

**DISTRICT SEVEN HEALTH DEPARTMENT
APPLICATION FOR SEWAGE DISPOSAL PERMIT**

Permit # 300339
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: Norfolk 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 *SHH*

Date(s) On-Site Evaluations Conducted.
Travel Time associated with evaluation.
Inspection Time associated with evaluation.

7/18/03
45

9/28/04
45
15

1 1

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.)

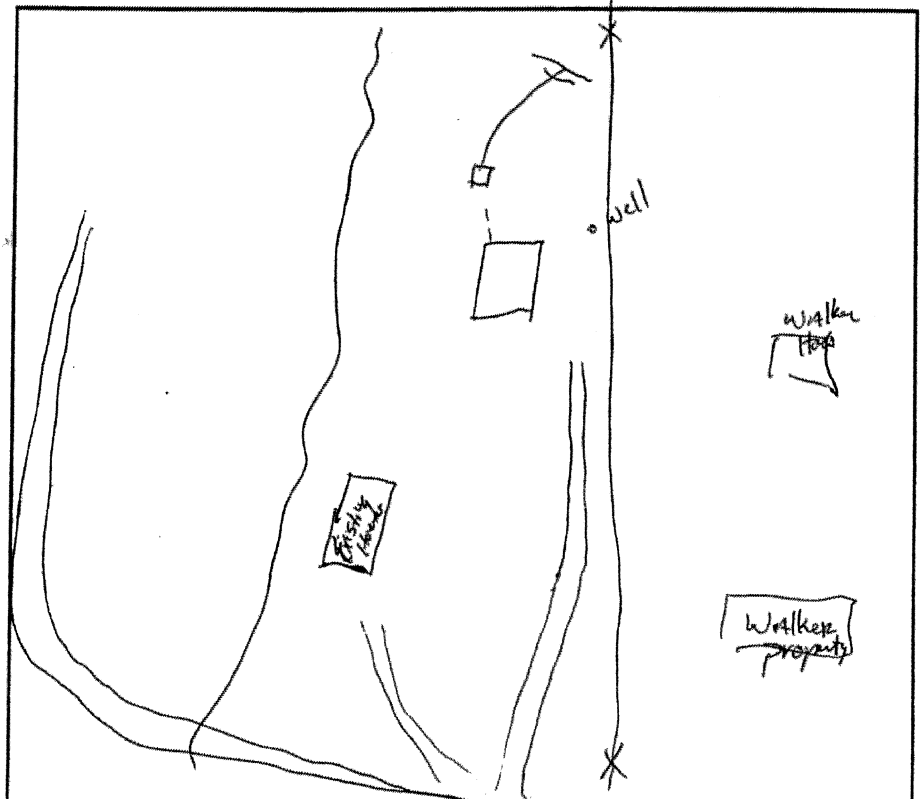
Comments:

No testhole

on 7/18. Using Walker

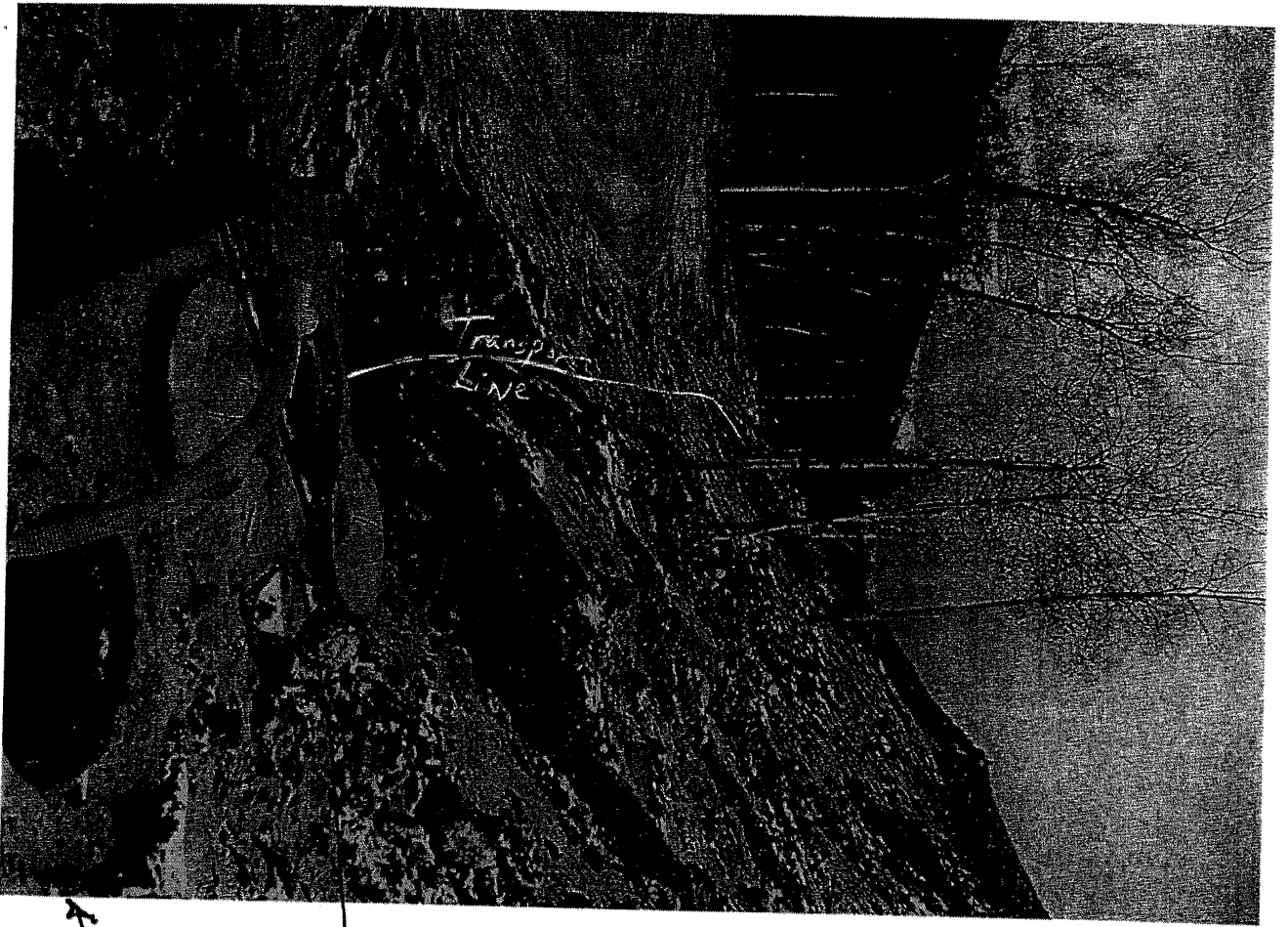
permit to base permit

on.



