

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: 232 Time: 15 Permit No. [REDACTED]
Receipt No. [REDACTED]

Permit Issued To: Name [REDACTED] Phone [REDACTED]

For Location: Address [REDACTED] City Ashton Zip 83420
Legal Description: 1/4 Section _____ Section _____ Township [REDACTED] Range [REDACTED]
Subdivision [REDACTED] Lot [REDACTED] Block [REDACTED]

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, gravelless 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: 4 Feet DISPOSAL AREA SIZE: 556 Sq. Ft.
SOIL TYPE: B₂ APPLICATION RATE: .45 gals/day/ft²
DISTANCE TO NEAREST SURFACE WATER (explanation): _____

SPECIAL CONDITIONS

INSPECTION REQUIRED BEFORE COVER

With gravelless domes, 417 sq. ft. of disposal area is required to meet minimum disposal area size.

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.

I understand ALL documents submitted in the application package are considered part of the permit and are enforceable.

Applicant/Agent Signature X [Signature]

ISSUED BY EHS [Signature] # 32 Date Issued: 8/25/09
Expiration Date: 8/25/10

Other requirements on reverse side of permit