

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

Computer File #: <u>05-3893</u>	<input checked="" type="checkbox"/> SITE EVALUATION	<input checked="" type="checkbox"/> NEW SYSTEM	Fee Paid: \$ <u>350.00 CR</u>
Permit #: <u>0-05-51</u>	<input checked="" type="checkbox"/> SEWAGE PERMIT	<input type="checkbox"/> REPLACEMENT	Receipt #: _____
EHS #: <u>6003, 6003, 6003</u>		Jurisdiction: <u>25</u>	
Date: <u>1-31-05, 3-4-05, 4-29-05</u>		Travel Time: <u>.5</u> <u>.5</u> <u>.5</u>	
		Insp. Time: <u>.5</u> <u>.5</u> <u>.7</u>	

Name: <u>Riverdance Lodge - Cabins 3+4</u>	Mailing address: <u>P.O. Box 579</u>
Phone: _____	City: <u>Coeur d'Alene</u> State: <u>ID</u> Zip: <u>83816</u>
1/4 Sec.: _____ Section: <u>32</u> Township: <u>33N</u> Range: <u>6E</u>	Address/location of property: <u>Syringa - Riverdance</u>
Lot: _____ Block: _____ Subdivision: _____	
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>2-1000-Tanks</u> 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>600</u> sq. ft. Dimensions: L. <u>200</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</u> <u>B2</u>		

Size of absorption system based on Soil Type: _____

Site Evaluation: ☒ Approved ☐ Approved with Conditions ☐ Disapproved EHS Initials: [Signature] Date: 1-31-05

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

<p>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 home/landowner or a sewer installer, Section 1-3006.01 - 1-3007.01.</p>	
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: <u>[Signature]</u>	Date: <u>3-4-05</u>

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

Renewal Date: _____

FINAL INSPECTION

Tank Size: <u>2-1000 gallon</u> gallons	Type of Tank: <u>Concrete</u>	Depth to Riser/Tank: <u>18"</u>
Distance from Septic Tank to: Dwelling Foundation: <u>6+10</u> ft.	Disposal Area: <u>8+22'</u> ft.	Nearest Well: <u>100+</u> ft.
Disposal Area: Effective Area: <u>600</u> sq. ft. Dimensions: L. <u>120</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>10+18</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 system - serves 2 Cabins

133N
 R 6 E
 Sec 32
 Cont

IDAHO COUNTY ENERGIZING AUTHORIZATION

Name: Prince Dana Lodge Phone: _____

Address: _____

has been issued Individual Sewer Permit No.: 0-05-51

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

of Cabin

at (location) Spring 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.

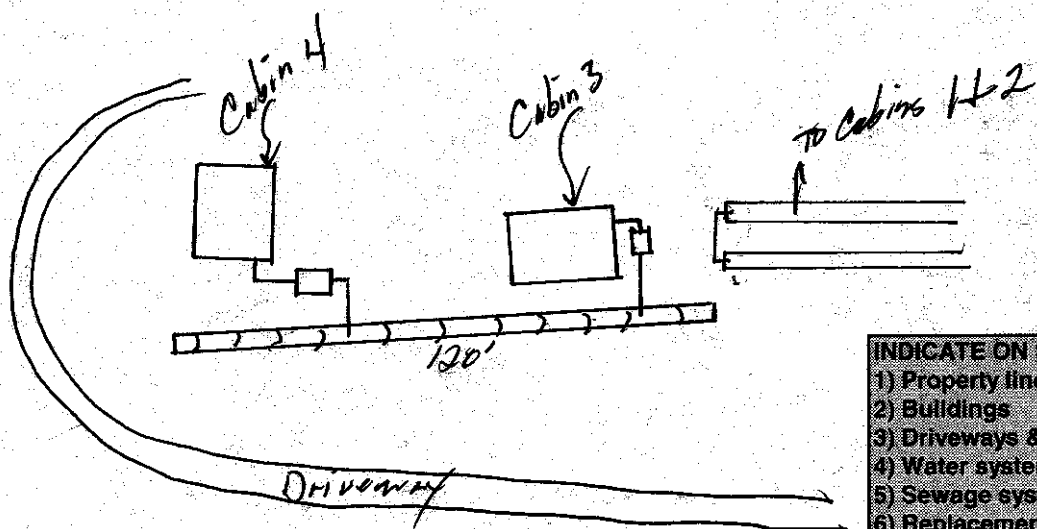
(Sig.) [Signature] NCDHD Official. Date 7-4-68

Date of Energizing: _____

(Sig.) _____ Power Company Official

PRINTCRAFT

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