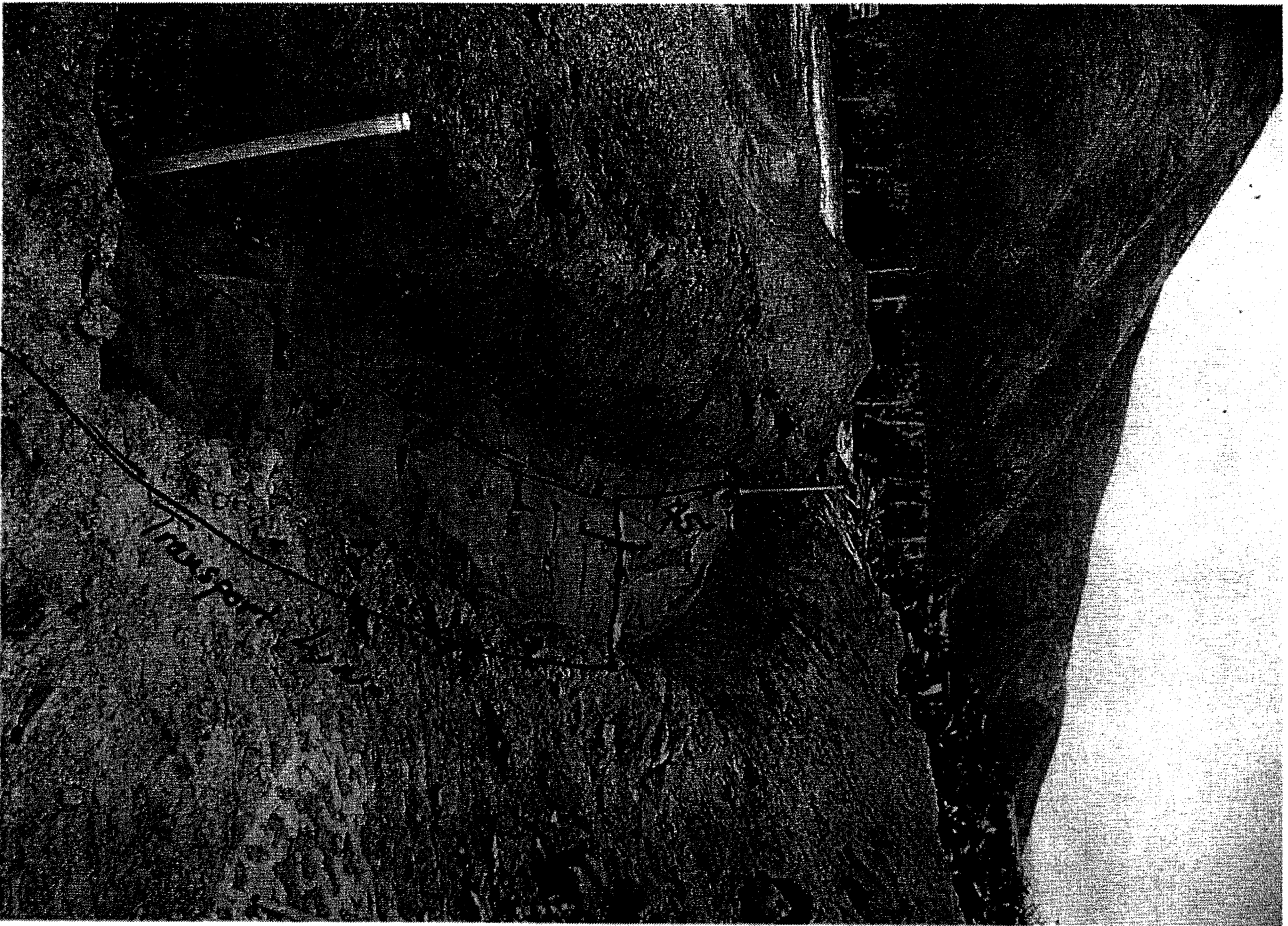
By EHS.

