

DISTRICT SEVEN HEALTH DEPARTMENT
APPLICATION FOR SEWAGE DISPOSAL PERMIT

Permit # 300337
Receipt# 37176 150 7/2
Receipt#

SINGLE FAMILY RESIDENCES

(This is not a permit to install)

Owner of system: Don Starky

Phone # 559-299-2818

Mailing Address of Owner: 6 Cherry Hill Lane City: North Fork Zip: 83466

Location of actual system:

Legal Description: 1/4 Section. _____ Section 2 Township 24 N Range 21 E
Subdivision Name if applicable: _____ Lot _____ Block _____
Address: _____ City _____ Zip _____

Directions to property: North of 4th July

Lot Size: 6 acres. Water Supply: Private Well () Shared Well () Public System ()

Constructional Activity: New Construction () Enlargement () Replacement ()

Wastewater Flow Information:

Maximum number of potential bedrooms 3 Square footage of dwelling 4182
Will home have basement with bathroom, laundry or other plumbing for disposal of wastes? () Yes No

Proposed Disposal System:

Standard & Basic Alternative Systems: Trench () Gravelless Trench () Pit Privy () Vault Privy () Extra Drainrock Trench () Absorption Bed () Seepage Pit () Capping Fill Trench () Steep Slope () Composting Toilet () Incinerator Toilet () Sand Filter-Intrench () Holding Tank ()

Complex Alternative System: Evapotranspiration () Experimental () Extended Treatment Package () Large Soil Absorption System () Lagoon () Pressure Distribution Systems () Sand Filter- Intermittent () Recirculating Gravel Filter () Sand Mound () Two Cell Infiltrative () *Note* Current rules require you hire a septic installer that has a complex installer to install a complex systems. A homeowner cannot install complex systems.

I certify that public or central sewage facilities are not reasonably accessible. I understand that if this system is constructed by anyone other than homeowner, a licensed installer must install it. I understand that the system must be inspected and approved prior to final cover. I understand this is an application only and that it is necessary to have a permit before construction can begin. * Note * Once the permit has been issued, no changes can be made without prior approval from District Seven Health Department.

Is Home Owner Installing? NO
I am the: Homeowner () Owner's authorized representative: Installer () license number Dunk Contractor ()

I hereby authorize access to this property for the purpose of conducting an on-site evaluation.

Signed By: X [Signature] Date: 7/21/03

ON-SITE EVALUATION ON REVERSE SIDE

ON-SITE EVALUATION EHA

Date(s) On-Site Evaluations Conducted. 7/18/03 9/28/04 1/1
 Travel Time associated with evaluation. 45 45
 Inspection Time associated with evaluation. 15

CURRENT LAND USE: Residential

SITE SUITABILITY:

Slope: Does slope prohibit installation of proposed system? Yes No

Soil Types:

Based on SCS maps.	Type	A	B	C	Unacceptable
Based on Engineering Report.	Type	A	B	C	Unacceptable
Based on Test Hole.	Type	A	B	C	Unacceptable

Test Hole Information:

Depth of Test hole. _____
 Predominant soil type observed. _____
 Bedrock encountered. _____
 Any ground water encountered. _____
 Other concerns. _____

Effective Soil Depth: Has sufficient soil depth below bottom of proposed system to meet rules? Yes No

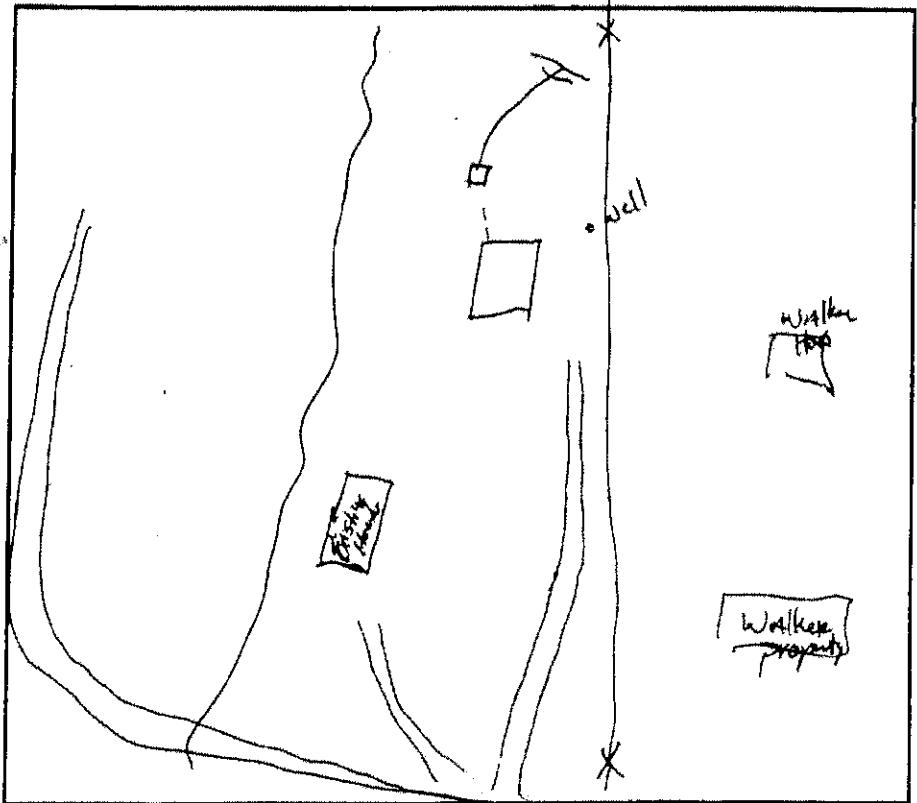
Depth to nearest Groundwater. _____ Depth to nearest impermeable layer. _____

