

# 3019005

# APPLICATION-Subsurface Sewage Disposal



Public Health  
Healthy People. Healthy Planet.

Idaho Public Health Districts

Site Fee: \_\_\_\_\_ Date: 4/10/19  
 Permit Fee: 700<sup>00</sup> Document #: \_\_\_\_\_  
 Receipt #: 123733 (Official Use Only)

RP#001450000080A

Parcel #: Lot 8, Chinook Subdivision Acres: 5

Property Address (If available): 48 Fife Lane City: Salmon

Legal Description: Township: 20N Range: 22E Section: 6 County: Lemhi

Subdivision: Chinook Lot: 8 Block: \_\_\_\_\_

Directions (nearest crossroad): Hwy 93S to Shoup Bridge Across the Shoup Bridge, 1st Left is Fife Lane / Sims Road. Follow Fife Lane (dirt Rd) Lot 8 is about 400 yds on your left (river side)

~~XXXXXXXXXX~~ Lee A. Stein Date: 10 APR 2019

Mailing Address: PSC 45, Box 605 Phone #: 724-600-5861

City: APO State: AE Zip Code: 09468

Applicant is:  Landowner  Contractor  Installer  Other: \_\_\_\_\_

~~XXXXXXXXXX~~ Crispin LaMonera (General contractor & son)

Mailing Address: PO Box 566 Phone #: 208-243-7616

City: UCON State: IN Zip Code: 83454

Type of Septic Installation:	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Upgrade/Enlargement	<input type="checkbox"/> Replacement	<input type="checkbox"/> Tank Only
Proposed Usage:	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Non-residential	<input type="checkbox"/> Other (i.e. barn, shop, etc.): _____	
	<input type="checkbox"/> Central (more than two dwellings)	<input type="checkbox"/> Large Soil Absorption (2,500 gal/day or ten or more dwellings)	# of Units: _____	
Is there an existing structure on this parcel?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Year Built: _____	
Number of Bedrooms (residential only):	<u>5</u>	Number of Bathrooms:	<u>5</u>	
Number of People:	<u>2</u>	Square Footage:	<u>3914</u>	Garbage Disposal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Non-Residential Flow Design:	Average [gallons per day (gpd)]: <u>450</u>		Peak (gpd): _____	
Foundation Type:	<input type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Split Level	<input checked="" type="checkbox"/> Slab
Property is located:	<input type="checkbox"/> Inside City	<input checked="" type="checkbox"/> Inside County		
Zoning certificate or other county documentation submitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
City sewer or central wastewater collection system 200 feet or less to structure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Water Supply:	<input checked="" type="checkbox"/> Private Well	<input type="checkbox"/> Shared Well (Non-Public)	<input type="checkbox"/> Public Water System, Number: _____	

SIGNATURE: Lee A. Stein DATE: 10 Apr 2019

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.



Public Health  
Prevent. Promote. Protect.

# PERMIT-Subsurface Sewage Disposal

EASTERN IDAHO PUBLIC HEALTH

1250 HOLLIPARK DRIVE  
IDAHO FALLS ID 83401  
(208) 523-5382

Permit #: 3019005  
Date: 04/23/2019  
Parcel #: RP00145000080A  
Doc ID #: \_\_\_\_\_

## Idaho Public Health Districts

Applicant's Name: Lee Stein  
Owners Name: Lee A. Stein  
Property Address: 48 Fife Lane Salmon ID 83467  
Legal Description: Township 20N Range 22E Section 6  
Subdivision: Chinook Lot 8 Block Size(acres): 5.0

Type of Installation	Type of System (check all that apply)			Water Supply
<input checked="" type="checkbox"/> New System <input type="checkbox"/> Expansion <input type="checkbox"/> Repair <input 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 checked="" type="checkbox"/> Gravel Drainfield	<input checked="" 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"/> 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 checked="" type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> Public <hr/> Water Source <input checked="" type="checkbox"/> Well <input type="checkbox"/> Spring

### Conditions of Approval:

Inspection required before cover.  
48 Hours advanced notice required for inspection.  
Maximum depth of excavation 3'  
If Gravel trench system/drainfield is installed, a minimum of 333 Sq. ft. is required.  
If Gravelless trench system/drainfield is installed, a minimum of 250 Sq. ft. is required.  
For additional information, please contact the EIPH - Environmental Health Department.