SHH

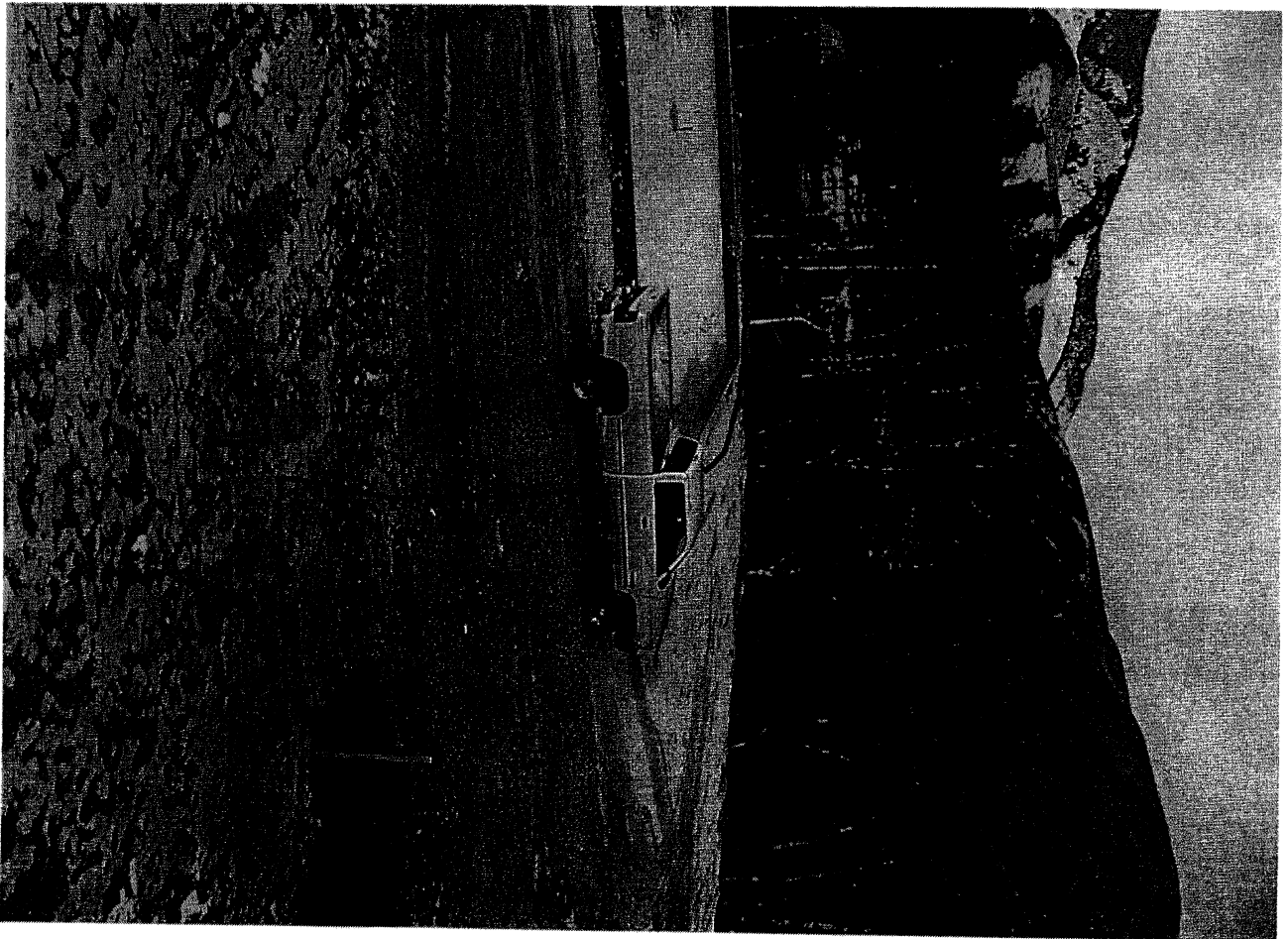


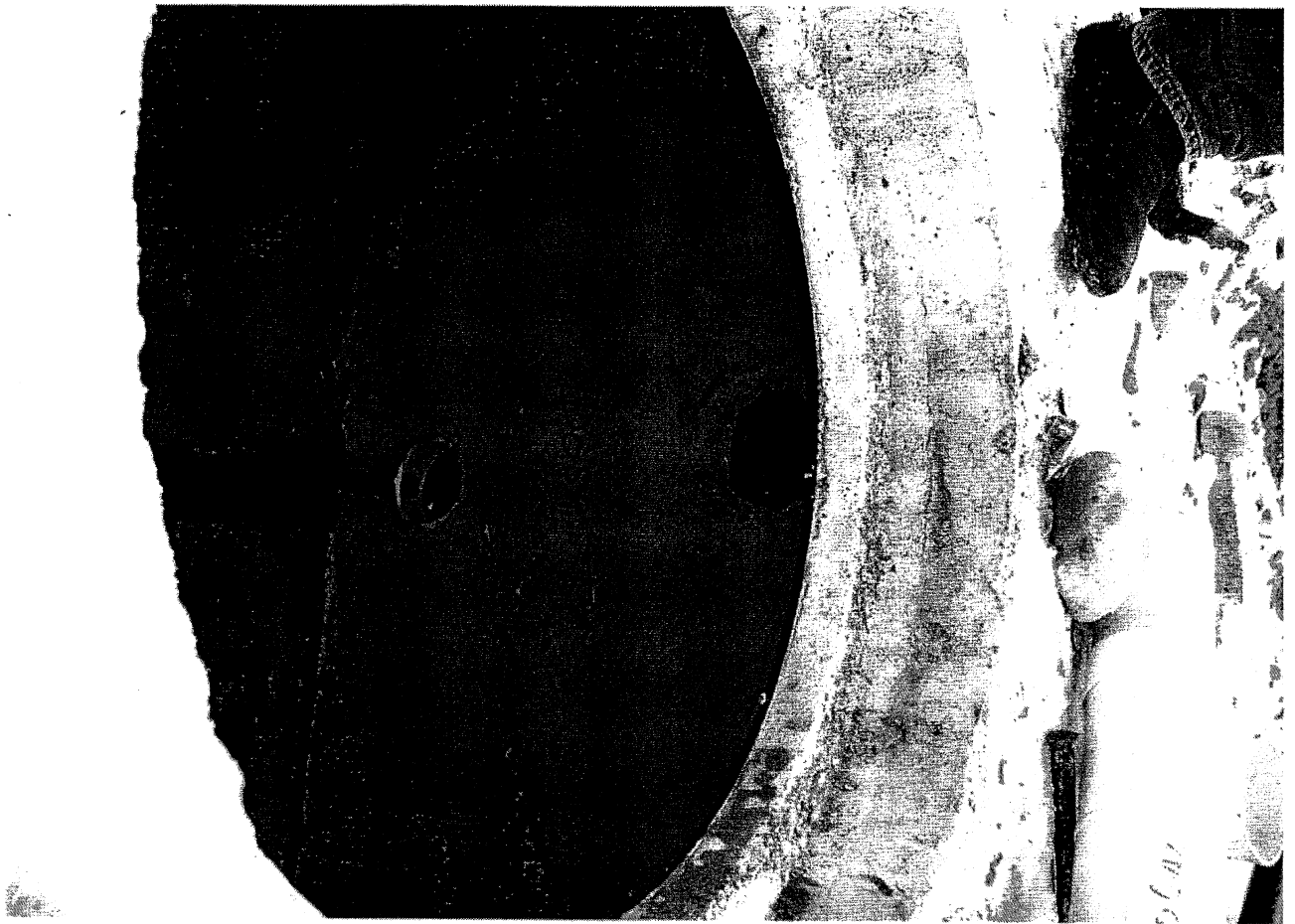
← Septic