Separation Distances: (Property has sufficient area for system and replacement to meet all separation requirements?)

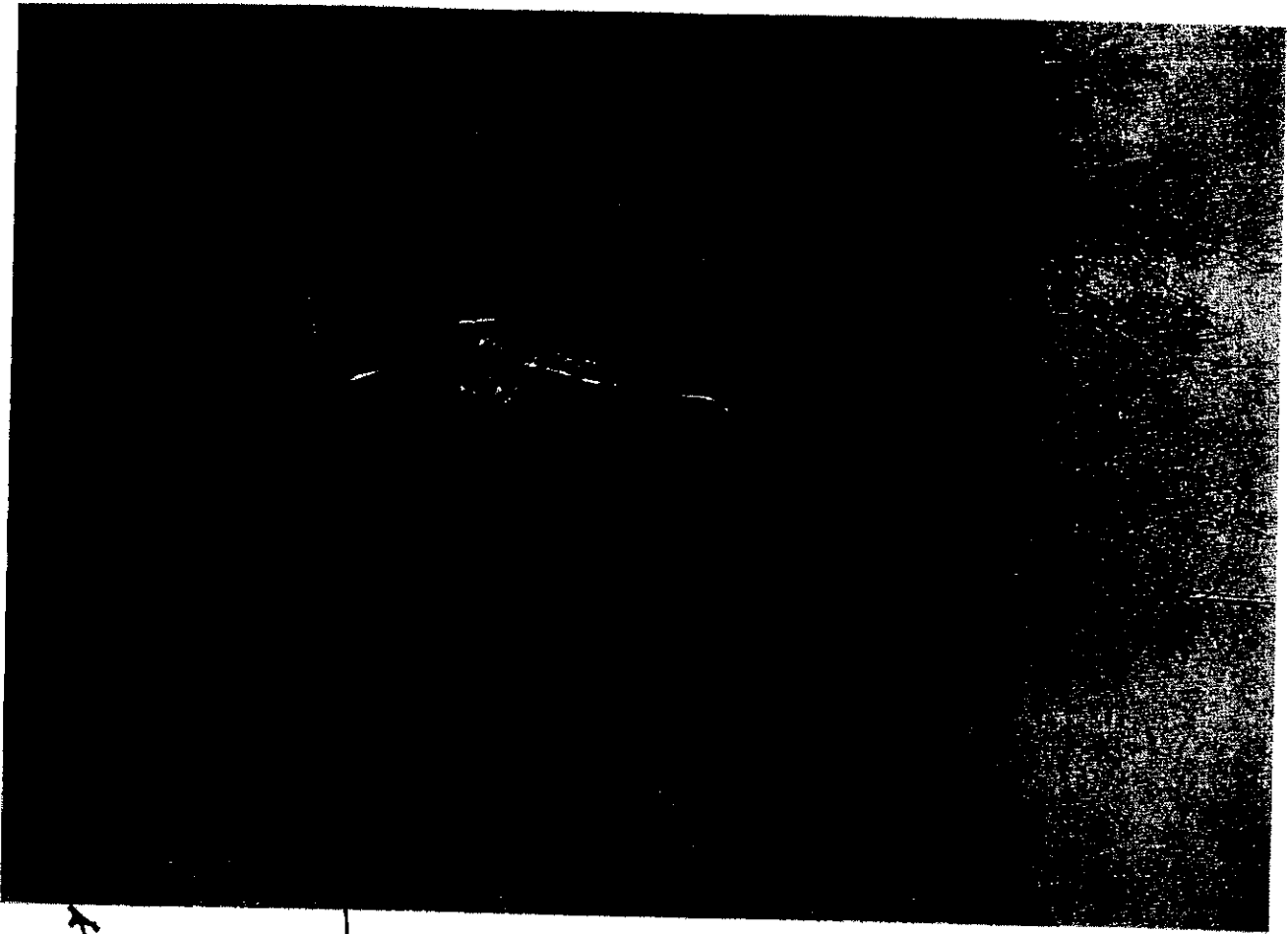
Well location (owners property)	Yes	No	Nearest neighbor's well	Yes	No
Water Distribution lines	Yes	No	Downslope Cut or Scarp	Yes	No
Temporary Surface Waters	Yes	No	Property lines.	Yes	No
Permanent or Intermittent Surface Water	Yes	No			

PLOT PLAN: (Show proposed building sites, well location, septic site, replacement area, any surface waters, property lines, and utilities if known.)

