~~4th~~ ~~1st~~ ~~1st~~ ~~1st~~ 2908

ACT	EHS	Date	TT	IT

SEWAGE SYSTEM INSTALLATION PERMIT

Environmental Health Division

- [X] Single Family
- [ ] Commercial
- [ ] Multiple Family
- [ ] Other _____

- [X] New
- [ ] Replacement

CDP # 150481

FOR OFFICE USE ONLY

Permit No.	Receipt No
150481	230058
Date of Receipt	Received By
10-19-00	P

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

Name: Harris Construction CO.	Daytime Phone: 853-9101	Property Address: Street 700 E. Clearvue Dr. City Meridian ID 83642	
Mailing Address: 9175 W. State Str		Acres: 4.53	# Bedrooms: 5 — [X] Crawl Space [ ] Split Level [ ] Basement [ ] Slab
City: Boise / State: ID. / Zip: 83703	1/4 / 1/4 / Section / Township / Range		
Agent's Name	Daytime Phone	Lot: 5 / Block: 6	Subdivision: Clearvue Est.

Sewer within 1000 ft. Yes [ ] No [X]

Water Supply Public [ ] Private [X] Other [ ]

Applicant's / Agent's Signature: I hereby certify that the system will be installed as per the rules and hereby authorize the health authority access to this property for purposes of inspecting this sewage system until final approval of this system has been granted by the health authority.

X [signature] Date 10 / 31 / 00

SEWAGE SYSTEM MINIMUM SPECIFICATIONS

Installation shall comply with all requirements of Health District and/or State of Idaho Sewage Disposal Rules, Regulations, and Standards

Tank Size (Gal)	Disp. Sq. Ft.	**Max. Depth Below Ground	**Depth of Excavation	Disposal System Type	Dimensions
1250	583 GTS / 350 STD	4'	9½'	Gravelless (Vault)	2(6'x49') STD or 2(3'x69') GTS

All Wells ≥ 100ft.	Stream, Lake, Ditch, Canal etc.
Ⓨ / N	50' from scarp

Issued by 40 025 [signature] EHS

Date / /

Approved Plot Plan Submitted Ⓨ / N

COMMENTS: Overcut N-S access in loose silty sand + gravel at 9½' + backfill to 4' with ASTM-33 sand + install. If GTS is used 21 domes are required.

[ ] Applicant's / Agents Signature
[ ] Refer to Application for Signature

X [signature]

Date 10 / 31 / 00

** Maximum depth of system and excavation is from original grade.

OFFICIAL USE

T-Code 232
Type System B
Soil Type B1
G. water NA
Time of Year
Bedrock Depth NA
Bedrock Type S L O
Rock outcrop Y Ⓝ
Applicant L Ⓘ I
On-site conducted Ⓨ / N
Approved Ⓨ / N
EHS 40 025

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INSPECTION

The Health Department shall be Notified of Installation 48 hours prior to installation

Septic Tank Size (Gal)	Standpipe / Marker	Manhole Depth	Depth Below Ground	Disposal Area
1500 BUC	Ⓨ / N 12" / Ⓨ / N	10" Ft.	4' Ft.	900 Sq. Ft.

Minimum Distances as per Regulations	Installer Name	Installer permit No.	Average Depth to top of System
[X] Yes [ ] No	Kevin Spicer	12158	3' Ft.

INSPECTION: [ ] Installation in Compliance [ ] Fails to Comply

SELF-INSPECTION: [X] Form indicates Compliance [ ] Fails to Comply

Inspected by: [signature] EHS EHS 40 025 / Reviewed by 40 063 Date 6 / 8 / 01

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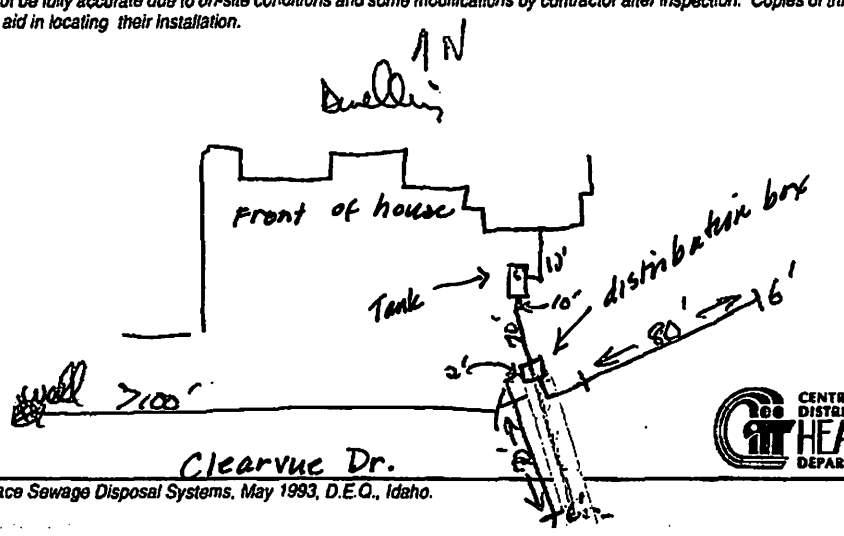
DIAGRAM

Note: As Built diagram distances may not be fully accurate due to on-site conditions and some modifications by contractor after inspection. Copies of this report are provided as a convenience to the homeowner to aid in locating their installation.



CENTRAL DISTRICT HEALTH DEPARTMENT

* Regulations for Individual and Subsurface Sewage Disposal Systems, May 1993, D.E.Q., Idaho.

5640-4 REV. 2/97 Dc