Tank

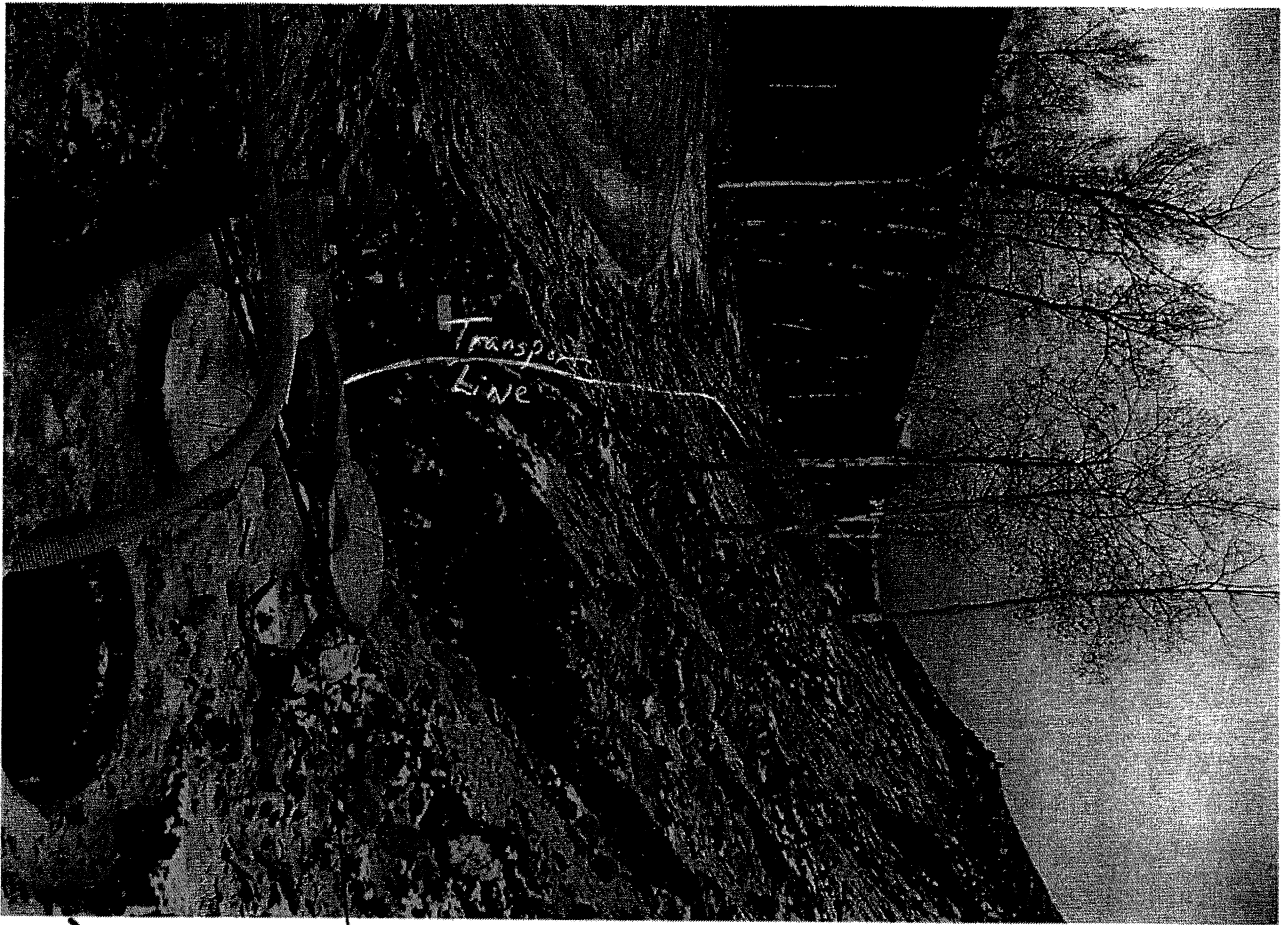
→ Dose
Chamber



kg 0 on fices 2' o.c.
