

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

Computer File #: <u>15-3895</u>	<input checked="" type="checkbox"/> SITE EVALUATION	<input checked="" type="checkbox"/> NEW SYSTEM	Fee Paid: \$ <u>350.00</u> <u>CR</u>
Permit #: <u>0-05-53</u>	<input checked="" type="checkbox"/> SEWAGE PERMIT	<input type="checkbox"/> REPLACEMENT	Receipt #: <u>3006316</u>
EHS #: <u>6003</u> <u>6003</u> <u>6003</u>		Jurisdiction: <u>25</u>	
Date: <u>1-31-05</u> <u>3-4-05</u> <u>4-29-05</u>		Travel Time: <u>1</u> <u>5</u> <u>5</u> Insp. Time: <u>07</u> <u>1</u> <u>01</u> <u>07</u>	

Name: <u>Riverdance Lodge - Cabin #6</u>	Mailing address: <u>P.O. Box 579</u>
Phone: _____	City: <u>Chautauque</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>Spring - Riverdance</u>
Lot: _____ Block: _____ Subdivision: <u>Cabin #6</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>Cabin - 2 Room</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.
Disposal Area: _____	Effective Area Required: <u>600</u> sq. ft.	Dimensions: L. <u>200</u> W. <u>3</u> D. <u>3</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: B2

Site Evaluation: ☒ Approved ☐ Approved with Conditions ☐ Disapproved EHS Initials DEK 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: _____

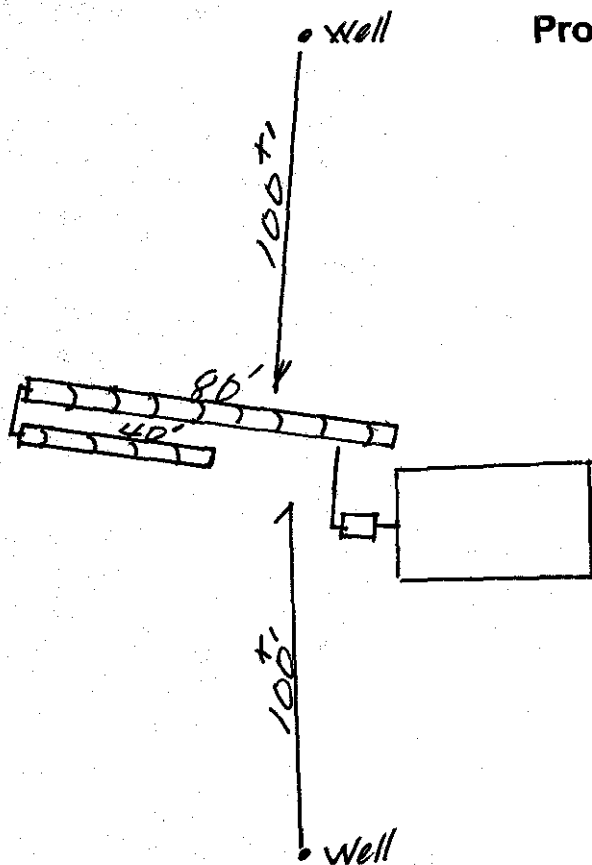
FINAL INSPECTION

Tank Size: <u>1000</u> gallons	Type of Tank: <u>Concrete</u>	Depth to Riser/Tank: <u>12"</u>
Distance from Septic Tank to: _____	Dwelling Foundation: <u>19</u> ft.	Disposal Area: <u>6'</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.
Property Lines: Front: <u>5+</u> ft.	Back: <u>5+</u> ft.	Side: <u>5+</u> ft.
	Dwelling Foundation: <u>33</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>Erik McPherson</u>

REMARKS: Domed Chamber system

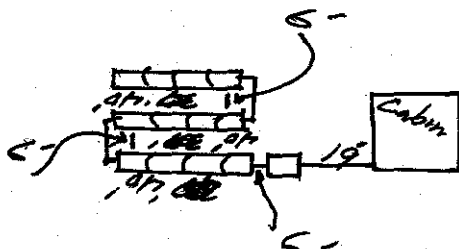
T33N R6E Sec. 32
D. Card

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



IDAHO COUNTY ENERGIZING AUTHORIZATION

Name: River Dance Lodge Phone: _____

Address: _____

has been issued Individual Sewer Permit No.: O-05-53

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

of Cabin #6

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 2-4-05

Date of Energizing: _____

(Sig.) _____ Power Company Official

PRINTCRAFT