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. 1327-1 T-Code 232 Time: 15 MIN Permit No. 99-69
Receipt No.

Permit Issued To: Name JOHN ECKLESDAFER Phone 523-7719

For Location: Address 316 HARTERT DR. IDAHO FALLS 83404 City SHOUP Zip
PANTHER CREEK AT BIRCH CREEK

Legal Description: ¼ Section Section 10 Township 22N Range 18E

Subdivision Lot Block

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

SEWAGE DISPOSAL (DRAINFIELD) SPECIFICATIONS (minimums)

Type(s) of *Standard* Sewage Disposal System Permitted: Trench X Bed Pit Gravelless X
Basic Alternative Privy Steep Slope System Capping Fill X Extra Drain-rock Trench

Type(s) of *Complex Alternative* Disposal System Permitted: Sand Filter Intermittent Sand Filter Inurench
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: 1 Feet DISPOSAL AREA SIZE: 500 Sq. Ft. 400 SF
SOIL TYPE: B APPLICATION RATE: 5 gals/day/ft2
DISTANCE TO NEAREST SURFACE WATER (explanation): SYSTEM MUST BE AT LEAST 200 FT FROM THE NEAREST SURFACE WATER

SPECIAL CONDITIONS

MAXIMUM DEPTH BASED ON 5 FT DEPTH OF TESTHOLE. IF SOILS WITH DEPTHS OF 6 FT OR GREATER ARE FOUND, MAX. DEPTH WILL BE 7 FT.
Renew cont 8/25/00 - called 8/31/00 re: burn area asked for Landskys extension - D. gave it to him.

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 John J Ecklesdafer Date 9-1-99

ISSUED BY EHS Date Issued: 8/12/99
Expiration Date: 8/8/00

Note *Other requirements on reverse side of permit:* 10/30/01

90.00 - REPL

DISTRICT SEVEN HEALTH DEPARTMENT
SEWER APPLICATION

7/26/99
R# 3 6217

COUNTY 30 Shaded Area - OFFICE USE ONLY FEE PAID Y N CDP #

ON-SITE CONDUCTED ( ) APP ( ) DISAPP
EHS # DATE
TRAVEL TIME ON SITE TIME

NAME	PHONE	MAILING ADDRESS STREET/P.O. BOX CITY STATE ZIP
John & Elizabeth Eckesdafer	208 523-7719	316 Harriet Dr. Idaho Falls ID 83404

PROPERTY ADDRESS STREET CITY ZIP	ORIGINAL OWNER'S NAME / LOT SIZE (ACRES)

LEGAL DESCRIPTION: TOWNSHIP 22 N RANGE 18 East SECTION 10811 1/4 SECTION unsurveyed
SUBDIVISION LOT # BLOCK #

BRIEF DIRECTIONS TO PROPERTY: 6.5 Miles from confluent of Panther Ck & Salmon River on USFS Rd #55 To New bridge entrance to property. See enclosed Map.

TYPE OF USE	# BEDROOMS	TYPE OF INSTALLATION	WATER SUPPLY	PROPOSED DISPOSAL SYSTEM
(X) SINGLE FAMILY	3	WOOD	(X) PRIVATE	(X) DRAINFIELD ( ) PIT
( ) MULTIPLE FAMILY	# EMPLOYEES	(X) NEW		( ) ABSORPTION BED
( ) COMMERCIAL*	Retired	( ) REPLACEMENT	( ) PUBLIC	( ) BASIC ALTERNATIVE
( ) OTHER*			SYSTEM NAME	( ) COMPLEX ALTERNATIVE

*Additional information may be needed

*IF COMMERCIAL/OTHER EXPLAIN

PLEASE COMPLETE THE GEOLOGICAL INFORMATION Approx.

HIGHEST NORMAL GROUNDWATER DEPTH 100 FT. DEPTH TO BEDROCK 100+ ROCK OUTCROPS ( ) YES (X) NO

DESCRIBE SOIL (AT PROPOSED DEPTH OF DRAINFIELD) ( ) HILLSIDE (X) FLAT
silt + loam with float rock + boulders NEAREST: SURFACE WATER 400 ft WELL None SEPTIC None

The information provided on this application is accurate to the best of my knowledge. I understand that any false statements may result in disapproval of this permit. If this subsurface sewage disposal installation is constructed by anyone other than the home/landowner or a licensed septic installer, the installation will not be inspected or approved. Section 1-3006.01 - 1-3007.01.

I am the: Landowner X Licensed Septic Installer Mr. Robert Stoddard Building Contractor
Installer License #
Phone # 208 756 2956

I hereby authorize the health authority to have access to this property for the purpose of performing the requested services and I certify that all the above information is accurate.

