

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

Activity Code: 01

4/99

Travel Time:

Inspection Time 15

INSPECTION CONDUCTED FOR: Name Mike ARTEA

Permit No 3001073

LOCATION OF INSPECTION: Street Address 204 GALENA

City Leadore 83464

Legal Description: 1/4 Section 33 Township 16N Range 26E

Subdivision: Leadore Town Site

Lot 1-5 Block 7

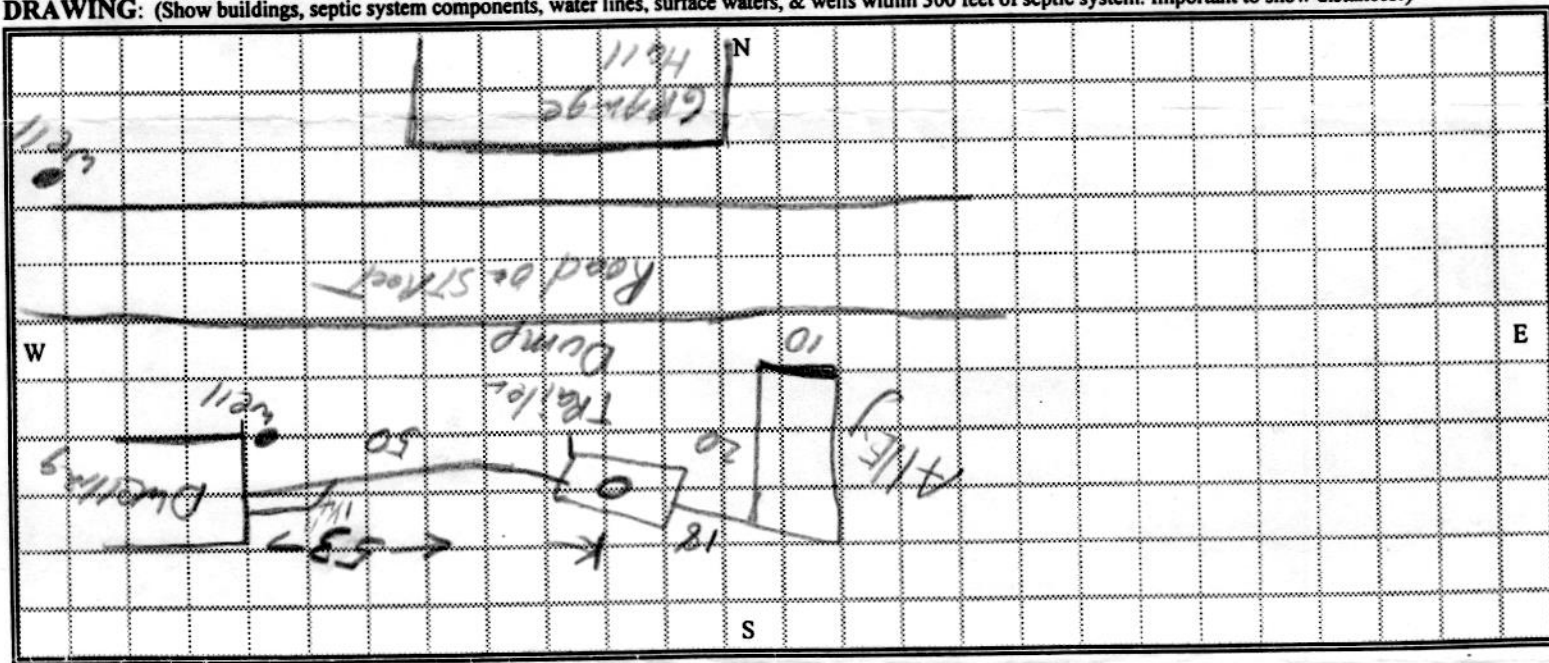
SEPTIC TANK INSPECTION

- 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. 24 feet

SUBSURFACE DISPOSAL (DRAINFIELD) INSPECTION

- Type of Disposal System installed Bed Meets permit requirements? ☒ Yes ☐ No ☐ N/A
- Disposal Area Size 200 SF 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 3 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 Scott Tyler License #: Date: 02-12-02

Installed by: Tyler Official Use Only

License #:

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

Comments:

INSPECTED/REVIEWED BY EHS: Shane Adams

09 DATE: 3/5/02

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: 233 Time: 15 MIN Permit No 3001-73
Receipt No _____

Permit Issued To: Name HARRY BOSELMAN % MIKE ARTETA Phone 768-2336

For Location: Address POB 93 204 GALENA City LEADORE Zip 83464

Legal Description: $\frac{1}{4}$ Section _____ Section 33 Township 16N Range 26E

Subdivision LEADORE TOWNSITE Lot 1-5 Block 7

SEPTIC TANK SPECIFICATIONS (minimums)

Size of Septic Tank: 900 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 X 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: * Feet DISPOSAL AREA SIZE: 200 Sq. Ft.
SOIL TYPE: A2 APPLICATION RATE: .75 gals/day/ft2
DISTANCE TO NEAREST SURFACE WATER (explanation): _____