Comments: No testhole
on 7/18. Using Walker
permit to base permit
on



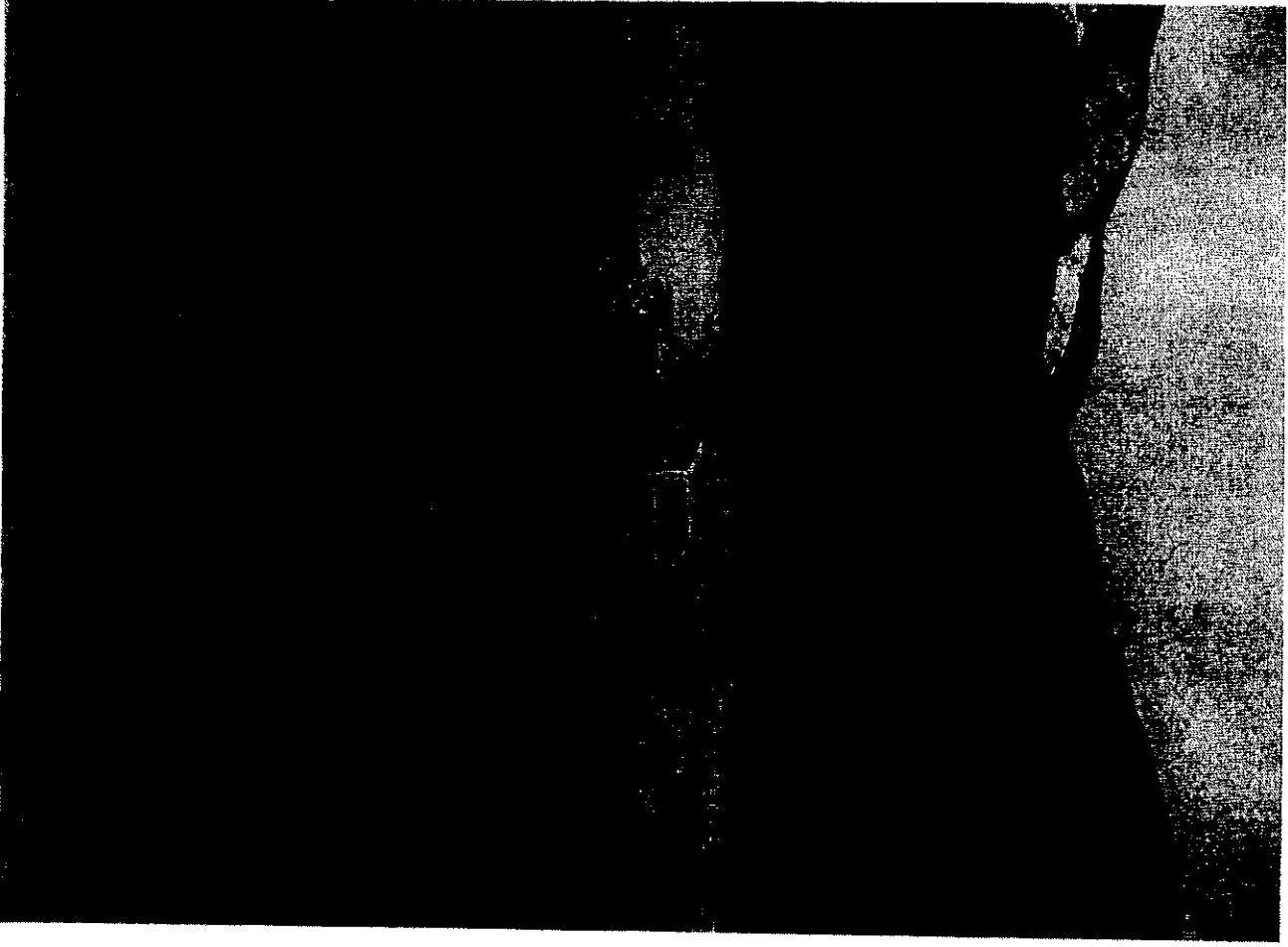
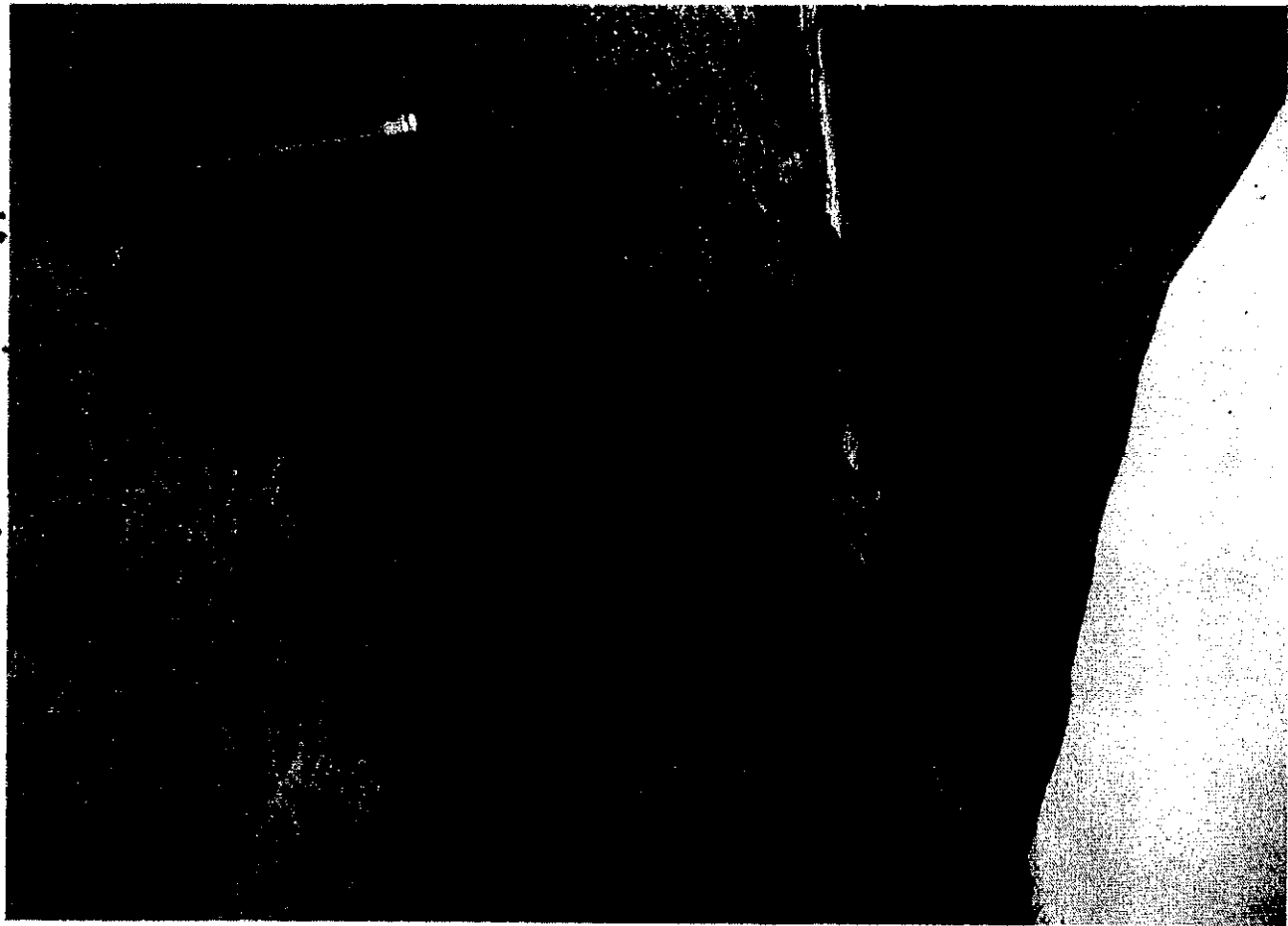