Residential permit

Non-residential permit

Soil Type:

The minimum septic tank capacity is:

The minimum effective drainfield absorption area is:

The drainfield can be no closer to permanent/intermittent surface water than:

1	Bedrooms
150.0	Gallons Per Day
	Gallons Per Day
B-1, B-1	USDA
900	Gallons
333	Square Feet
200	Feet

**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.

<i>Melinda M. Correll</i>	
02	EHS Permit Issued Signature 4/23/19
EHS Code	Date
Revision Date: 06/17/2010	

**FINAL/AS-BUILT – Subsurface Sewage Disposal**



**Public Health**  
Protect. Promote. Prevent.

**EASTERN IDAHO PUBLIC HEALTH**

1250 HOLLIPARK DRIVE  
IDAHO FALLS ID 83401  
(208) 523-5382  
(208) 528-0857

Permit #: 3019005  
Date Rcvd: Apr 27, 2020  
Parcel #: RP001450000080

**Idaho Public Health Districts**

**Applicant's Name:** Lee Stein  
**Owners Name:** Lee A. Stein  
**Property Address:** 48 Fife Lane, Salmon ID 83467  
**Legal Description:** Township: 20N  
**Subdivision:** Chinook Lot: 8

**Range:** 22E **Section:** 6  
**Block:** **Size (acres):** 5

As-Built (not to scale)

<b>System Type:</b> Basic System, Gravelless Drainfield	<b>Gravel (Yards):</b> NA
<b>System Mfg:</b> Infiltrator	<b>Sand (Yards):</b> NA
<b>Septic/Trash Tank (Gal):</b> 1000	<b>Installation Depth (Inches):</b> 24
<b>Septic/Trash Tank Mfr:</b> White Castle Tank	<b>Rock Under Pipe (Inches):</b> NA
<b>Depth to Tank Lid (Inches):</b> 18	<b>Date System Installed:</b> 04/23/2020
<b>Standpipe/ Riser (Inches):</b> 18	<b>Riser Longitude:</b> NA
<b>Pump Tank (gallons):</b> NA	<b>Riser Latitude:</b> NA
<b>Pump Tank Mfg:</b> NA	<b>Well Installed?</b> Yes
<b>Drainfield Width (Ft):</b> 3	<b>Distance to Tank (Ft):</b> >100
<b>Drainfield Length (Ft):</b> 95	<b>Distance to Drainfield (Ft):</b> >100
<b>Drainfield Area Installed (Sq Ft):</b> 285	<b>Valve:</b> No
<b>Effective Area (Sq Ft):</b> 380	<b>Dist-Box:</b> No
	<b>Drop-Box:</b> No

All plans, specifications, and conditions contained in the approved permit application are hereby incorporated into and may be enforceable as part of the permit.

**Technical Allowance Granted?** No

**Comments:**

**Notes/ Conditions of Approval**

**Installer Name:** HOMEOWNER  
**Installer Phone:** (208) 881-6410  
**Installer Number:** I-0000

**Signature:**

N/A

**Date:**

5/4/2020

By signing above, I certify that all answers and statements on this Final/As-built are true and complete to the best of my knowledge.  
Official Use Only

