

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

Computer File #: <u>07-6062</u> Permit #: <u>M08-15</u> Jurisdiction: <u>29</u>	<input checked="" type="checkbox"/> SITE EVALUATION <input type="checkbox"/> SEWAGE PERMIT <input checked="" type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPLACEMENT	SITE EVALUATION Fee Paid: \$ <u>100.00</u> Ck# <u>226</u> Receipt #: <u>2024051</u> Date: <u>5/30/02</u>	SEWAGE PERMIT Fee Paid: \$ <u>500</u> Ck# <u>1015</u> Receipt #: <u>2010993</u> Date: <u>8/7/2007</u>
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Name: <u>Lance + Charity Weidauer</u>		Address of Property: <u>11 Old Avon Rd</u>	
Mail Address: <u>1461 Menitt Drive</u>		City: <u>Deary</u>	State: <u>ID</u> Zip: <u>83823</u> County: <u>Latah</u>
City: <u>EL CaSon CA</u>	State: <u>CA</u>	Zip: <u>92020</u>	Ph: <u>588-8237</u>
Township: <u>40N</u>		Range: <u>03W</u>	Section: <u>01</u>
Lot: <u>6</u>	Block: <u>6</u>	Subdivision: <u>6</u>	Lot Size: <u>6</u>

Parcel #: <u>RP40N03W010860</u>		Type of Use: <input checked="" type="checkbox"/> Single Family; # Bedrooms: <u>3</u> ; () Other: _____; Est. gal/day: _____	
Water Supply	Sub Prog. Code Number	() Gravelless Drainfield	() Absorption Bed
() Public <input checked="" type="checkbox"/> Private	<u>232</u> 233 234	() Gravel Drainfield	() Steep Slope Drainfield
() Well <input checked="" type="checkbox"/> () Spring	235 236 237	() Capping Fill	() 2 Cell Lagoon
		() Pit/Vault Privy	() Intrench SF
		() Sand Mound	() Recirculating SF
		() 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>1250</u> sq. ft.	Dimensions: L. <u>3</u> W. <u>2 1/2</u> D. <u>3</u> ft.	Distance to Surface Water: <u>NA</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>0-18</u>	<u>B-2</u>				
<u>18-30</u>	<u>C-1</u>				
<u>30-60</u>	<u>B-2</u>				
<u>60-72</u>	<u>C-2</u>				

Size of absorption system based on Soil Type: C-2

Site Evaluation: ☒ Approved () Approved with Conditions () Disapproved EHS Initials WMB Date 5/25/02

Comments: 2' above Imperable layer at 5' Deep. Max Dept 3'

DISCLAIMER: "Completed site evaluations will remain valid unless regulations change, site conditions change, or the intended use or placement of pertinent improvements change."

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.

I hereby authorize the health authority to have access to this property for the purpose of performing the requested services.

Owner: [Signature] Contractor: _____ Other: _____

Applicant Signature: [Signature] Date: 8-7-07

Permit Issued By: Nancy M. Becker Date: 8/7/2007

Renewal Date: _____

Please Note: A permit shall become invalid if the construction is not completed within one (1) year to the date of issuance. A permit may be renewed annually, up to a maximum of four (4) times. There is a \$25 annual renewal fee.

NCDHD - MOSCOW OFFICE

333 E. Palouse River Dr

Moscow, ID 83843

Phone: (208) 882-7506

Employer ID #: 820335058

Client Information:

ID Number: 07-6062

WEIDAUER, LANCE & CHARITY

Program: SEWAGE DISPOSAL

Super Bill #: 2024709

Description		Qty	Amount
INDV. SWG DISP. PERMIT - NEW SYSTEM		1.0	500.00
PAYMENT - CHECK DATE: 08/09/2007 REFERENCE: #1015-SEPTIC PERMIT		1.0	500.00

Date of Service: 08/09/2007 Today's Charges 500.00

Plus: Previous Balances 0.00

Sub-total Balance 500.00

Less: Paid 500.00

Remaining Balance Due 0.00

NCDHD - MOSCOW OFFICE

333 E. Palouse River Dr

PAYMENT / ADJUSTMENT RECEIPT

Payment #: 2010993

Moscow, ID 83843

Phone: (208) 882-7506

Employer ID #: 820335058

Client Information:

ID Number: J7-6062

WEIDAUER, LANCE & CHARITY

Date of Birth

Sex

SSN #:

Phone

Current Payment / Adjustment Information

Date: 05/30/2007 Transaction Type: Payment Amount: 100.00
Description: PAYMENT - CHECK
Comments: ck 226

The following Receipts were Paid from the above payment Amount

Super Bill #	Program	Original Charges	Previous Payments	Previous Adjustments	Current Payment	New Balance
2024051	680	100.00	0.00	0.00	100.00	

Total Account Balance