SPECIAL CONDITIONS

PERMIT ISSUED UNDER VESTED RIGHTS POLICY. MAINTAIN SEPARATION OF SEPTIC TANK AND DRAINFIELD TO ALL WELLS. *DEPTH OF SYSTEM TO BE KEPT AS HIGH AS POSSIBLE.

mailed pink copy to owner -

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 on file* Date: 11/8/01

ISSUED BY EHS Stew Adams # 09 Date Issued: 11/8/01
Expiration Date: 11/8/02

Note Other requirements on reverse side of permit:

DISTRICT SEVEN HEALTH DEPARTMENT
APPLICATION FOR SEWAGE DISPOSAL PERMIT
SINGLE FAMILY RESIDENCES (This is not a permit to install)

11/6/01 \$90
Receipt # 36777
Permit # 3001-73

Owner of system: Harry Basefman (Mike Arteta) ^{CO} Phone # 768-2336
Mailing Address of Owner: P.O. Box 93 City: Leadore Zip: 83464

Location of actual system:

Legal Description: 1/4 Section. _____ Section 33 Township 16 Range 26E
Parcel Number: _____
Subdivision Name if applicable: Leadore town site Lot 1-5 Block 7
Address: 204 GA/ING City Leadore Zip 83464

Directions to property: silver & Bar 1 Block South OFF Hwy 28
on left

Lot Size: city lots acres. Water Supply: Private Well (☒) Shared Well () Public System ()

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

Wastewater Flow Information:

Maximum number of potential bedrooms 1

Will home have basement with bathroom, laundry or other plumbing for disposal of wastes? Yes ☐ No (☒)

Proposed Disposal System:

Standard Systems: Trench () Gravelless Dome () Extra Drainrock Trench () Absorption Bed (☒) Seepage Pit () *Note* If a standard system cannot be installed, an alternative system may be permitted.

Basic Alternative System: Capping Fill Trench () Gray Water Sump () Steep Slope () Incinerator Toilet () Pit Privy () Vault Privy ()

Complex Alternative System: Evapotranspiration () Experimental () Extended Treatment Package () In-Trench Sand Filter () Large Soil Absorption System () Lagoon () Pressure Distribution () Sand Filter- Intermittent () Sand Filter-Recirculating () Sand Mound () Two Cell Infiltrative () *Note* Current rules require you hire a septic installer that has a complex installer license to install complex systems. A homeowner or a licensed standard installer 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.

I am the: Homeowner (☒) Owner's authorized representative: Installer () license number _____ Contractor ()

I hereby authorize access to this property for the purpose of conducting an on-site evaluation. I understand it is necessary to have one of the following present during the evaluation: Homeowner, Installer or Contractor.

Signed By: X Mike Arteta

Date: 11-5-01

ON-SITE EVALUATION ON REVERSE SIDE

ON-SITE EVALUATION

Date(s) On-Site Evaluations Conducted.

11/5/01 11/7/01 1/1

Travel Time associated with evaluations

120

Inspection Time associated with evaluations

30

CURRENT LAND USE: Home

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.

7 feet

Predominant soil type observed.

no

Bedrock encountered.

no

Any ground water encountered.

no

Other concerns.

Grand Father

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

Depth to nearest Groundwater. 18 feet 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 80'

Nearest neighbor's well ☒ Yes ☐ No

Water Distribution lines

☒ Yes ☐ No

Downslope Cut or Scarp ☒ Yes ☐ No

Temporary Surface Waters

☒ Yes ☐ No

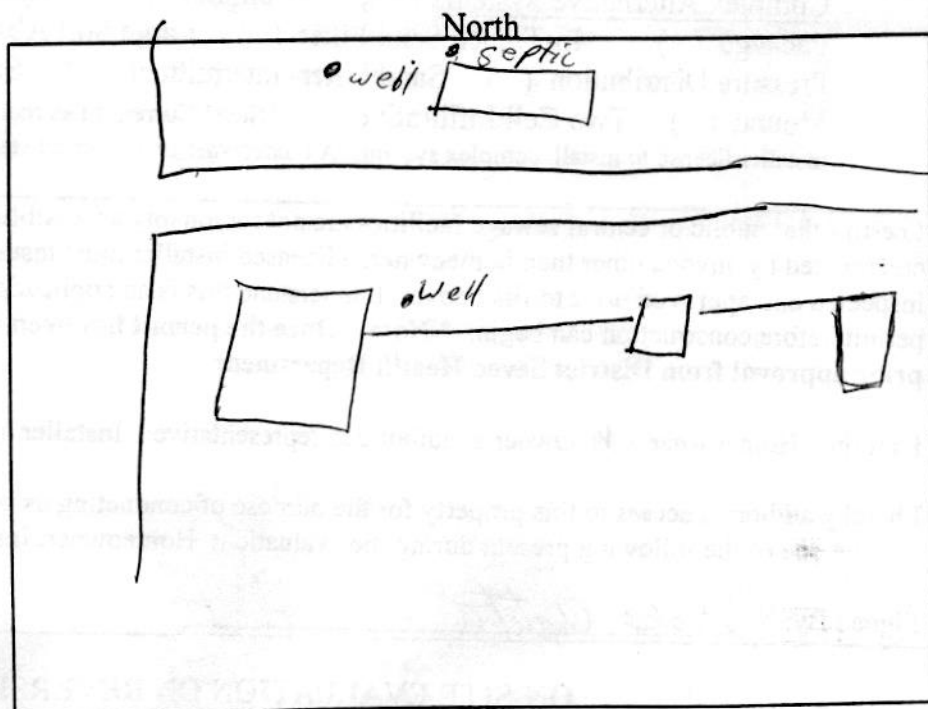
Property lines. ☒ Yes ☐ No

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: Replacement System

To move Farther Away From
Well + Replace metal
tank Because drain field
quite



By EHS.