As-Built provided by EHS

*Linda M. Cravell*

EHS Final Inspection Signature

02

EHS Code

5/5/2020

Date

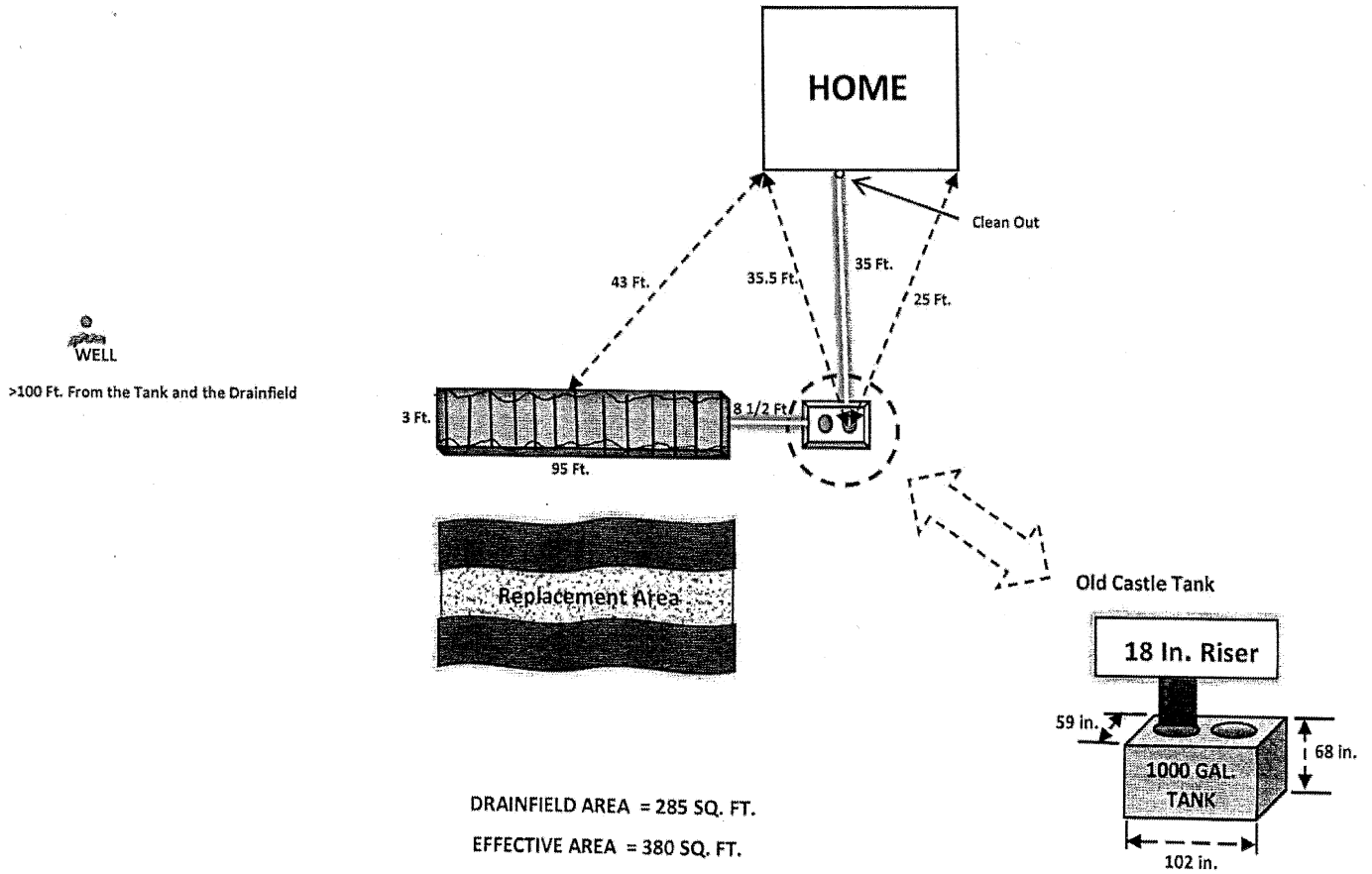
# Final (As-Built) Drawings for Septic Systems

**New Septic System  
Not to Scale**

<b>Permit No:</b>	<b>3019005</b>	<b>Date:</b> 04/27/2020
<b>Parcel:#</b> RP00145000080		
<b>Owner's Name/Address:</b>	<b>Lee Stein 48 Fife Lane, Salmon, ID. 83467</b>	
<b>Inspection By:</b>	<i>Melinda M. Gockrell, MBA</i> <b>Environmental Health Specialist</b>	



NORTH



# APPLICATION-Subsurface Sewage Disposal



**Public Health**  
Prevent Promote Protect

**Idaho Public Health Districts**

Site Fee: _____	Date: <u>9/1/23</u>
Permit Fee: <u>1800.00</u>	Permit #: <u>3023015</u>
Receipt #: <u>134910</u>	(Official Use Only)