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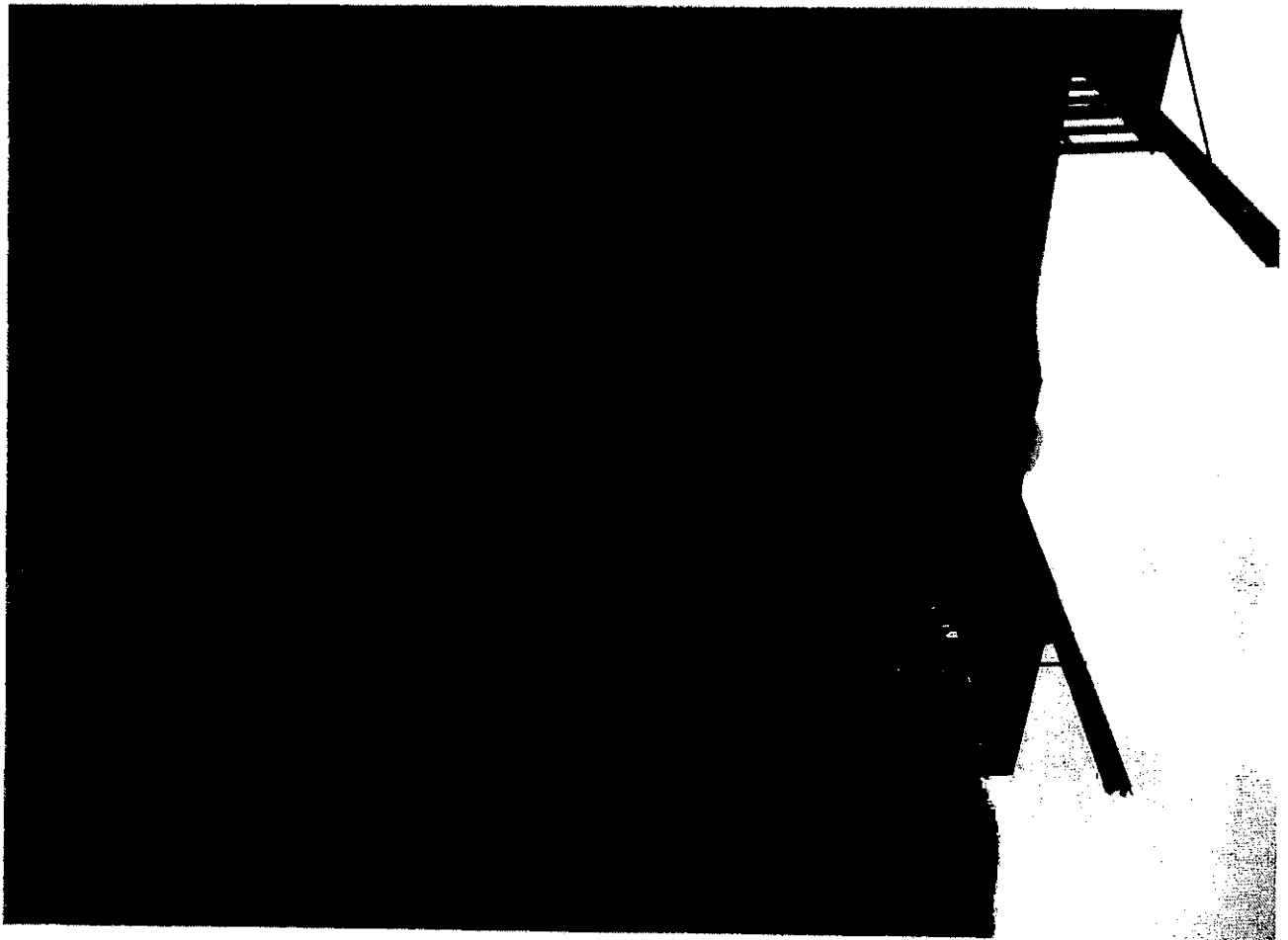


