| FINAL/AS-BUILTSubsurface Sewage Disposal | | | | |
|--|--|---------------------------------------|---|--|
| | Public Health | | Permit #: | |
| | Hereit Health Idaho North Central District | | Date Rcvd: | |
| Provent: Promote: Protect. | 215 10 th Street | | Parcel #:: | |
| Idaho Public Health Districts | Lewiston, ID | 83501 (208) 799-3100 | | |
| Applicant's Name: | | | | |
| Owners Name: Property Address: | | | | |
| Legal Description: | Towns | hip: Range: | Section: | |
| Subdivision: | Lot: | Block: | Size: (acres) | |
| As-built (not to scale) | | System Type: | Gravel (Yards): | |
| | | System Mfg: | Sand (Yards): | |
| | | Septic/Trash Tanl | (Gal): Installation depth (Inches): | |
| | | Septic/Trash Tanl | K Mfr: Rock Under Pipe (Inches): | |
| | | Depth to Tank Lic (Inches): | Date System Installed: | |
| | | Standpipe/Riser | nnches) Riser Longitude: | |
| | | Pump Tank (gallon | s): Riser Latitude: | |
| | | Pump Tank Mfg: | Well Installed | |
| | | Drainfield Width | | |
| | | Drainfield Length | (Ft): Distance to Drainfield (Ft) | |
| | | Drainfield Area Installed (Sq Ft): | Valve: Yes No Dist-Box: Yes No Drop-Box: Yes No | |
| | | Effective Area (Sc | 1 Ft): | |
| | | | ions, and conditions contained in the approved are hereby incorporated into and may be control of the permit. | |
| Technical Allowance Granted Yes Comments: | No 🗔 | | | |
| | | | | |
| Notes/Conditions of Approval: | | | | |
| | | | | |
| Installer Name: | | Signature: | | |
| Installer Phone Installer Number: | Date: | | | |
| 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 | | | | |
| As-Built provided by Installer | | EHS Final Inspection Signature | | |