 Transport 2" HDPE

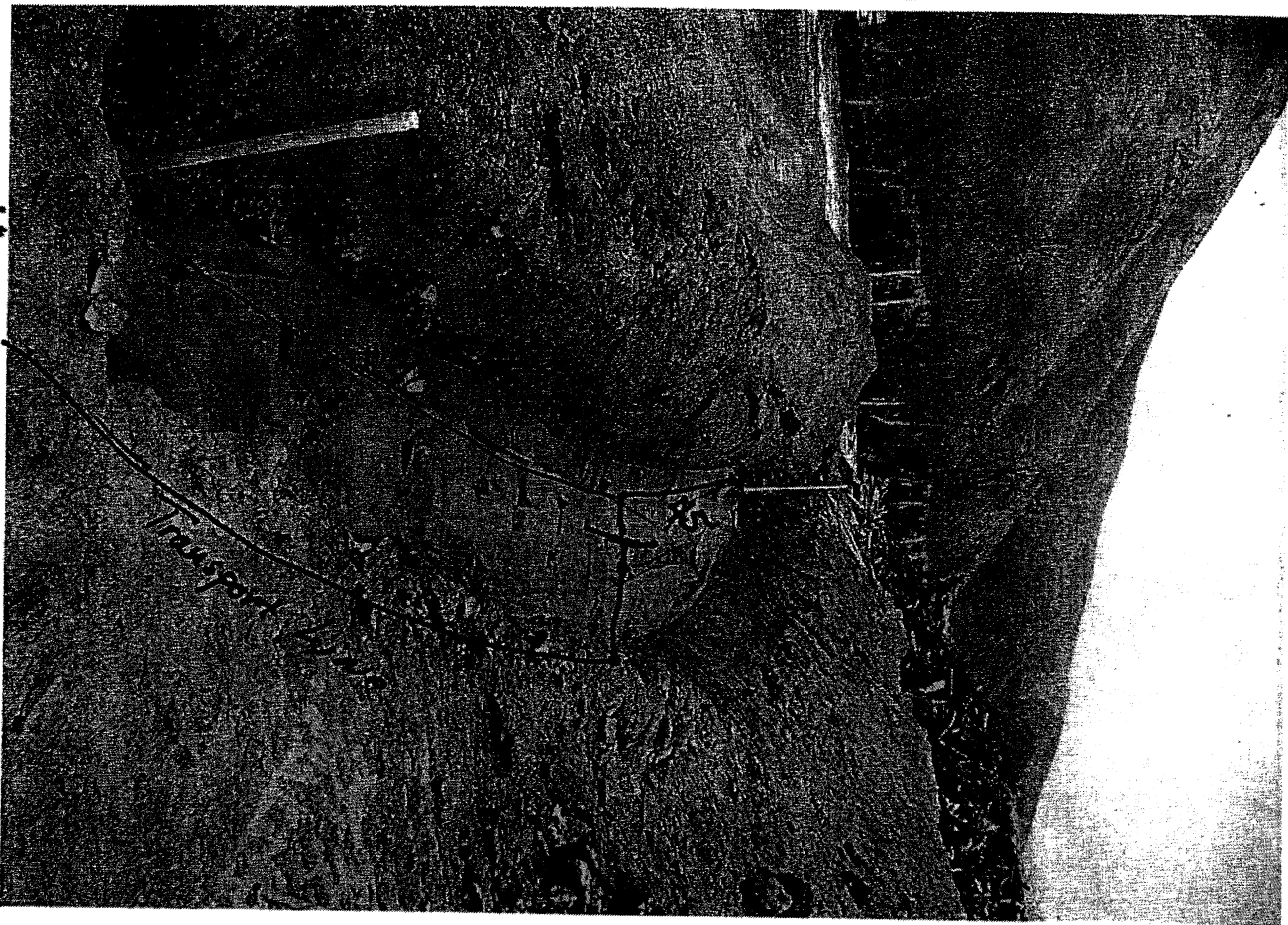




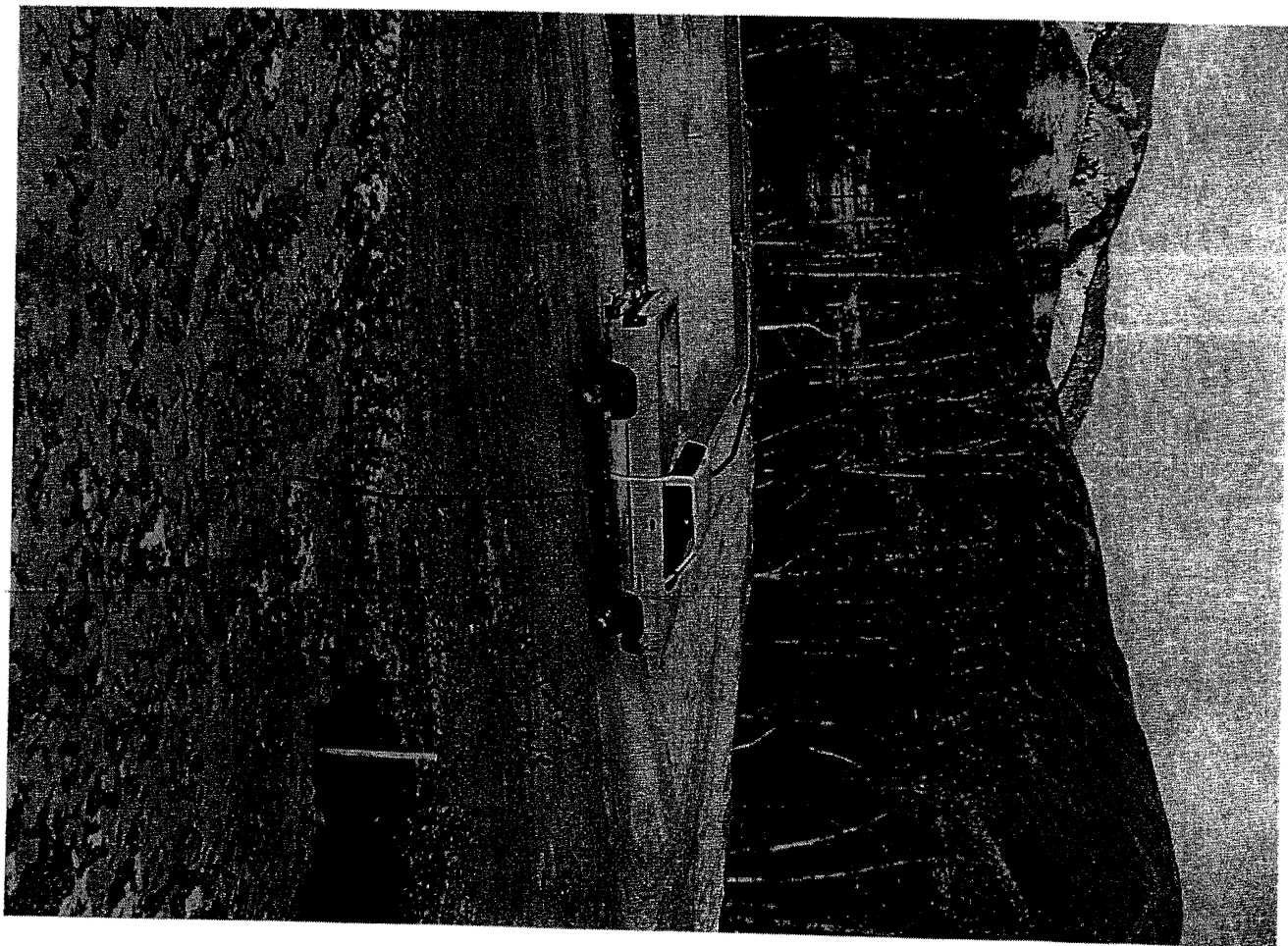