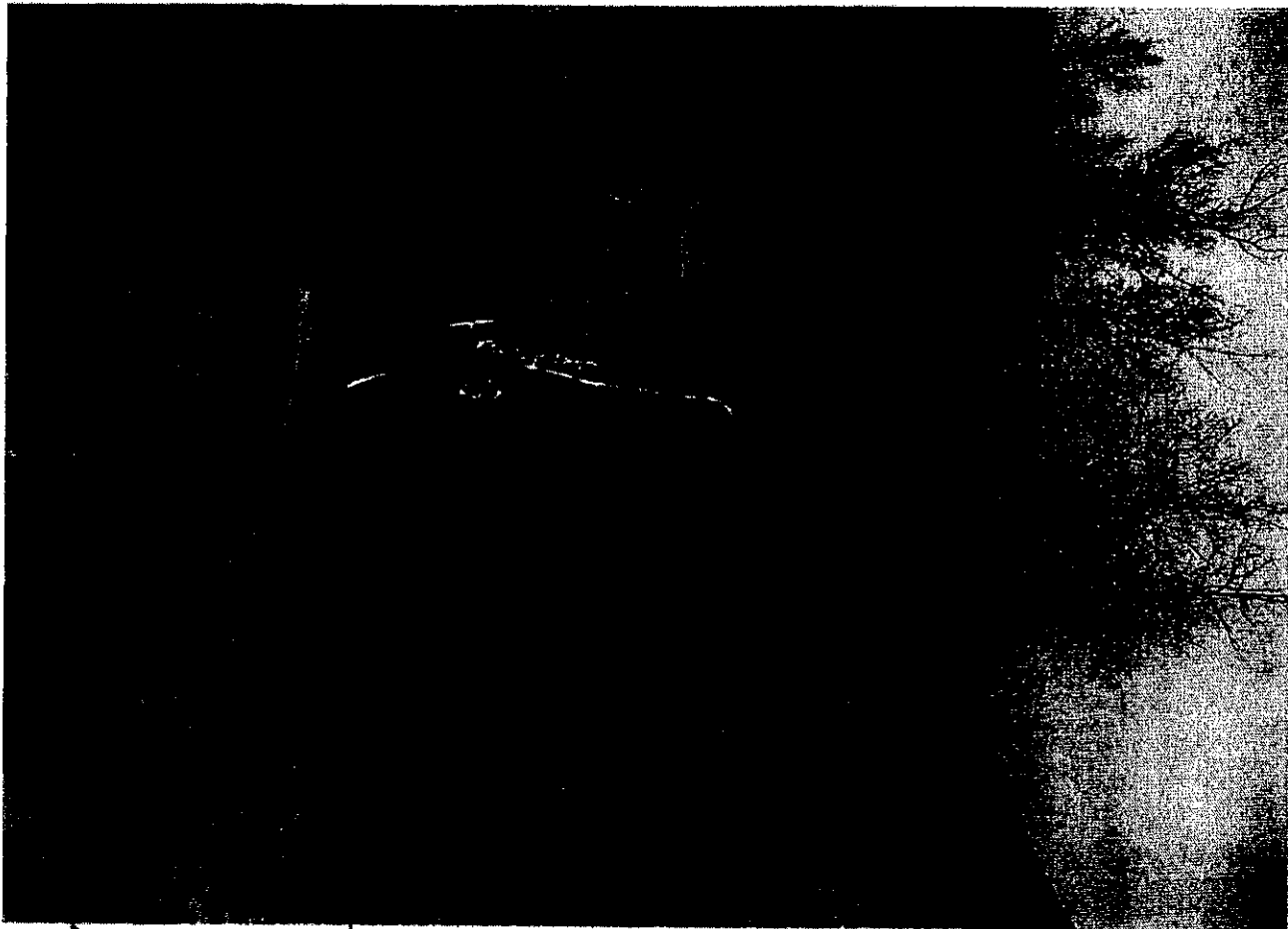
← Septic Tank

— Dose Chamber

kg omfices 2' o.c.
Transport 24 HDPE