SA

Mike ARTETA

Fifty Feet From
Corner of house
And Clearout to
Edge of Tank

53 Feet to Center
of Tank or Man hole

50'

50'

Pipe
in a small
curve

1 1/4 Line
From Kitchen
Spliced in to Sewer
Ten Feet out

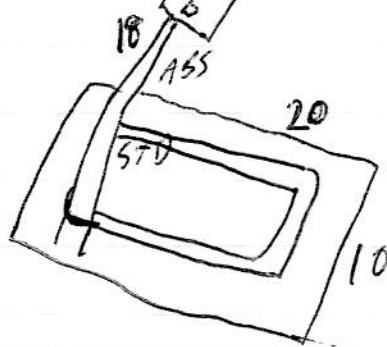
well
120 Feet

GARAGE
Wood shed
Basement
house
Shed

2 1/2
Feet
Deep
to
Tank

Right Art
Tank
Trailer
Dump

First
Street



Alley

Dallie Tank

STRAW over Drain Field

3 Foot Deep to Drain Field

District 7 Health Department

ENVIRONMENTAL HEALTH SECTION

BONNEVILLE
254 W E Street
Idaho Falls ID 83402-3597
208-523-5382
FAX: 208-525-7063

CUSTER/LENGHI
104 S Daisy (PO Box 280)
Salmon ID 83467-0280
208-756-2122
FAX: 208-756-6600

FREMONT
45 S 2nd W
St Anthony, ID 83445
208-624-7585
FAX: 208-624-0954

CHARK/JEFFERSON
380 Community Ln PO Box 508
Rigby ID 83442-0508
208-745-7297
FAX: 208-745-8151

MADISON/TETON COUNTY OFFICE
314 N 3rd E
Rexburg ID 83440
208-356-3239
FAX: 208-356-4496

SEPTIC PERMIT INFORMATION SHEET

FEES:

\$150.00	New system.
\$ 10.00	Each additional hookup to a new system.
\$ 90.00	Replacement system.
\$ 60.00	Site Evaluations. Evaluation of property when permit is not requested (i.e., for potential buying of property). The fee may be applied to the cost of a permit if applicant who paid for the evaluation is the same requesting a new system permit. Such requests are only valid for one year from date of site evaluation.

PROCESS:

1. **Submit application for permit:** Obtain and completely fill out application, including a plot plan. Applications cannot be processed without payment of fee. No payments can be taken in the field.
2. **Schedule site evaluation:** Environmental Health Specialist must go on-site in order to evaluate the application and to assess the situation before issuing the permit. (A representative must meet the EHS at the site to answer any questions.) (Test holes may be required to determine soil type, limiting layer, or water level, etc.) Plan on a minimum of two to three working days for processing of application.
3. **Permit Issuance:** When permit is ready to issue, applicant will be called to come to the office to sign permit. The permit can be used to get building permit from Planning and Zoning. A copy of the permit should be given to licensed installer who will then be able to install system. (The permit is valid for one year only. It can be renewed prior to the anniversary date at an additional cost.)
4. **Construction of septic system:** When licensed installer has copy of permit, construction can begin anytime thereafter. System must be installed in accordance with issued permit. Any changes must be approved by District Seven Health Department.
5. **Final Inspection Necessary:** It is necessary to have the system inspected by an Environmental Health Specialist prior to covering in order to determine if system was installed in accordance with issued permit. It is the owner's or installer's responsibility to call for final inspection. Systems covered prior to final inspection will be required to be uncovered for final inspection.

THINGS TO REMEMBER:

1. Septic systems **MUST** be installed by a licensed installer. (List of installers can be obtained from your local district health department office). Home owners can only install their own septic system if it is a standard system.
2. No changes to the system specifications stated on the permit can be made without prior approval from District Seven Health Department.
3. Septic systems (tank and drainfield) **MUST BE INSPECTED PRIOR TO COVERING.**
4. If the system is not inspected prior to covering, the installer or owner will be asked to uncover the system for inspection. This may cause more expense as system may become damaged if disturbed.

SAVE TIME:

1. Avoid unnecessary delays by filling out the application form completely. Be sure to include a mailing address and phone number of the owners, and, if applicable, a phone number of the contact person (Builder and/or installer).
2. To avoid delays, please give District Seven Health Department plenty of notice for inspection.

I have received, read, and

understand the above information. Signed: Mike Aiteta

Date: 11-5-01