

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

1/2005

Travel Time: Inspection Time 15

INSPECTION CONDUCTED FOR: Name Jim Rieffenberger Permit No 3008-42
LOCATION OF INSPECTION: Street Address 7 Chief Tenney Rd City Tenney
Legal Description: 1/4 Section Section 28 Township 19N Range 24E
Subdivision: Lot Block

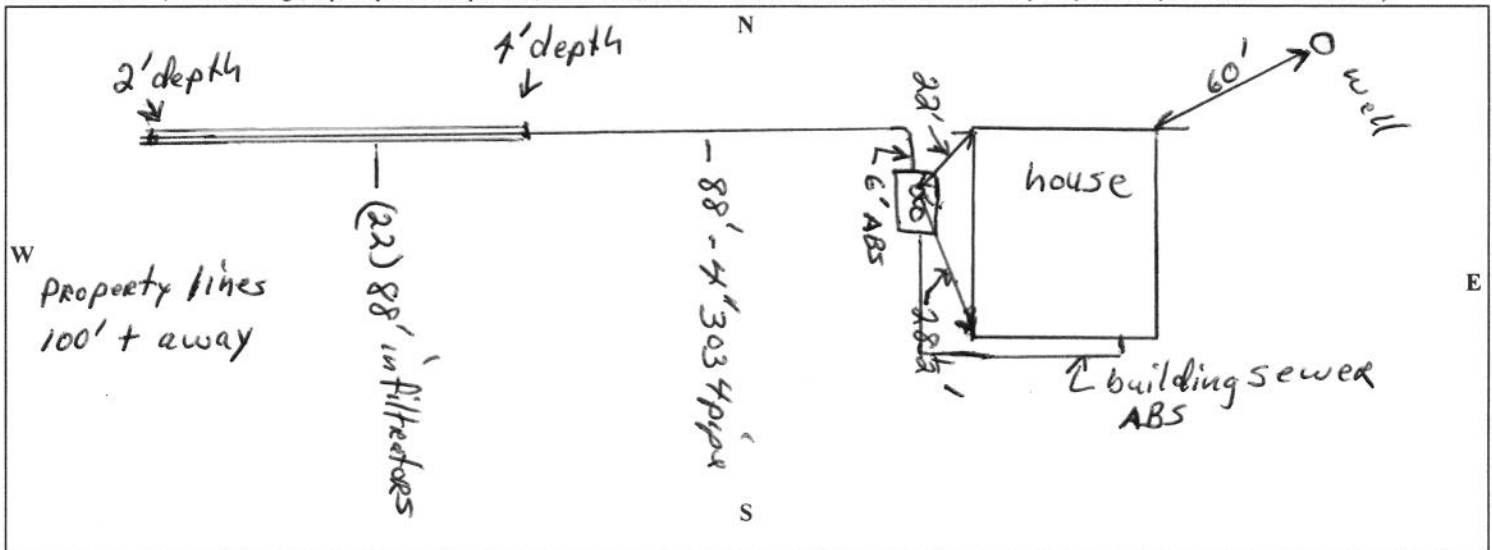
SEPTIC TANK INSPECTION

- Capacity Tank 1000 gallons. ATU 200 gpd. 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. 2 feet

SUBSURFACE DISPOSAL (DRAINFIELD) INSPECTION

- Type of Disposal System installed infiltrators Meets permit requirements? ☒ Yes No N/A
- Disposal Area Size ~~246~~ 333 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 Allen Ledbetter License #: 19898 Date: 8/6/08

Installed by: <u>Ledbetter</u>	Official Use Only	License #: <u>19898</u>
This System appears to:		
1. Be in <u>Substantial Compliance</u> with permit and is approved.		<input checked="" type="radio"/> Yes
2. Have <u>Minor deficiencies</u> 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*
3. Have <u>Major deficiencies</u> which violate the Intent of Rules and must be corrected, system not approved.		Yes*
*See Comments		
Comments <u> </u>		
INSPECTED/REVIEWED BY EHS: <u>Steve Adams</u> #: <u>89</u> DATE: <u>8/11/08</u>		









**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: 233 Time: 15 MIN Permit No 3008-42
Receipt No 88566-\$425

Permit Issued To: Name JIM RIEFFENBERGER Phone _____

For Location: Address BOX 94 City TENDROY Zip 83468

PHYSICAL: 7 CHIEF TENDROY ROAD

Legal Description: 1/4 Section Section 28 Township 19N Range 24E

Subdivision _____ Lot _____ Block _____

SEPTIC TANK SPECIFICATIONS (minimums)

Size of Septic Tank: 1,000 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

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: 333 Sq. Ft.