APPLICANT SIGNATURE John & Elizabeth Eckesdafer DATE 7-26-99

SEE BACK FOR FURTHER INSTRUCTIONS AND DIAGRAM OF PROPERTY
APPLICATION WILL NOT BE ACCEPTED W/O DIAGRAM ON BACK

REV March 9, 1995

DISTRICT SEVEN HEALTH DEPARTMENT
SEPTIC SYSTEM INSPECTION REPORT

Activity Code 01 4/99
Travel Time 2:45 Inspection Time 6:00

INSPECTION CONDUCTED FOR: Name JOHN ECKLESDAFER Permit No 99-69

LOCATION OF INSPECTION: Street Address 316 HARTORT DR. City IDAHO FALLS
Legal Description: ¼ Section ____ Section 10 Township 02N Range 38E
~~Subdivision:~~ PANTHER CK AT BIRCH CREEK ~~Lot~~ ____ ~~Block~~ ____

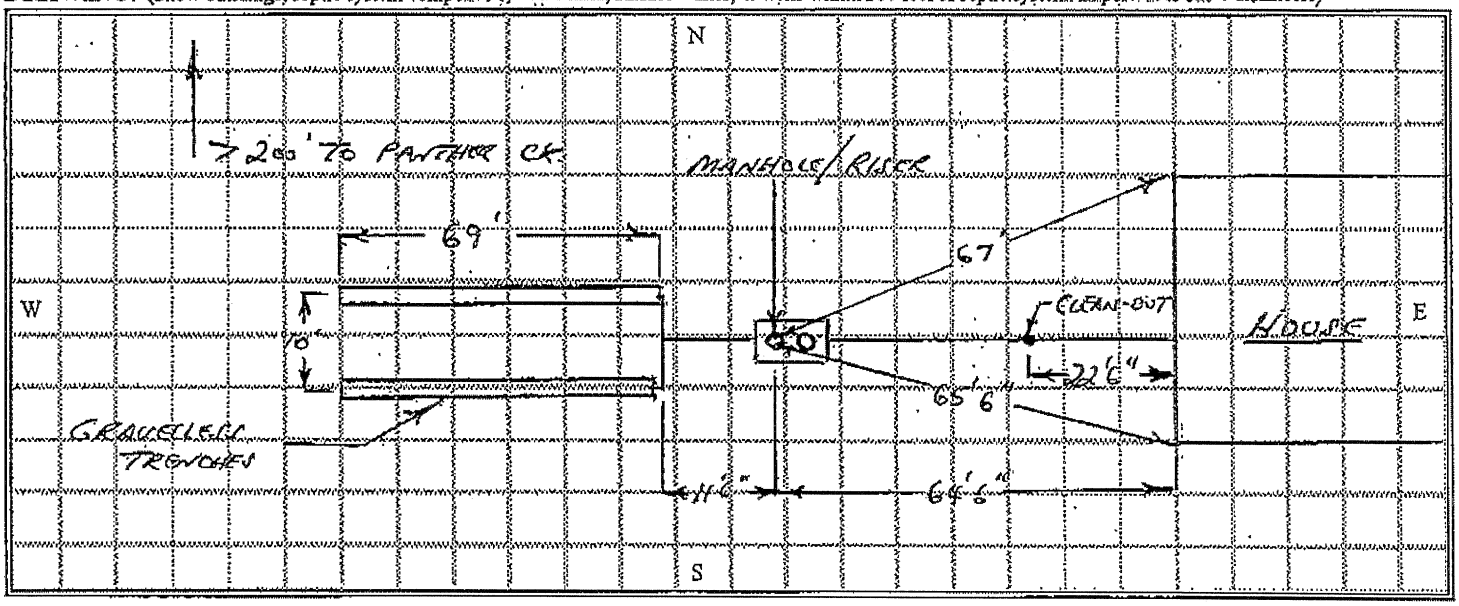
SEPTIC TANK INSPECTION

• 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, 18" feet (RISER ON 2ND MANHOLE)			

SUBSURFACE DISPOSAL (DRAINFIELD) INSPECTION

• Type of Disposal System installed GRAVELESS TRENCH Meets permit requirements?	(Yes)	No	N/A
• Disposal Area Size 396 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 4' 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 _____ License #: _____ Date: _____

Official Use Only

Installed by: OWNER License #: N/A

This System appears to:
1. Be in *Substantial Compliance* with permit and is approved. (Yes)
2. Have *Minor deficiencies* which could cause premature failure, but still in substantial compliance with Intent of Rules. Recommend that deficiencies be corrected, which would improve your system, but system is still approved. Yes
3. Have *Major deficiencies* which violate the Intent of Rules and must be corrected, system not approved. Yes

Comments: RECOMMEND INSULATING SOME ABOVE TRANSPORT PIPE. NO WATER AT TIME OF INSPECTION

INSPECTED/REVIEWED BY EHS: [signature] #: 12 DATE: 10/1/01