

PEP'S

208-756-4697/208-940-2605

Homeowner: Elsbeth Costovich Address: 20 Cherry Hill
2 story w/ detached garage

Age of Property: _____ Occupied: Yes No: _____

Date of Inspection: 6/24/21 Completed by: Preston Peters

Location of system in relation to house: 2 green lids west side, between house and garage
(Attach map if possible)

Septic Tank Inspection:

Are tank and risers free of any cracks or visible damage? Yes

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 Gals. Recharge

Disposal Field Inspection:

Any evidence of malfunction? No Wet areas? No Unusual green/lush vegetation? No

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.

**DISTRICT SEVEN HEALTH DEPARTMENT
SEPTIC PERMIT**

NOTE THIS PERMIT IS ONLY VALID FOR ONE YEAR FROM DATE OF ISSUE

7/96

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 134040 T-Code: 232 Time: 15 MIN Permit No 98-97
Receipt No _____

Permit Issued To: Name DAN WALKER Phone 756-6091

For Location: Address 4TH OF JULY CREEK
HC 10 BOX 13 City CARMEN Zip 83462

Legal Description: ¼ Section _____ Section _____ Township 24N Range 21E

Subdivision _____ Lot _____ Block _____

INSTALLER:

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 X Pit _____ Gravelless X
Basic Alternative Privy _____ Steep Slope System _____ Capping Fill _____ Extra Drain-rock Trench _____

Type(s) of *Complex Alternative* Disposal System Permitted: Sand Filter Intermittent _____ Sand Filter Intrench _____
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

SOIL TYPE B

DISPOSAL AREA SIZE: 400 Sq. Ft. MAXIMUM DEPTH OF EXCAVATION: 4 Feet

DISTANCE TO NEAREST SURFACE WATER (explanation): _____

SPECIAL CONDITIONS

SYSTEM SIZING BASED ON INFORMATION FROM PERMIT ISSUED TO WALKERS HOME.

2/99 PERMIT SENT FOR SIGNATURE ON 9/1/98. NEVER MAILED BACK. CALLED 1/8/99, MR WALKER
COME IN AND SIGN NEW PERMIT.

3/99 NEVER CAME IN.

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 Dan Walker Date: 3-16-99

ISSUED BY EHS Steve Adams # 09 Date: 9/1/98

**Note* Other requirements on reverse side of permit:*

EXPIRES: 9/1/99

FEE: \$150.00 - NEW
90.00 - REPLAC

DISTRICT SEVEN HEALTH DEPARTMENT
SEWER APPLICATION

8/27/98
RH 20961

COUNTY 30

Shaded Area - OFFICE USE ONLY

FEE PAID Y N
CDP # _____

ON-SITE CONDUCTED () APP () DISAPP *Teachings not needed*
EHS # _____ DATE _____
TRAVEL TIME _____ ON-SITE TIME _____

NAME DAW WALKER PHONE 756-6091 MAILING ADDRESS 14010 Box 13
STREET/P.O. BOX
CITY CARAWAN STATE _____ ZIP _____

PROPERTY ADDRESS ORIGINAL OWNER'S NAME
STREET _____
CITY 4TH OF JULY ZIP _____ LOT SIZE (ACRES) _____

LEGAL DESCRIPTION: TOWNSHIP 24N RANGE 21E SECTION _____ 1/4 SECTION _____
SUBDIVISION ROCK POINT LOT # _____ BLOCK # _____

BRIEF DIRECTIONS TO PROPERTY: _____

TYPE OF USE 2 # BEDROOMS TYPE OF INSTALLATION WATER SUPPLY PROPOSED DISPOSAL SYSTEM
() SINGLE FAMILY () PRIVATE () DRAINFIELD () PIT
() MULTIPLE FAMILY # EMPLOYEES () NEW () ABSORPTION BED
() COMMERCIAL * () REPLACEMENT () PUBLIC () BASIC ALTERNATIVE
() OTHER * SYSTEM NAME () COMPLEX ALTERNATIVE
*Additional information may be needed FOR FAMILY GATHERINGS

*IF COMMERCIAL/OTHER EXPLAIN _____

PLEASE COMPLETE THE GEOLOGICAL INFORMATION

HIGHEST NORMAL GROUNDWATER DEPTH _____ FT. DEPTH TO BEDROCK _____ ROCK OUTCROPS
DESCRIBE SOIL (AT PROPOSED DEPTH OF DRAINFIELD) () HILLSIDE () YES
() FLAT () NO
NEAREST: SURFACE WATER _____ WELL _____ SEPTIC _____