Parcel #: RP001450002080A Acres: 5

Property Address (if available) 48 Fife Lane City: Salmon Zip Code: 83467

Legal Description: Township: 20 N Range: 22 E Section: 6 County: Lemhi

Subdivision: Chinook Subdivision Lot: 8 Block: \_\_\_\_\_

Directions (nearest crossroad): Over Saup Bridge, 1st left is Fife Lane

Applicant's Name: Lee Stein Date: 1 May 2023

Mailing Address: 48 Fife Lane Phone #: 208-993-9132

City: Salmon State: ID Zip Code: 83467

Applicant is:  Landowner  Contractor  Installer  Other: \_\_\_\_\_

Owner's Name: William & Lee Stein

Mailing Address: 48 Fife Lane Phone #: 208-993-9132

City: Salmon State: ID Zip Code: 83467

Type of Septic Installation:	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Upgrade/Enlargement	<input type="checkbox"/> Replacement	<input type="checkbox"/> Tank Only
Proposed Usage:	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Non-residential	<input type="checkbox"/> Other (i.e. barn, shop, etc.): _____	
	<input type="checkbox"/> Central (more than two dwellings)	<input type="checkbox"/> Large Soil Absorption (2,500 gal/day or ten or more dwellings)	# of Units: _____	
Is there an existing structure on this parcel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Year Built: <u>2019</u>	
Number of Bedrooms (residential only):	<u>4</u>	Number of Bathrooms:	<u>3</u>	
Number of People:	<u>2</u>	Square Footage:	<u>2915</u>	Garbage Disposal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Non-Residential Flow Design:	Average [gallons per day (gpd)]: _____		Peak (gpd): _____	
Foundation Type:	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Crawl Space	<input type="checkbox"/> Split Level	<input type="checkbox"/> Slab
Property is located:	<input type="checkbox"/> Inside City	<input checked="" type="checkbox"/> Inside County		
Zoning certificate or other county documentation submitted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
City sewer or central wastewater collection system 200 feet or less to structure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Water Supply:	<input checked="" type="checkbox"/> Private Well	<input type="checkbox"/> Shared Well (Non-Public)	<input type="checkbox"/> Public Water System, Number: _____	

SIGNATURE: Lee B. Stein DATE: 1 May 2023

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 revoked. 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 transferrable for the first two (2) years if site conditions and waste water flows remain the same. I understand that the application will expire two (2) years from date of purchase. The permit, when issued, may be renewed if not completed within two (2) years.

Revision date 7/01/2022

# PERMIT-Subsurface Sewage Disposal



**Public Health**  
Prevent. Promote. Protect.

EASTERN IDAHO PUBLIC HEALTH  
1250 HOLLIPARK DRIVE  
IDAHO FALLS ID 83401  
(208) 523-5382

Permit #: 3023015  
Date: 05/22/2023  
Parcel #: RP00145000080

## Idaho Public Health Districts

Applicant's Name: Lee Stein  
 Owners Name: Lee Stein  
 Property Address: 48 Fife Lane Salmon ID 83467  
 Legal Description: Township 20N Range 22E Section 06  
 Subdivision: Chinook Subdivision Lot 8 Block Size(acres): 5.0

Type of Installation	Type of System (check all that apply)			Water Supply
<input type="checkbox"/> Tank Only <input checked="" type="checkbox"/> New System <input type="checkbox"/> Expansion <input type="checkbox"/> Repair <input type="checkbox"/> LSAS Repair <input type="checkbox"/> LSAS New  <input checked="" type="checkbox"/> Basic System <input type="checkbox"/> Complex System	<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 checked="" 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"/> Tank Only <input type="checkbox"/> Pit Privy	<input type="checkbox"/> Pressurized DF <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 checked="" type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> Public  Water Source <input checked="" type="checkbox"/> Well <input type="checkbox"/> Spring

### Conditions of Approval:

Inspection required before cover.  
 48 Hours advanced notice required for inspection.  
 Gravelless system  
 Maximum depth of excavation: 3 Ft.  
 All trenches are to be of equal length.

Residential permit 4 Bedrooms  
300 Gallons Per Day  
 Non-residential permit Gallons Per Day  
 Soil Type: A-2b USDA  
 The minimum septic tank capacity is: 1000 Gallons  
 The minimum effective drainfield absorption area is: 375 Square Feet  
 The drainfield can be no closer to permanent/intermittent surface water than: 300 Feet

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

**See page 2 for additional terms and conditions.**

*Melinda Fuentes-Rubio*

EHS Signature

05/22/2023

Date Issued

Revision Date 03/05/2021

# PERMIT-Subsurface Sewage Disposal



**Public Health**  
Prevent. Promote. Protect.

EASTERN IDAHO PUBLIC HEALTH  
1250 HOLLIPARK DRIVE  
IDAHO FALLS ID 83401  
(208) 523-5382

Permit #: 3023015  
Date: 05/22/2023  
Parcel #: RP001450000080

## Idaho Public Health Districts

Applicant's Name:	Lee Stein
Owners Name:	Lee Stein
Property Address:	48 Fife Lane Salmon ID 83467
Legal Description:	Township 20N Range 22E Section 06
Subdivision:	Chinook Subdivision Lot 8 Block Size(acres): 5.0

This permit expires if the system is not constructed as approved within two years from the date issued. Once the system is constructed and approved by the Health District, all requirements of the approved plans and specifications, permit and permit application (including operations, maintenance, monitoring, and reporting) are applicable indefinitely and convey through transfer of property ownership unless the system is abandoned, removed, replaced, or the permit is renewed. A permit may be renewed if the permit application is received on or before the expiration date of the previous permit. Prior to a transfer of property, the transferor must inform the transferee of all applicable requirements of the permit and application. Failure to satisfy the permit or application requirements may result in enforcement action.