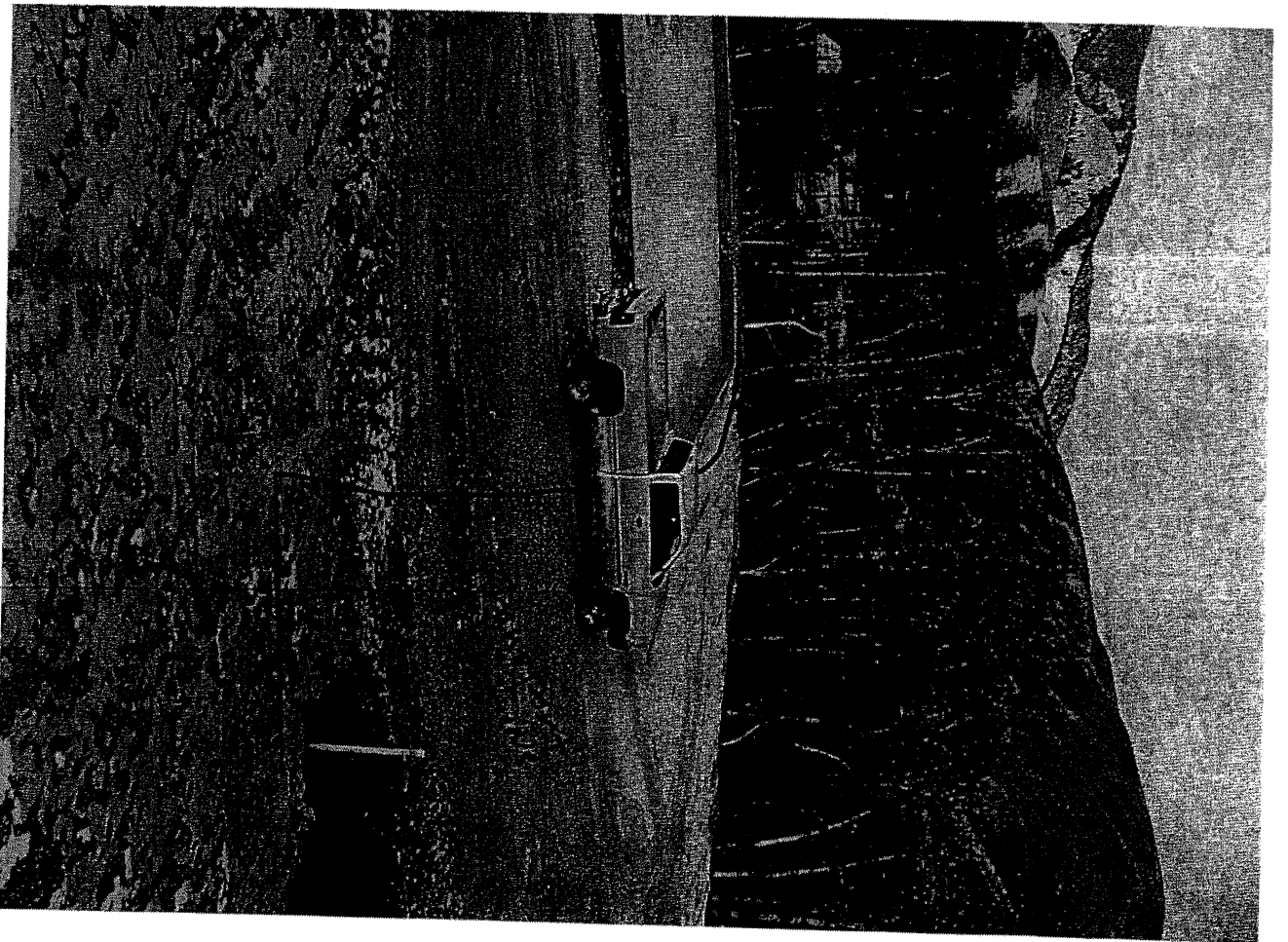
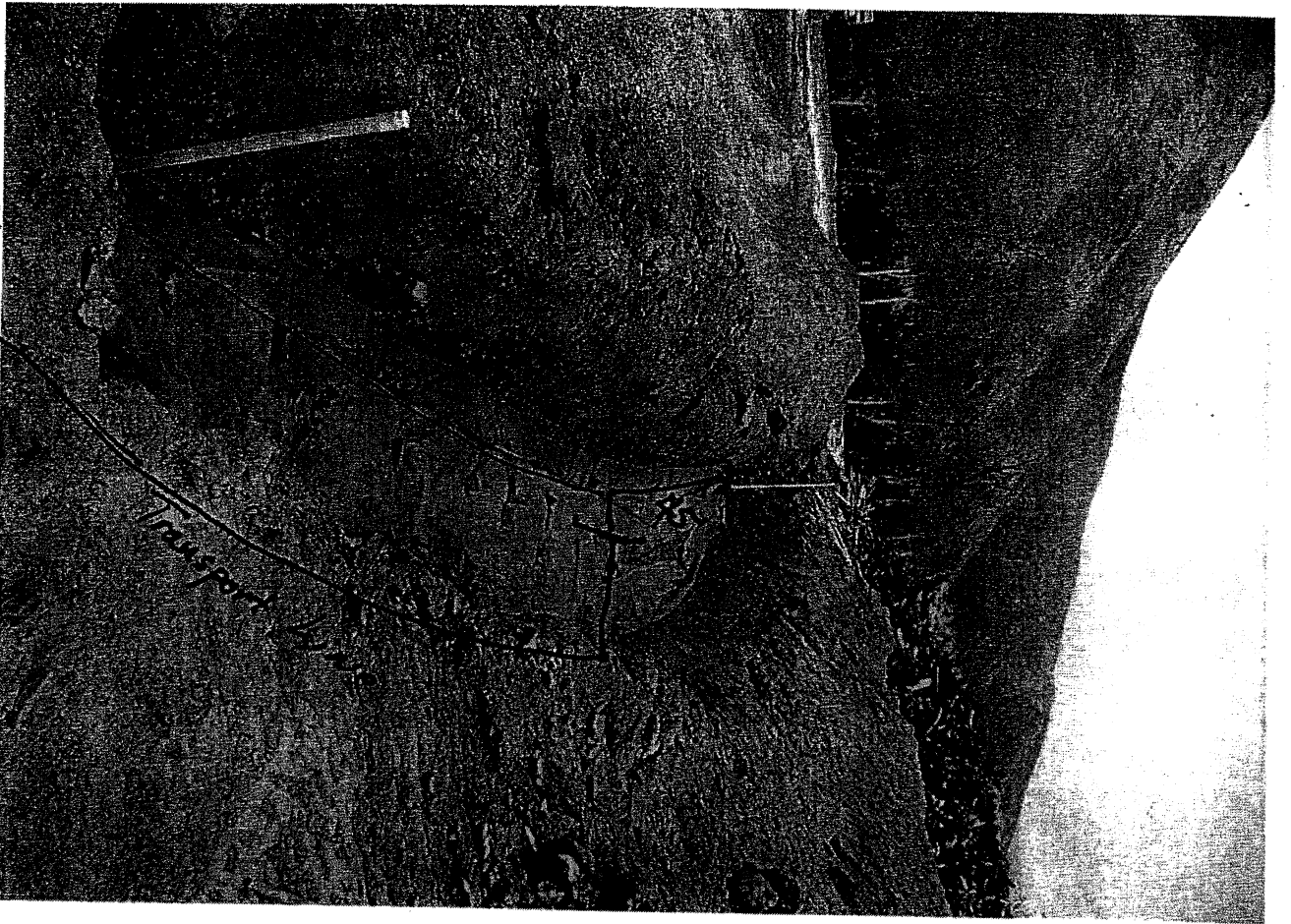
← Septic
Tank

