

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

Computer File #: <u>05 3892</u>	<input checked="" type="checkbox"/> SITE EVALUATION	<input checked="" type="checkbox"/> NEW SYSTEM	Fee Paid: \$ <u>350.00</u> <i>UK</i>
Permit #: <u>0-05-50</u>	<input checked="" type="checkbox"/> SEWAGE PERMIT	<input type="checkbox"/> REPLACEMENT	Receipt #: <u>3006313</u>
			Jurisdiction: <u>25</u>
EHS #: <u>6023</u> <u>6023</u> <u>6003</u>	Travel Time: <u>5</u> <u>5</u> <u>1.0</u>		
Date: <u>3-4-05</u> <u>3-4-05</u> <u>4-29-05</u>	Insp. Time: <u>5</u> <u>5</u> <u>7</u>		

Name: <u>Riverdance Lodge Cabins 1 & 2</u>		Mailing address: <u>P.O. Box 579</u>	
Phone: _____		City: <u>Covert, Ala</u>	State: <u>Ala</u> Zip: <u>35816</u>
1/4 Sec.: _____	Section: <u>32</u>	Township: <u>33N</u>	Range: <u>6E</u>
Address/location of property: <u>Syring - Riverdance</u>			
Lot: _____	Block: _____	Subdivision: <u>Trinity Id Syringa</u>	
Parcel # (from Tax Assessor's Office): _____		Lot size: _____	Water supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Well <input type="checkbox"/> Spring

Type of Dwelling	<input checked="" type="checkbox"/> Gravelless Drainfield	<input type="checkbox"/> Absorption Bed	<input type="checkbox"/> Pit/Vault Privy	<input type="checkbox"/> Intrench SF
<input type="checkbox"/> Single Family <input type="checkbox"/> Multiple Family # Bedrooms: _____	<input type="checkbox"/> Gravel Drainfield	<input type="checkbox"/> Steep Slope Drainfield	<input type="checkbox"/> Sand Mound	<input type="checkbox"/> Recirculating SF
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Other <u>2 Cabins</u>	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> 2 Cell Lagoon	<input type="checkbox"/> Intermittent SF	Other _____

Tank Size: <u>1000</u> gallons	Slope: _____	Critical Setbacks:	
Distance From Septic Tank to: Dwelling Foundation: <u>5</u> ft.	Disposal Area: <u>6</u> ft.	Nearest Well: <u>50</u> ft.	
Disposal Area: Effective Area Required: <u>900</u> sq. ft.	Dimensions: L. <u>300</u> W. <u>3</u> D. <u>3</u> ft.	Distance to Surface Water: <u>200</u> ft.	
Property Lines: Front: <u>5</u> ft.	Back: <u>5</u> ft.	Side: <u>5</u> ft.	Dwelling Foundation: <u>10</u> ft. Nearest Well: <u>100</u> ft.

No. 1 Test Hole	No. 2 Test Hole	No. 3 Test Hole
<u>0-72 B2</u>		

Size of absorption system based on Soil Type: _____

Site Evaluation: ☒ Approved ☐ Approved with Conditions ☐ Disapproved EHS Initials J.E.K. Date 1-31-05

REMARKS: 40 % REDUCTION IN SQUARE FEET OF DRAINFIELD IF DOMED GRAVELLESS CHAMBER MATERIAL IS USED.

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. The subsurface sewage disposal installation must be constructed by the homeowner or a sewer installer, Section 1-3006.01 - 1-3007.01.

Owner: _____ 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.

Contractor: _____

Other: _____

Applicant Signature: [Signature] Date: 3-4-05

Permit Issued By: [Signature] Date: 3-4-05

Renewal Date: _____

FINAL INSPECTION

Tank Size: <u>1000</u> gallons	Type of Tank: <u>Concrete</u>	Depth to Riser/Tank: _____
Distance from Septic Tank to: Dwelling Foundation: <u>12'</u> ft.	Disposal Area: <u>15</u> ft.	Nearest Well: <u>100'</u> ft.
Disposal Area: Effective Area: <u>900</u> sq. ft.	Dimensions: L. <u>180</u> W. <u>3</u> D. <u>3</u> ft.	Distance from Disp. Area to Surface Water: <u>200'</u> ft.
Property Lines: Front: <u>5'</u> ft.	Back: <u>5'</u> ft.	Side: <u>5'</u> ft.
Dwelling Foundation: <u>20</u> ft.		Nearest Well: <u>100'</u> ft.
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved Date: <u>4-29-05</u>		Inspected By: <u>[Signature]</u> Installer & #: <u>Cole McPherson</u>

REMARKS: Domed Chamber Sewing
2 Cabins

T33N R 6E Sec. 32

IDAHO COUNTY ENERGIZING AUTHORIZATION

Name: Russell Dancer 1 Dec Phone: _____

Address: Springer

has been issued Individual Sewer Permit No.: 0-05-50

by the North Central District Health Dept. (NCDHD) for the construction

of 2 Cabins

at (location) Springer Sec. 32 Twp. 33N Rge. 6E

The requirements of Idaho County Ordinance #32 having been complied with, the above-described structure may now be energized by

the Idaho County Power Company.

