


PERMIT-Subsurface Sewage Disposal

 Public Health <small>Prevent. Promote. Protect.</small> Idaho Public Health Districts	Panhandle Health District 2101 W PINE ST SANDPOINT, ID 83864 (208) 265-6384	Permit # : <u>18-09-140346</u> Date : <u>08/13/2018</u> Parcel # : <u>RP028540000080A</u> Doc ID # : _____
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Applicant's Name: JENNIFER VANDYKE
Owners Name: CASEY & ALICIA RIENDEAU
Property Address: NKA SAILOR LN , PRIEST RIVER, ID 83856

Legal Description	Township	Range	Section
Subdivision: Cove at Strong Creek	56N	05W	29
	Lot 8	Block	Size(acres): 1.02

Type of Installation	Type of System (check all that apply)			Water Supply
<input type="checkbox"/> New System <input type="checkbox"/> Expansion <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Tank Only	<input type="checkbox"/> Absorption Bed <input type="checkbox"/> Capping Fill <input type="checkbox"/> Central System <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Drip Distribution <input type="checkbox"/> ETPS <input type="checkbox"/> Experimental <input type="checkbox"/> Extra Drainrock <input type="checkbox"/> Evapotranspiration <input type="checkbox"/> Gravel Drainfield	<input type="checkbox"/> Gravelless Drainfield <input type="checkbox"/> Gray Water Sump <input type="checkbox"/> Gray Water System <input type="checkbox"/> Holding Tank <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Individual Lagoon <input type="checkbox"/> Intermittent SF <input type="checkbox"/> Intrench SF <input type="checkbox"/> LSAS <input type="checkbox"/> Pit Privy	<input type="checkbox"/> Pressurized DF <input type="checkbox"/> Pump to Gravity <input type="checkbox"/> Recirculating GF <input type="checkbox"/> RV Dump Station <input type="checkbox"/> Sand Mound <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Steep Slope Drainfield <input type="checkbox"/> Two Cell Lagoon <input type="checkbox"/> Vault Privy <input type="checkbox"/> Other (see below)	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Shared <input type="checkbox"/> Public <hr/> Water Source <input checked="" type="checkbox"/> Well <input type="checkbox"/> Spring

Condition of Approval:

This is a tank only permit.

This permit is for a non-pressure distribution system; however, a pump and dosing chamber are required to transport the effluent to the drainfield area. The minimum volume of the dosing chamber should be at least twice the daily design flow for the system (**500 gallons**). An acceptable alternative to this requirement includes a dosing chamber that is equivalent in volume to the daily design flow and a duplex pump system that is installed within the dosing chamber. All pertinent requirements for the installation of a pump system as identified in the Pressure Distribution Section of the Technical Guidance Manual for Individual and Subsurface Sewage Disposal Systems must be met. Prior to final system approval, proper pump operation must be observed by Panhandle Health District or a start up report must be submitted by a qualified entity. Any septic system that requires the installation of an effluent pump must be installed by a complex licensed installer.

Note: Pump design/selection should be performed by an engineer licensed in the State of Idaho when elevation gains of greater than 100 feet or lengths of 500 feet are exceeded in effluent transport.

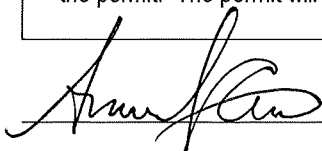
Unless otherwise stated within this permit, all requirements of IDAPA 58.01.03 shall be met on system installation.

****Per IDAPA 41.01.01.100.05.b.- A drainfield that is installed, inspected and approved shall be valid to be connected to under the conditions of the original permit for which it was issued, for five (5) years from the date of permit application, provided that the site and its surroundings are not substantially modified.****

Single Family Dwelling	3 Bedrooms
Design Flow	250 Gallons Per Day
Soil Type (USDA) B-1	Loading Rate 0.6
The minimum septic tank capacity is:	Adjusted Loading Rate 1000+500 Gallons

Note: (Final approval of this permit requires inspection of the uncovered system.)

All plans, specifications, and conditions contained in the approved permit application are hereby incorporated into, and are enforceable as part of the permit. The permit will expire one (1) year from date of issuance. The permit may be renewed if the renewal is applied for on or before the expiration date.