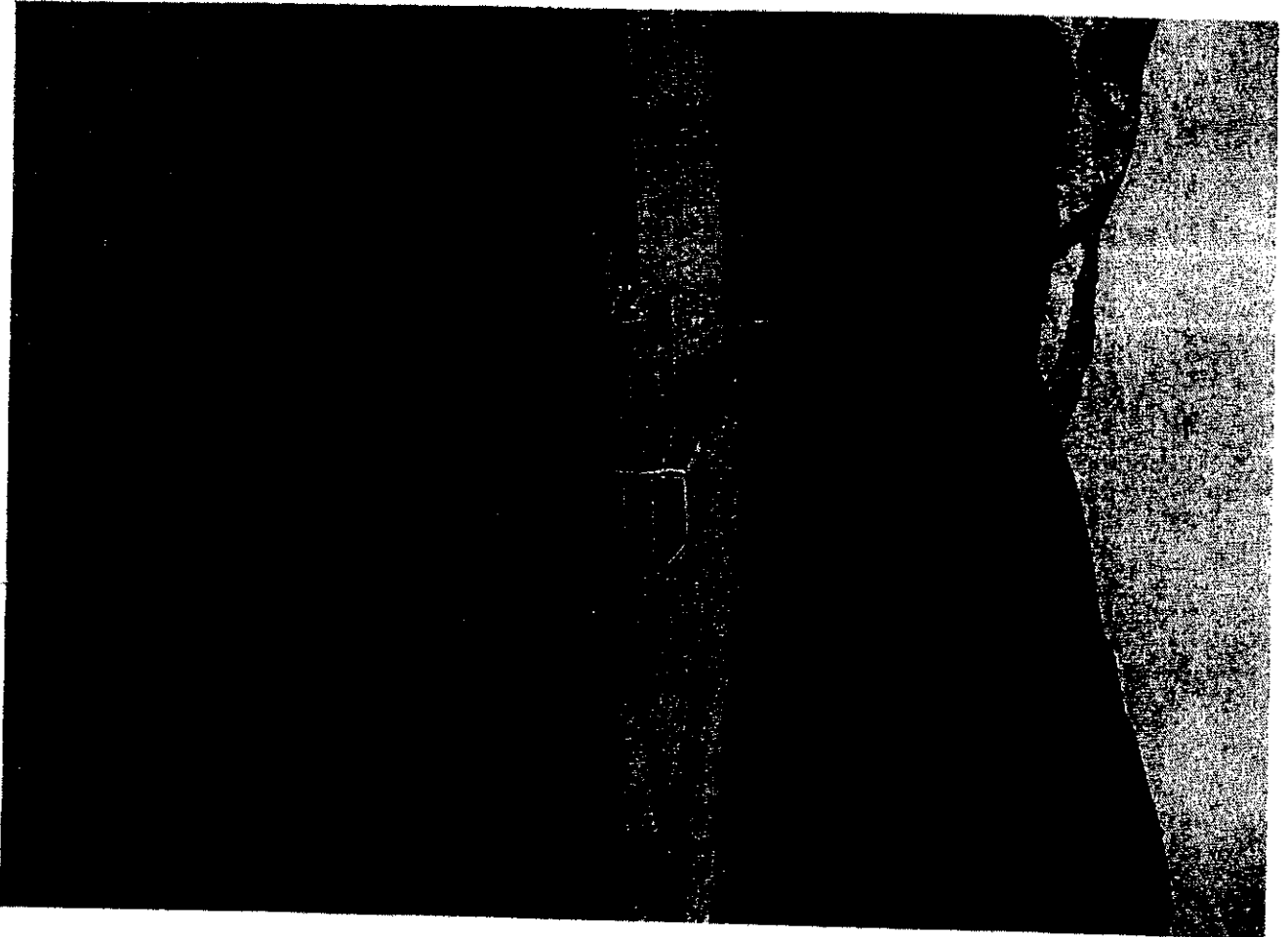


← Septic Tank

→ Dose Chamber

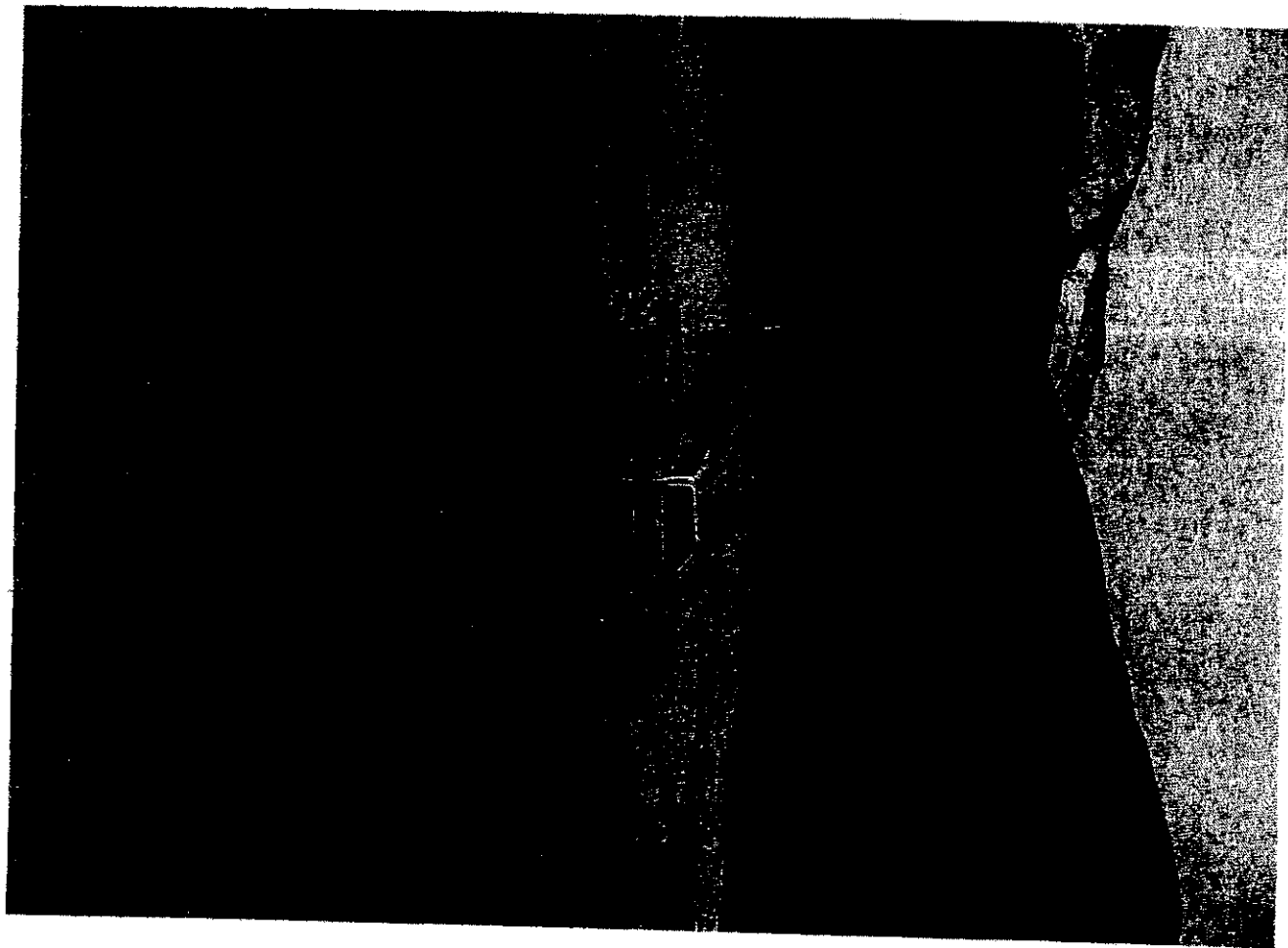
Transport 20 ADPE

kg of omifires 2' o.c.