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 Licensed Septic Installer _____ Building Contractor _____
Installer License # _____

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 Daw Walker DATE 27 August 98

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

THIS IS TO NOTIFY YOU THAT YOUR SEPTIC PERMIT EXPIRED ON 10/01/99. BECAUSE WE FAILED TO NOTIFY YOU, IF YOU ARE STILL INTERESTED IN KEEPING THIS PERMIT CURRENT YOUR DUE DATE WILL CHANGE TO FEBRUARY OF NEXT YEAR. PLEASE SEND \$45 TO THE ADDRESS BELOW WITHIN 15 DAYS OF THE RECEIPT OF THIS CARD AND YOUR PERMIT WILL BE REINSTATED. IF THIS SYSTEM HAS BEEN INSTALLED PLEASE CALL THE OFFICE IMMEDIATELY. THANK YOU-

DISTRICT 7 HEALTH DEPT
PO BOX 280
SALMON ID 83467

sent 2/2/00

PS IF YOU ALLOW THIS PERMIT TO LAPSE, KEEP IN MIND THAT IF YOU WISH TO CONTINUE WITH THIS INSTALLATION AT A LATER DATE YOU WILL NEED TO START THE APPLICATION PROCESS OVER, INCLUDING THE \$150 APPLICATION FEE.



DISTRICT SEVEN HEALTH DEPARTMENT

PROMOTING THE HEALTH OF PEOPLE AND THEIR ENVIRONMENT

DISTRICT 7 HEALTH DEPT.
104 S. Daisy
PO Box 280
Salmon, ID 83467-0280
Phone: 756-2122
Fax: 756-6600

December 29, 2000

Dan Walker
HC 10 Box 13
Carmen ID 83462

RE: Sewage permit #98-97

I am in the process of finalizing the year 2000 applications and permits. In doing so I came across your application with a note saying a reminder was sent to you on February 2, 2000.

I am assuming your system has been installed, as it appears you are occupying the residence. I need you to get with me so that we can document your installation. Please give me a call at your earliest convenience so that we can discuss how this can be done.

Sincerely,

Steve Adams
Senior EHS

SA/js

Cc: Gary Goodman, Lemhi County Building Inspector
Don Jakovac, State Plumbing Inspector



DISTRICT SEVEN HEALTH DEPARTMENT

PROMOTING THE HEALTH OF PEOPLE AND THEIR ENVIRONMENT

DISTRICT 7 HEALTH DEPT.
104 S. Daisy
PO Box 280
Salmon, ID 83467-0280
Phone: 756-2122
Fax: 756-6600

November 5, 2001
CERTIFIED MAIL

Dan Walker

~~HC-10 Box 13~~

~~Carmen, ID 83462~~

*20 Cherry Hill Lane
North Fork, ID 83466*

RE: Sewage permit # 98-97

Mr. Walker:

This letter is a follow-up to previous correspondence requesting needed action for the finalizing of the above referenced permit.

Because you failed to respond to the previous correspondence your permit, #98-97 has been invalidated. As such, any installation of a subsurface sewage disposal system on the property described in said permit is in violation of Idaho's regulations for subsurface sewage disposal.

The specific section is IDAPA 16.01.03.005.001, which requires a valid installation permit authorizing your installation.

To facilitate the timely resolve of this issue I need you to perform the following items. Each has a date of requested time for action so that there is no miscommunication of expectations.

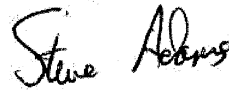
1. Upon receipt of this letter contact me so that any issues or facts within this letter can be clarified.
2. Within 5 days of receipt of this letter make application for a new sewage permit.
3. Within 10 days of receipt of this letter provide substantiating receipts and delivery slips that can document the quantity of gravel and size of septic tank installed.
4. Within 15 days of the receipt of this letter schedule an on-site inspection of the installation so that District Seven can verify location and placement of all materials referenced in item 3. This will require the uncovering of the septic tank lid, all ends of the drainfield, and portion(s) of the transport line from the septic tank and the drainfield.

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Dan Walker
Certified letter
November 5, 2001

Please understand that failure to comply with these requests may be grounds for further enforcement action as provided for in Idaho Code.

Should you have any questions do not hesitate to contact me at the above telephone number.

Sincerely,

A handwritten signature in cursive script that reads "Steve Adams".

Steve Adams
Senior EHS

SA/js

Cc: Rich Bly, EHS Supervisor, District 7 Health, Idaho Falls