(Sig.) Chas. P. Ling NCDHD Official. Date 2-4-65

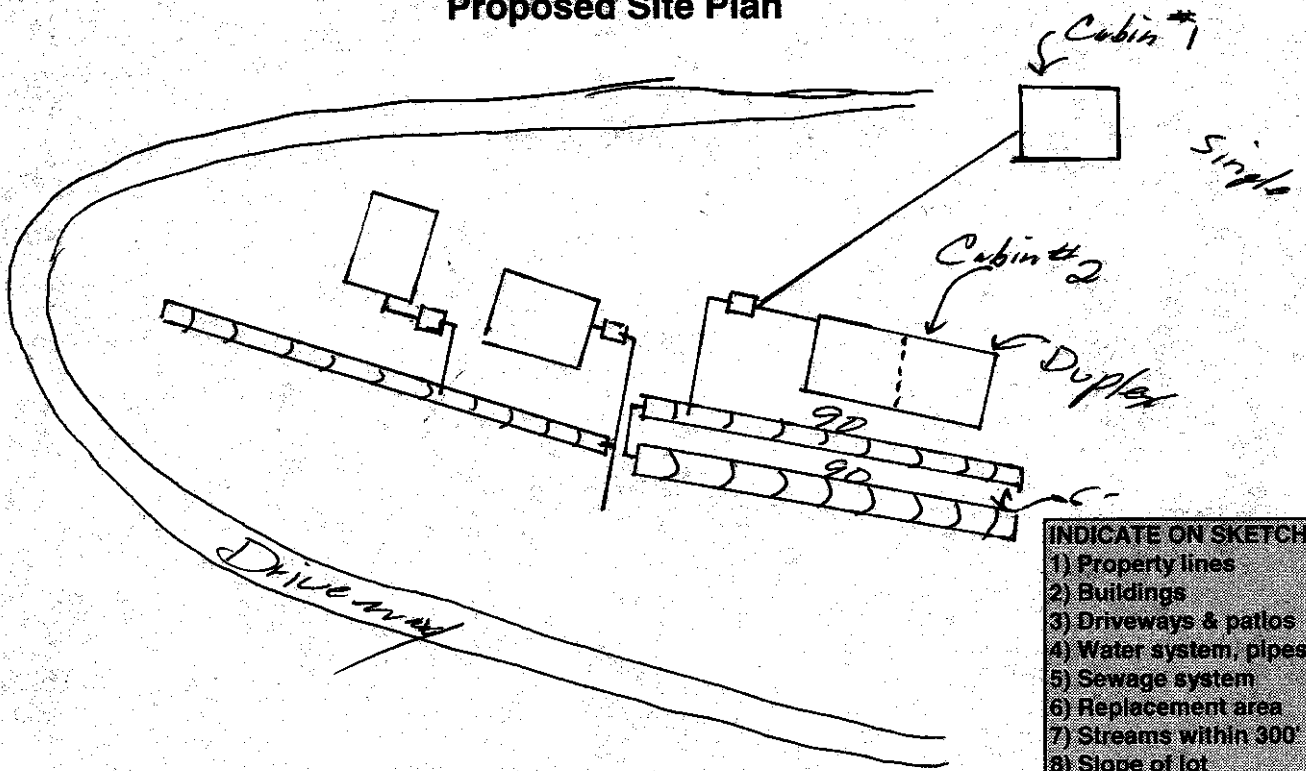
Date of Energizing: _____

(Sig.) _____ Power Company Official

PRINTCRAFT

Name: Riverdance Lodge (Cabins 1 & 2) Date: 1-31-05 Permit # 005-50

Proposed Site Plan



- INDICATE ON SKETCH
- 1) Property lines
 - 2) Buildings
 - 3) Driveways & patios
 - 4) Water system, pipes
 - 5) Sewage system
 - 6) Replacement area
 - 7) Streams within 300'
 - 8) Slope of lot
 - 9) Adjacent roads
 - 10) Other drainfields

As-Built