→ Dose
Chamber

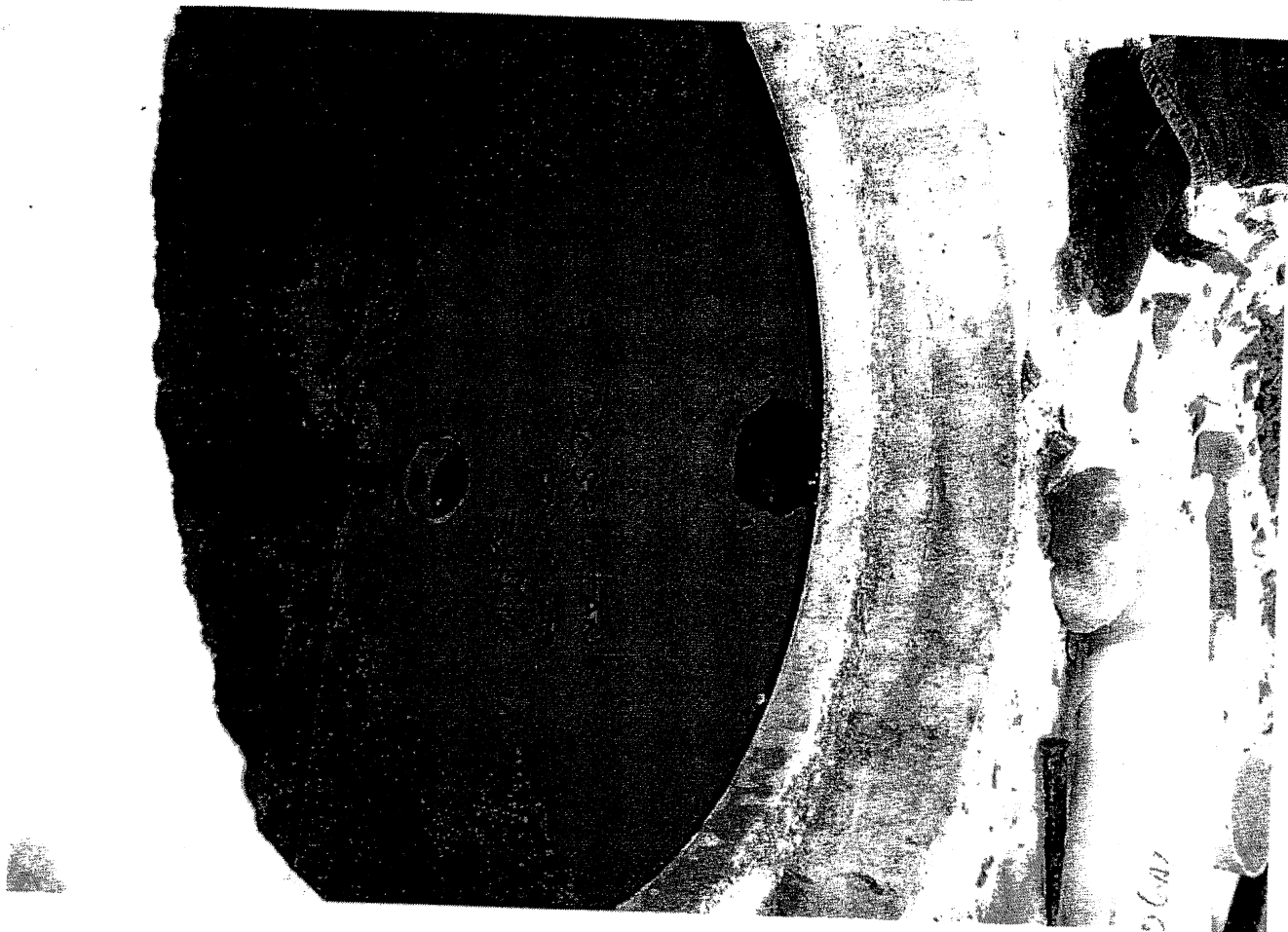


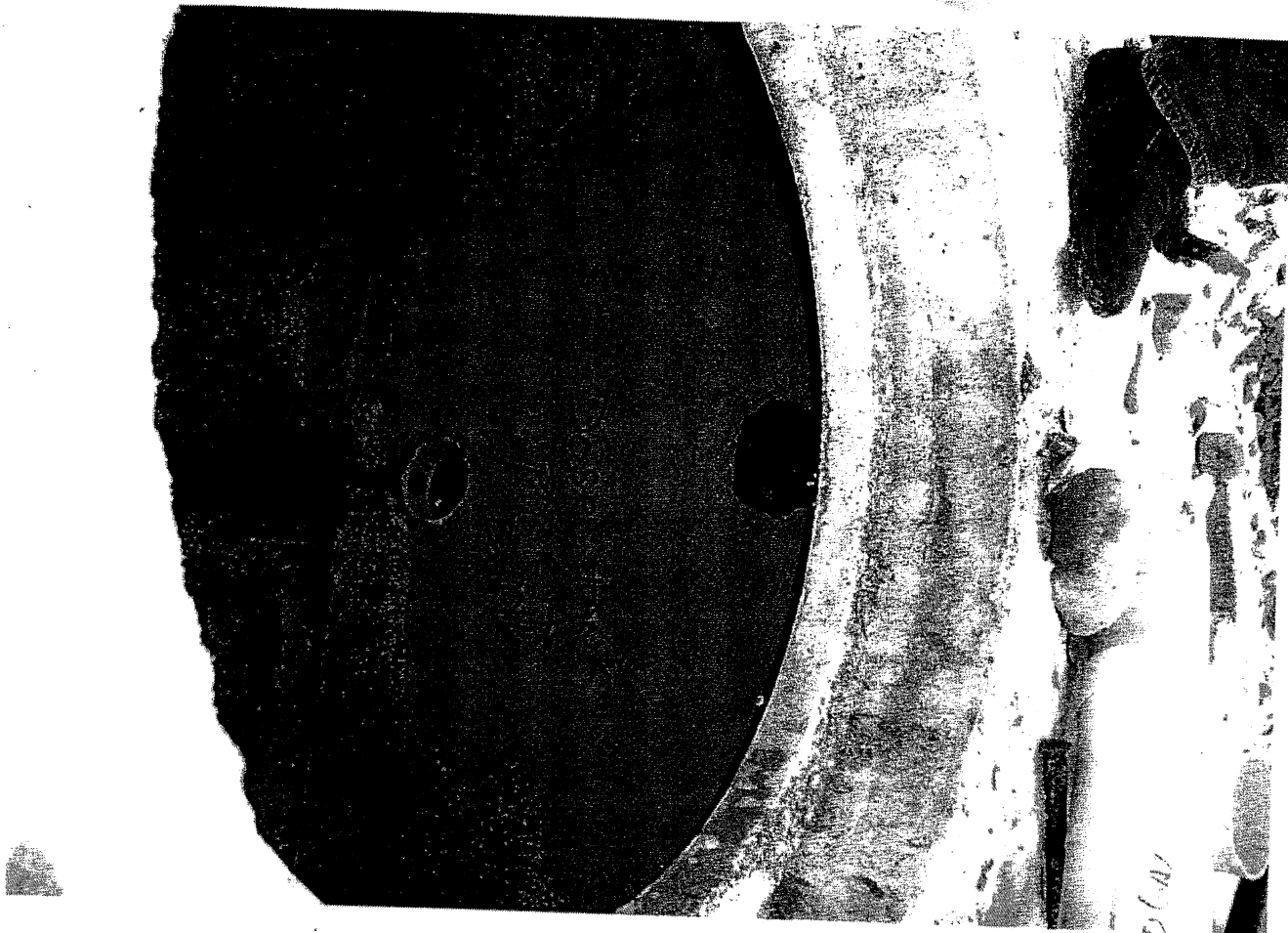
1st on file 2nd o.c.
 Transport 2nd HDP E