SOIL TYPE: B-1 APPLICATION RATE: 0.6 gals/day/ft²

DISTANCE TO NEAREST SURFACE WATER (explanation): _____

SPECIAL CONDITIONS

INSPECTION REQUIRED BEFORE COVER

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.

Applicant/Agent Signature X 

ISSUED BY EHS 

09

Date Issued: 7/31/08

Expiration Date: 7/31/09

Other requirements on reverse side of permit

1/2007

**EASTERN IDAHO PUBLIC HEALTH DISTRICT
APPLICATION FOR SEWAGE DISPOSAL PERMIT**

Permit # 3008-42

Receipt # 88564 Amt 425

Receipt # _____ Amt _____

SINGLE FAMILY RESIDENCES

(This is not a permit to install)

Owner of system: Jim Rittenburger

Phone # _____

Mailing Address of Owner: Box 94

(Current Address)

City: Tendoy St: Id Zip: 83468

Location of actual system:

Legal Description: 1/4 Section. _____ Section 28 Township 19 N Range 24 E

Subdivision Name if applicable: _____ Div. _____ Lot _____ Block _____

Address: 7 Chief Tendoy Rd City Tendoy Zip _____

Directions to property: _____

Lot Size: 10 acres. Water Supply: Private Well () Shared Well () Public System ()

Scaled or dimensional plot plan **REQUIRED!**

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

Wastewater Flow Information:

Maximum number of **POTENTIAL** bedrooms 2 **House plans REQUIRED!**

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

Will dwelling serve as a rental unit? Yes No

Proposed Disposal System:

Standard or Basic Alternative Systems:

Complex Alternative System:

Note Current rules require you to hire a septic installer that has a complex installer license 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 Eastern Idaho Public Health District.**

Is Home Owner Installing? _____

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.

Signed By: X Jim Rittenburger

Date: 7/2/08

PERMIT MAY BE RENEWED ONLY TWO (2) TIMES

6/1/2008

Eastern Idaho Public Health District

ENVIRONMENTAL HEALTH SECTION

BONNEVILLE
1250 Hollipark Dr
Idaho Falls ID 83401
208-523-5382
FAX: 208-528-0857

CUSTER/LEMHI
801 Monroe
Salmon ID 83467
208-756-2122
FAX: 208-756-6600

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

TETON
139 Valley Centre Dr
Driggs ID 83422
208-354-2220
FAX: 208-354-2224

JEFFERSON/CLARK
380 Community Lane
Rigby ID 83442
208-745-7297
FAX: 208-745-8151

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

SEPTIC PERMIT INFORMATION SHEET

FEES:	\$ 195.00	Application Fee (Application fee may be paid separately if type system is unknown, or may be included with permit fee.)
	\$ 230.00	Permit, Standard and Basic Alternative Systems (Total Price of Permit \$ 425.00)
	\$ 385.00	Permit, Complex Systems (Total Price of Permit \$ 580.00)
	\$ 817.00	Permit, Large Systems (Total Price of Permit \$ 1,012.00)
	\$ 00.00	Tank Only for connection to Central System (Permit included with Application fee of \$ 195.00)
	\$ 140.00	Site Evaluations. Evaluation of property when permit is not requested (i.e., for potential buying of property). The fee may be credited toward the permit fee if requested within one (1) year.

NOTE! NO APPLICATION WILL BE PROCESSED WITHOUT SCALED OR DIMENSIONAL PLOT PLAN AND BUILDING PLAN. (Board of Health Policy)

PROCESS:

1. Submit application for permit: Obtain and **completely fill out** application, including a plot plan and building 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 eight to ten 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 (\$40.00.))
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 Eastern Idaho Public Health District prior to changes being made.**
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 health district office.) Homeowners 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 Eastern Idaho Public Health District.
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.
5. **PERMIT MAY BE RENEWED ONLY TWICE.** A reminder will be sent to you prior to the first anniversary date. No other reminder will be sent. It will be your responsibility to remember after the first renewal.

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. **Eastern Idaho Public Health District requires 48 hours notice to schedule an inspection.**

I have received, read, and understand the above information.

Signed: _____

Date: _____

6/1/2008