

PEP'S

208-756-4697/208-940-2605

Homeowner: Elisbeth Caslovich Address: 18 ^{Modular home} Cherry Hill

Age of Property: 20 Occupied: Yes No:

Date of Inspection: 6/24/24 Completed by: Preston Peterson

Location of system in relation to house: Green lid on North side
(Attach map if possible)

Septic Tank Inspection:

Are tank and risers free of any cracks or visible damage? Yes. Wood framing falling and in bottom.
NO ISSUES

Where is the liquid level in the tank? At base of outlet pipe? Average Above: Below:

Does the scum layer look living and healthy? Yes Is scum layer well below opening? Yes

Can you clearly see baffles above the scum layer? Yes Condition of baffles? good

Are baffles free of clogs and leaks? Yes Tank was pumped? Yes

Septic Tank Material: Concrete Fiberglass: Other:

After inspection, is the tank working properly? Yes

Comments: 1000 gal Round tank. Occupant flushed toilet water flushed well.

Disposal Field Inspection:

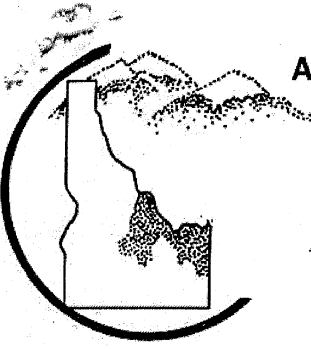
Any evidence of malfunction? NO Wet areas? NO Unusual green/lush vegetation? possible due to age & erosion.

Liquid discharges to surface? NO Localized surface settling? NO

Based on visual evaluation only - is system working properly? Yes

Comments: _____

Septic systems are subterranean; therefore, it is impossible to determine their overall condition. Also, when no water is entering the field lines, i.e., if the house is vacant, a determination of their status is difficult. No prediction can be made as to when or if a system might fail. This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty. Workability can alter by factors such as an excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require maintenance.



APPLICATION AND PERMIT FOR ON-SITE SEWAGE SYSTEM

DISTRICT SEVEN HEALTH DEPARTMENT

White — Owner
 Yellow — Office
 Pink — Installer

This application is for a: Site Survey
 Conventional System
 Alternative Design System

New
 Replacement

FOR OFFICIAL USE ONLY			
Permit No.	Receipt No.		
5292			
Date	Fee		
3/4/92	50.00		
County	EHS	No.	
30000	54	09	

*Application Fee Is Non-Refundable

APPLICATION

Name of property owner JAMES D. or Shirley A. WALKER		Home phone 756-4440	Work phone
Current mailing address — Street address 315 AVE. A		City SALMON	State ID
Legal description: Township 24N Range 21E Section		1/4 section	
Subdivision name Rock Point		Lot 2	Block
Directions to property (include street address if available) 17mi N. on Hiway 93, just South of 4th of July Cr. Road			

Lot size 12.8 ACRES	Depth to ground Water Bedrock	<h3>APPLICANT'S PROPOSAL</h3> <p>Indicate house, all adjacent wells, sewage disposal system replacement area, surface waters, canals, springs, waterlines (dimension between all components — indicate north)</p>
Soil type: (at proposed depth) — Drainfield SANDY Loam		
Water supply: a. Public <input type="checkbox"/> Name of system b. Private <input checked="" type="checkbox"/> Well <input checked="" type="checkbox"/> or Spring <input type="checkbox"/>		
Type of dwelling or building served: a. Single family dwelling <input checked="" type="checkbox"/> Basement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # bedrooms: 2 b. Other type of building <input type="checkbox"/>		
Describe # people served # wastewater flow (GPD)		
Excavator/Installer (Licensed) Proposed installation date		

PERMIT

"THIS PERMIT IS ONLY VALID FOR ONE YEAR FROM DATE OF ISSUE"
 Installation shall comply with all requirements of Health District and/or State of Idaho sewage Disposal Rules, regulations, and standards."

MINIMUM SPECIFICATIONS

Septic tank size 1000 gal.	Disposal system type trench	Disposal area 400 sq ft 2 lines 3ft wide x 66ft.	Maximum depth of system excavation 4'
Distance to well (100' minimum) 100'	Waterline 10'	Stream, lake 200'	Ditch, canal, etc. 50'
		Dwelling 10'	Property line 5'

Applicant's/Agent's signature • I hereby certify that the system will be installed as per the rules and hereby authorize the health authority access to this property for purposes of inspecting this sewage system until final approval of this system has been granted by the health authority.
James D. Walker Date **3-4-92** Issued By **Steve Adams** Date **3/4/92**

System is in substantial compliance with the regulations and the permit specifications
 System has minor deficiencies that could decrease the life of the system.
 System has major deficiencies that must be corrected.

