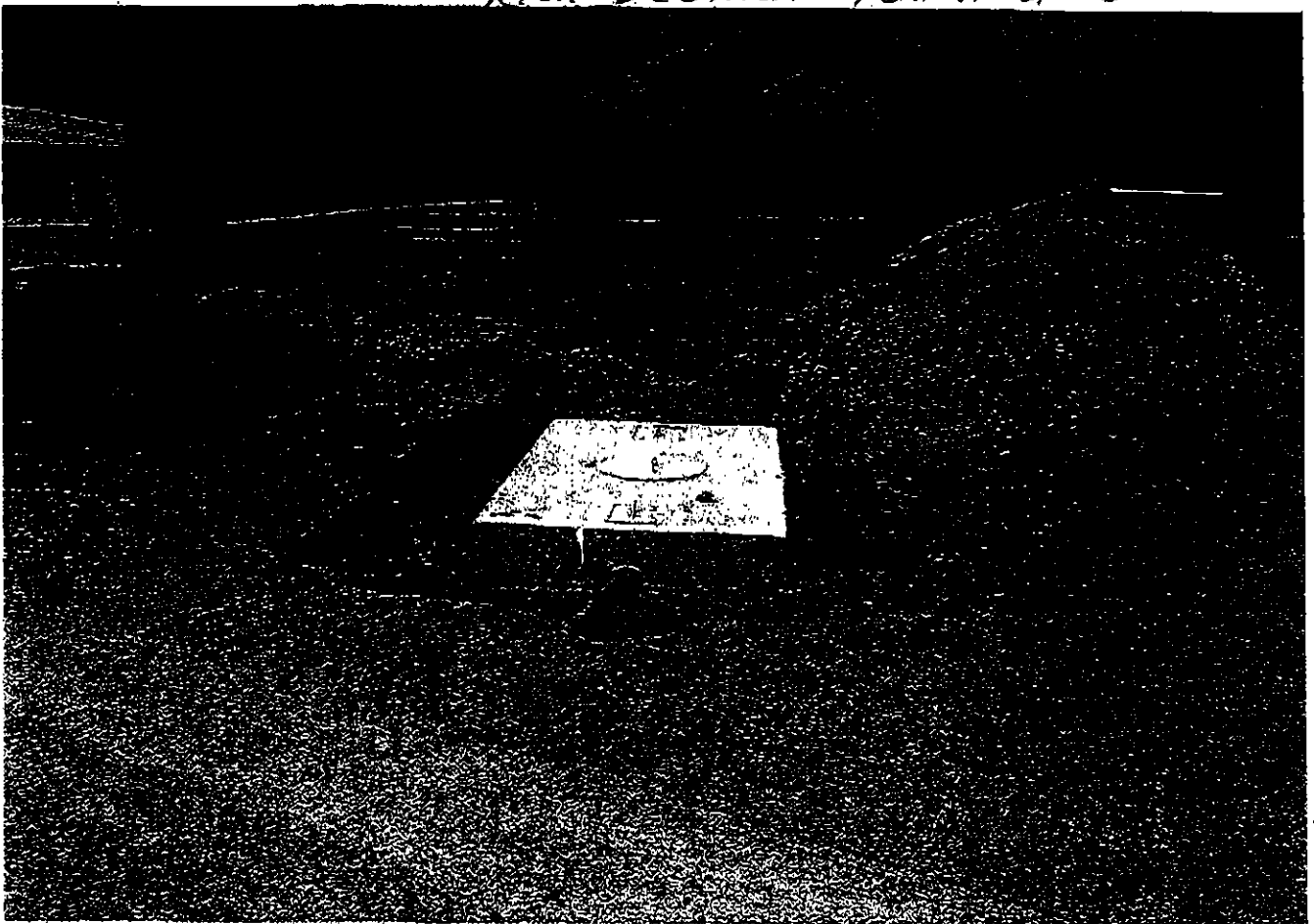
Tom Hansen

#: 12

DATE: 9/



RICK DEOMON PERMIT # 3008-58





Prevent. Promote. Protect.

LEMHI COUNTY
801 Monroe
Salmon, ID 83467
OFFICE (208) 756-2123
FAX (208) 756-6600

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Requestor Name: DEBORAH ASHCOM FOR MOUNTAIN WEST REAL ESTATE
Address: 701 MAIN ST SALMON, ID 83467
Phone: 208-756-1800 FAX 208-756-1801

I hereby request to view the following documents and I agree to pay copy fees determined by the agency as summarized below:

DOCUMENTS TO VIEW:

SEPTIC PERMIT, DRAWINGS, ETC

SEPTIC SYSTEM INFORMATION:

Location of actual system - (the following information may be obtained from the County Assessor's office):

Address: 2132 Hwy 93N City: NORTH FORK Year Built: 2010
Legal Description: Township: 25N Range: 21E Section: 21
Subdivision name (if applicable): RIVER RUN ESTATE DIV I DN. #:
Lot: 4A Block: 2
Current and Previous Owners: DEDMON RICHARD C. FROM 2008-ON

Table with 2 columns: Idaho State Code exempts certain documents from public disclosure or copy are exempt from disclosure, you will be notified. If the public records you are seeking to examine... In most circumstances, your request will be granted or denied within three (3) working days of the date of its receipt. If more time is necessary, Eastern Idaho Public Health will notify you in writing. If Eastern Idaho Public Health fails to respond within ten (10) days, your request has been denied.

(BELOW FOR EIPH USE ONLY)

Total # of copies made: Total Copy Fee: \$

Public Records provided by EPH Staff

Agency custodian/observer Date