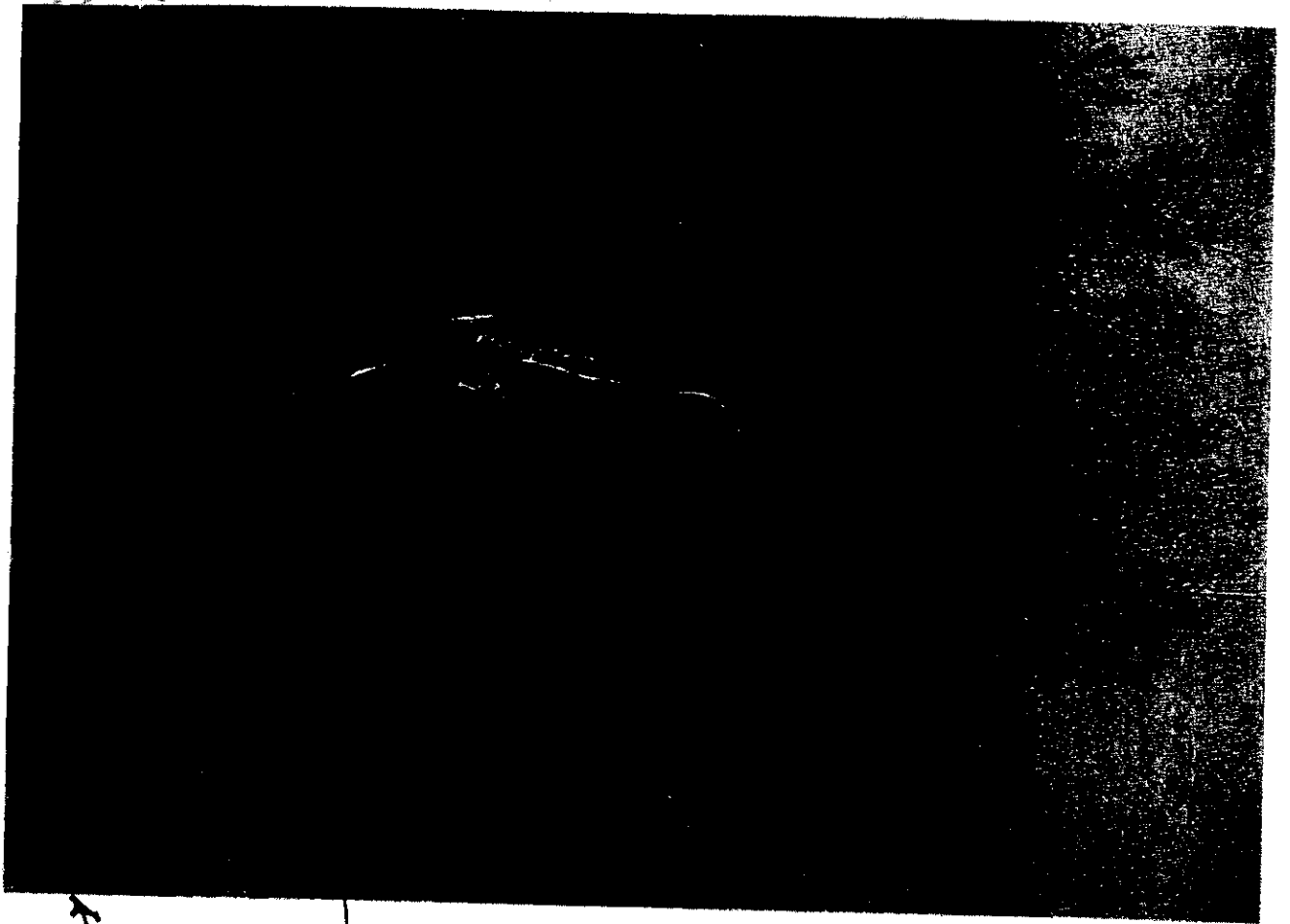
Transport 2nd ADPE

kg of on-fires 2' o.c.









← Septic Tank

→ Dose Chamber