INSPECTION
 COMMENTS
Steve Adams
 Reviewed by
 Date **3/25/92**

FOR OFFICIAL USE ONLY
 APPROVED
 DISAPPROVED

SEPTIC SYSTEM INSPECTION REPORT
District Seven Health Department

ENVIRONMENTAL SECTION
254 E Street P O Box 1855
Idaho Falls ID 83403-1855
(208) 523-5382

Permit No: 5-92

County: Lemhi

Give Pink Copy to: Installer
Yellow Copy: D7HD Files
Final White Copy: Owner of System

Inspected by: Steve Adams Installed by: James Walker Phone: 756-4440 Date: 3/23/92

Name: James Walker Township: 24 Range: 21 E Section: 1

Subdivision: Rock Point Division: Lot: 2 Block:

Street Number, City, State, ZIP of Septic System Site Location:

SEPTIC TANK (See Note)

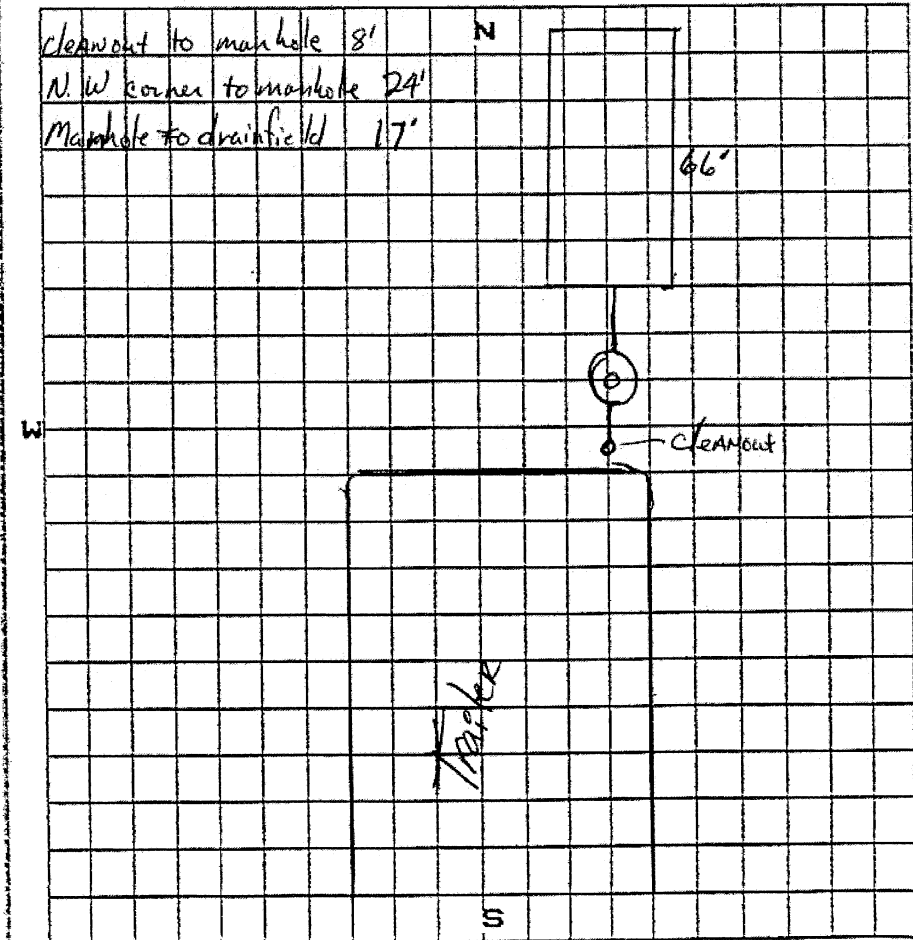
1. Was Owner/Installer advised that sewer from building to tank must be inspected by Plumbing Inspector? Y N
 2. Capacity Gallons: 1000 3. Manufactured by: Dahle 4.a. Baffles OK? Y N
 5. Final Depth to Manhole: 1ft 6. Extension Length: N/A 7. Distance in feet from Tank to: Well: _____ Water Absorption Area: 14 Surface Water: 200ft
 b. Inlet/Outlet both grouted? Y N Property Line: 200ft

ABSORPTION AREA (see Note)

1. Type System Installed: trench 2. Disposal Area: _____ square feet 3.a. Maximum Final Excavation Depth: _____ ft 0- _____ ft.
 5. Is Sewer Rock Properly Sized and Installed? Y N 6. Soil Barrier Used: _____ 3.b. Soil Profile Observed: Angular Rock with
 7. Distance in feet from Absorption Area to: Lake/River: 200ft Canal: N/A Down Slope/Scarp: N/A 10 Am soils
 Closest Drinking Water Source/Well: _____ Water Line: _____ Building: _____ Property Line: _____

*NOTE: See back for Distance Limits, Sample Drawing and Soil Profile, and other information