Amanda Cerise
EHS

EHS Signature

08/13/2018
Date

APPLICATION - Subsurface Sewage Disposal, Page 1



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Panhandle Health District

Permit Fee: <u>\$250-</u>	Date: <u>7/13/18</u>
Application #: <u>18-09-140346</u>	EHS: <u>A. Cerise</u>
Receipt #: <u>46588</u>	(Official Use Only)
Speculative Site Evaluation <input type="checkbox"/>	Septic Permit - Tank <input checked="" type="checkbox"/>

Benefitted Parcel # (Structure Location): RP028540000080A

Burdened Parcel # (Drainfield Location if different): RP028540000CA0A

Acres 1.02

Property Address (if available): NKA Sailor Lane City Priest River

Legal Description: Section 29 Township 56N Range 05W County Bonner

Subdivision: Cove at Strong Creek Lot 8 Block

Directions (nearest crossroad):

Applicants Name: Leo's Excavating, LLC Email: Compactleo@yahoo.com

Mailing Address: 202 Laurelhurst Dr. Phone #: 509-447-3037

City: Newport State: WA Zip Code: 99156

Applicant is: ☐ Landowner ☐ Contractor ☒ Installer ☐ Other

Owners Name: Casey + Alicia Riendeau Email: leighchere@gmail.

Mailing Address: 504 E Lacrosse Ave Phone #: 509-701-8999

City: Spokane State: WA Zip Code: 99207

Type of Septic Installation: ☐ New ☐ Expansion ☐ Repair ☒ Tank Only

Proposed Usage: ☒ Residential ☐ Non-Residential ☒ Other (i.e. barn shop, etc.) Trailer Pad

☐ Central (more than two buildings under separate ownership) ☐ Large soil Absorption (2,500 gal/day or more) # of Units

Is there an existing structure on this parcel? ☒ No ☐ Yes Year Built:

Number of Bedrooms: (residential design only) 3 Number of Bathrooms 1

Number of People: 2 Square-Footage 3600+ Garbage Disposal? ☐ Yes ☒ No

Non-Residential Flow Design: Average: (gallons per day (gpd)) Peak: (gpd)

Foundation Type: ☐ Basement ☐ Crawl Space ☐ Split Level ☒ Slab

Property is located: ☐ Inside City ☒ Inside County

Zoning certificate or other county documentation submitted? ☐ Yes ☐ No ☒ N/A

Is city sewer or central wastewater collection system 200 feet or less to structure? ☐ Yes ☒ No

Water Supply: ☐ Private well ☒ Shared Well (non-public) ☐ Public Water System, Number:

Signature: Alicia Riendeau DATE: 6-24-18

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that this application and the subsequent permit is non-transferrable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, when issued, may be renewed, if the renewal is applied for on or before the expiration date.



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Please draw an aerial view of the property showing the outline of buildings, property lines, well location(s), water lines, location of septic tank and drainfields, location of drainfield replacement area, ditches and streams, easements and right of ways, driveway and parking area, cut banks, and location of street or road. Indicate dimensions and separation distances of each from septic tank and drainfield.

PLOT PLAN

SCALE: 1" = ____'

See Attached

SIGNATURE: *Jennifer VanDyke* DATE: 7/2/18

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I understand that any deviation from the plans, conditions, and specifications, is prohibited unless it is approved in advance by the Director or his designee. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation.

(Official Use Only)

Plot Plan Approval Date: 8/13/18 EHS Name: *Andrew* EHS #: _____
Revision Date: 06/22/2010

LOW AREA

TRAILER
PAD #1
25' x 45'

Slash
Pile
#1

POWER — □
WATER — □

TRAILER
PAD #2
25' x 25'

TRAILER
PAD #3

LOT
8

NEW DRIVEWAY
10' - 12' - 14' - 16' - 18' - 20' - 22' - 24' - 26' - 28' - 30' - 32' - 34' - 36' - 38' - 40' - 42' - 44' - 46' - 48' - 50' - 52' - 54' - 56' - 58' - 60' - 62' - 64' - 66' - 68' - 70' - 72' - 74' - 76' - 78' - 80' - 82' - 84' - 86' - 88' - 90' - 92' - 94' - 96' - 98' - 100'

LOT
9

SLASH
PILE #2

NEW DRIVEWAY

Access Road