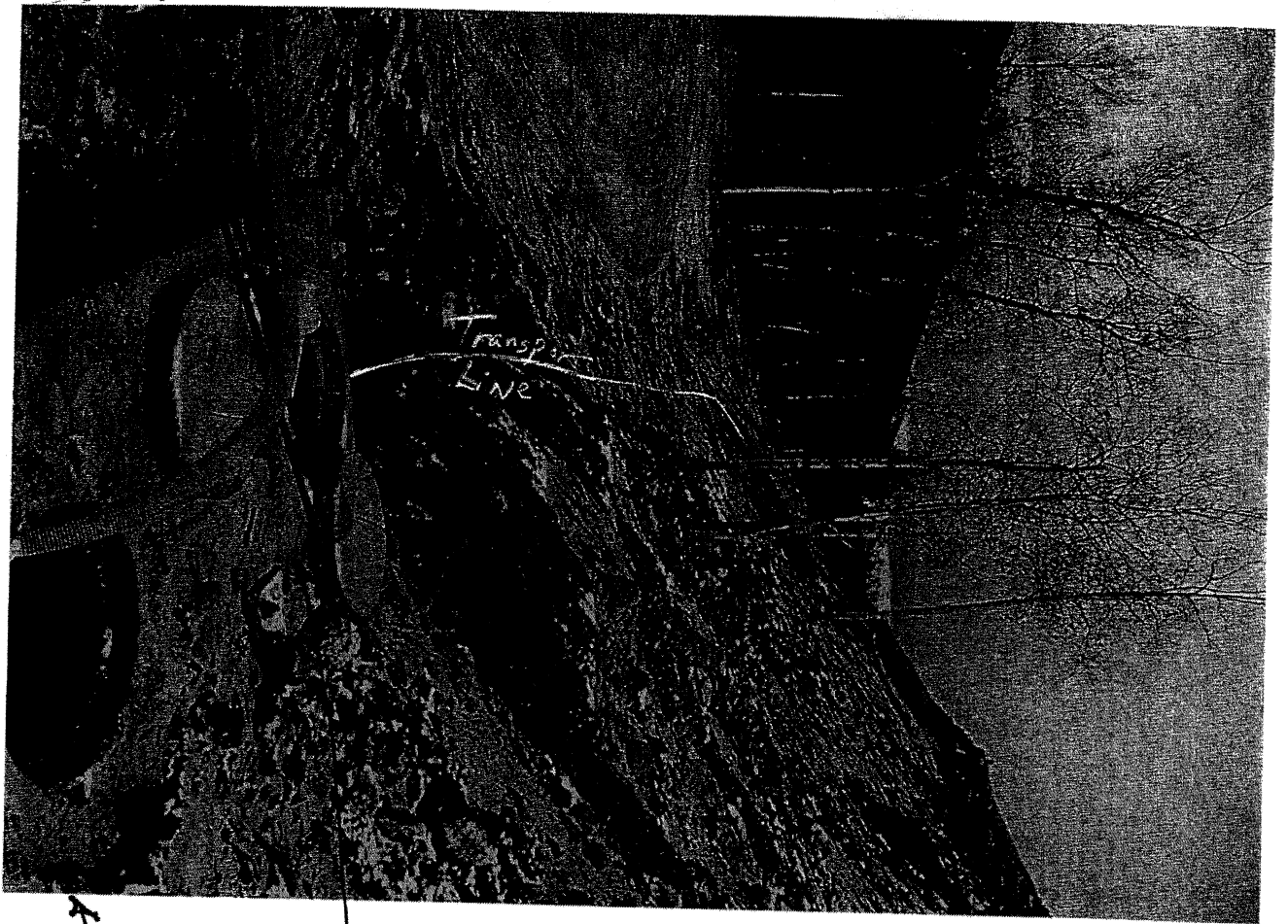




kg offices 2' o.c.
 Transport 2" ADPE







← Septic
Tank

→ Dose
Chamber

01/19/2017 15:44 EIPH Salmon

(FAX)2087566600

P.002/002



Eastern Idaho
Public Health
Prevent. Promote. Protect.

LEMHI COUNTY
801 Monroe
Salmon, ID 83457
OFFICE (208) 756-2123
FAX (208) 756-6600

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Requestor Name: DEBORAH ASHCUM FOR MOUNTAIN WEST REAL ESTATE
Address: 701 MAIN ST, SALMON, ID 83447
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: 6 CHERRY HILL LANE City: CARMEN Year Built: 2005

Legal Description: Township: 24N Range: 21E Section: 35

Subdivision name (If applicable): ROCK POINT

Div. #:

Lot: 1 Block: ---

Current and Previous Owners: STARKEY, DON L PREVIOUS - GILLET, RICHARD

Idaho State Code exempts certain documents from public disclosure. If the public records you are seeking to examine or copy are exempt from disclosure, you will be notified.

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.

Signature of Requestor (required)

7-17-18
Date

Email Address

deborahashcum@mtwestrealestate.com

(BELOW FOR EIPH USE ONLY)

Total # of copies made: _____

Total Copy Fee: \$ _____

Public Records provided by EH Staff

Agency custodian/observer

Date

MADISON COUNTY ONLY: Copy of Building Permit Floor Plan may be required.

☐ Septic Permit required