*DRAWING: Show Buildings, Sewage System Components, Water Lines, Wells, Trees Surface Water, and other significant items, within 300 ft. radius of Septic System



Signature of Person Certifying that information shown here is accurate, e.g., Installer or Owner:

X Steve Adams

HEALTH DEPARTMENT USE ONLY

Inspection/Review Summary:

The System appears to:

- 1. be in substantial compliance with Regulations, Standards and Specifications Y N
- 2. have MINOR deficiencies which could decrease capacity/life of the system Y N
- 3. have MAJOR deficiencies which are violations that must be corrected (list violations below) Y N

Conversation with Mr. Walker on how to correct outlet baffle 3/23/92
No well @ time of inspection

Installer-Inspection authorized by: _____

on Date: _____

Reviewed by: _____ EHS

Date: 3/23/92

))) IMPORTANT: Show measurements, especially for locating Septic Tank Manhole (((

DISTRICT SEVEN HEALTH DEPARTMENT
SEPTIC SYSTEM INSPECTION REPORT

Activity Code: _____ 4/99
 Travel Time: _____ Inspection Time: _____

INSPECTION CONDUCTED FOR: Name Dan Walker Permit No _____

LOCATION OF INSPECTION: Street Address 20 Cherry Hill Lane City NORTH FORK ID
 Legal Description: ¼ Section _____ Section _____ Township _____ Range _____
 Subdivision: Rock Point Lot 2 Block _____

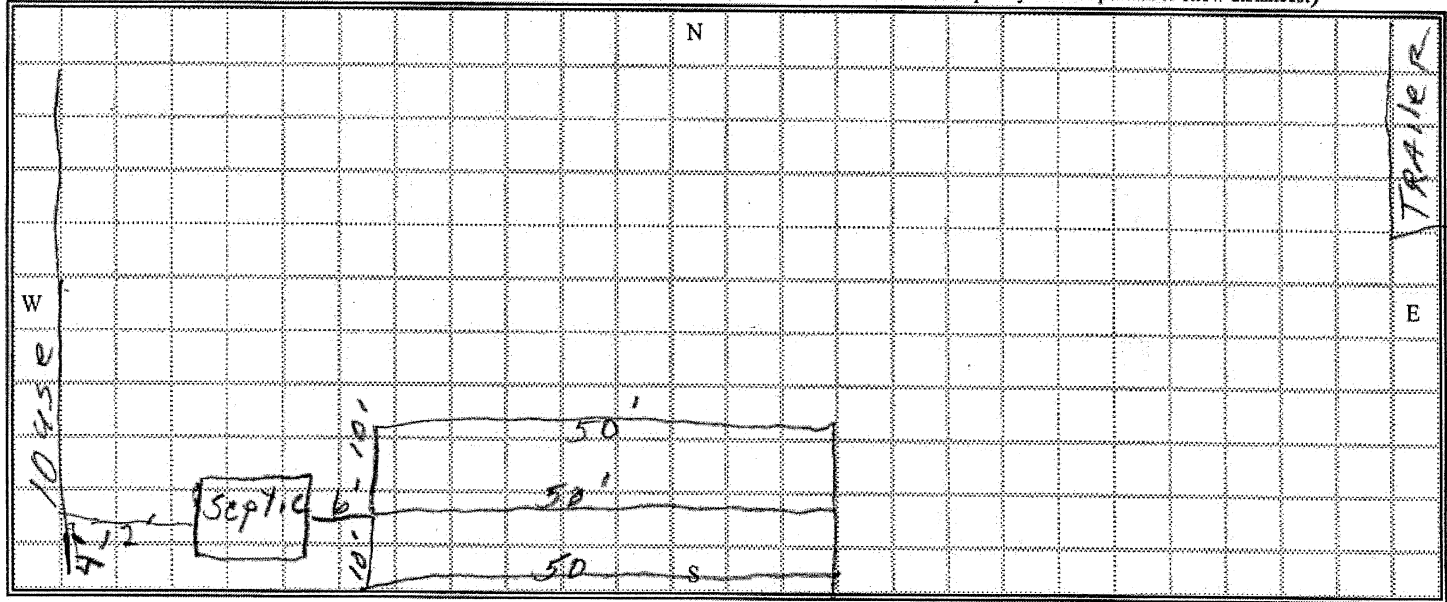
SEPTIC TANK INSPECTION

- 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. 16" feet

SUBSURFACE DISPOSAL (DRAINFIELD) INSPECTION

- Type of Disposal System installed _____ Meets permit requirements? Yes No N/A
- Disposal Area Size _____ 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 3 1/2' 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 Dan Walker License #: _____ Date: _____

Installed by: Owner Official Use Only License #: _____
 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 could 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: _____

INSPECTED REVIEWED BY EHS: Steve Adams # _____ DATE 12/10/18