REPAIR $30.00

PERMIT FEE $50.00

PANHANDLE HEALTH DISTRICT I
INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

PERMIT NO. 1430 PAID ✓ CASH ✓ CHECK ____ NO FEE ____ DATE August 29, 1984

INSTALLATION FOR (NAME) All Star Property Management SIZE OF LOT ____ FT X ____ FT

LEGAL DESCRIPTION OF PROPERTY Tax No. 3533 - part of Tr. 40 & 50 Lakeshore Addition to Sunnyside

LOCATION OF INSTALLATION Yellowstone

NO. LIVING UNITS 2 BEDROOMS 5 BATHS ____ PEOPLE SERVED ____ OTHER ____

SEPTIC TANK Existing GALS. New tank may be required DISTANCE TO DWELLING FOUNDATION ____ WELL ____ WATER LINE ____

SURFACE WATER ____ TYPE OF TANK CEMENT ____ METAL ____ OTHER ____

DISPOSAL AREA DRAIN FIELD ____ ABSORPTION BED ✓ OTHER ____ DIMENSIONS 1000 Sq. Ft.

COMPONENT SEPARATIONS

PROPERTY LINE

FRONT ____ FT BACK ____ FT SIDE ____ FT DWELLING FOUNDATION ____ FT

WELL ____ FT SURFACE WATER ____ FT SEPTIC TANK ____ FT NEIGHBOR'S WELL ____ FT

DEPTH TO GROUND WATER ____ WATER SERVICE LINES ____ FT

I UNDERSTAND THAT THIS PERMIT IS NON TRANSFERABLE AND IS VALID FOR 1 YEAR FROM THE DATE OF APPLICATION. DRAINFIELD MUST NOT EXCEED 3 FEET IN DEPTH.

APPLICANT'S SIGNATURE Mike Harrison APPLICANT IS ☐ OWNER ☐ CONTRACTOR ☐ OTHER

MAILING ADDRESS ____ PHONE NO. ____

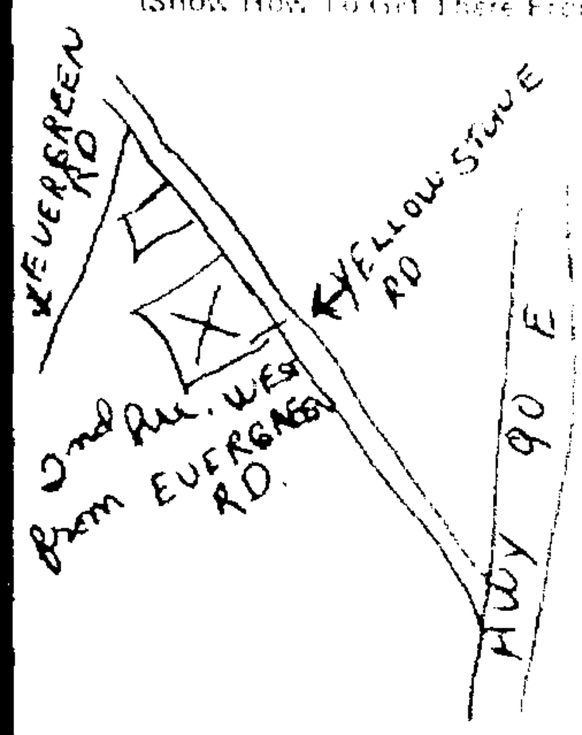
REMARKS ____

PERK RATE ____ MIN. In. SOIL PROFILE ____

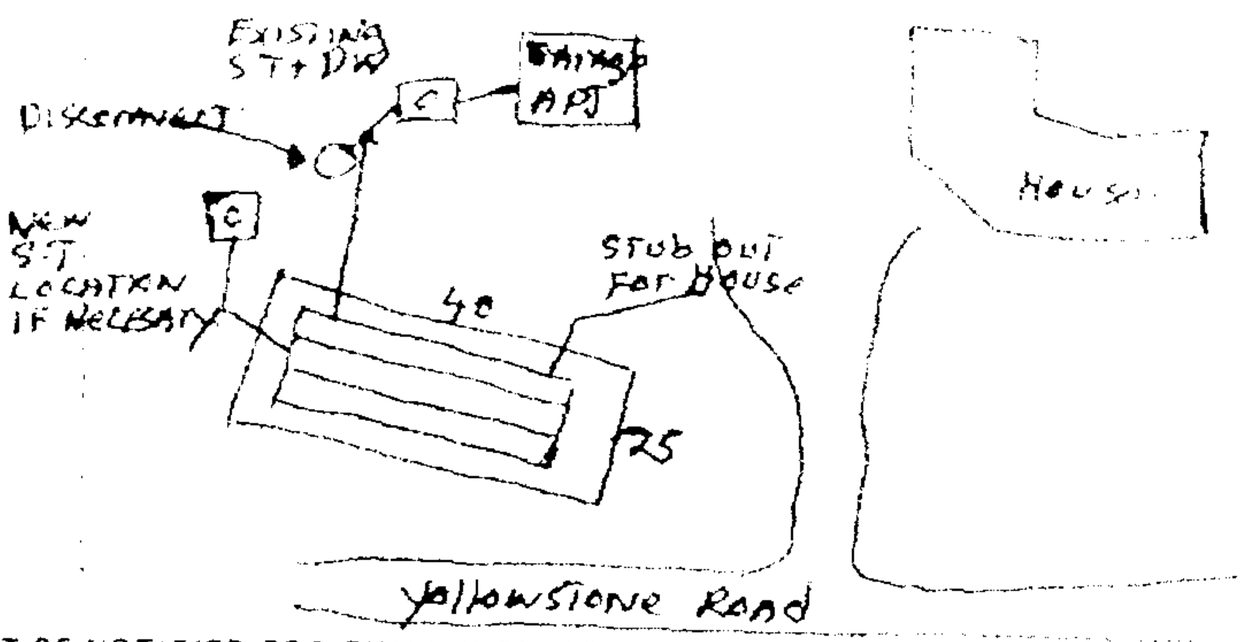
PLOT PLAN SUBMITTED ____ APPROVED Aug 29, 1984 (Date) DISAPPROVED ____ (Date)

PERMIT ISSUED BY Anthony Brown REMARKS REPAIRING PRESENT SYSTEM

VICINITY MAP
(Show How To Get There From This Office)



PLOT PLAN
Show House, Other Buildings, Proposed Sewage Layout, Well, Water Line, Roads, Streams, Lakes and Distances Between



THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION 24 HOURS BEFORE COVERING SYSTEM!

INSPECTION SYSTEM COVERED ____ APPROVED ____ (Date) NOT APPROVED ____ (Date)

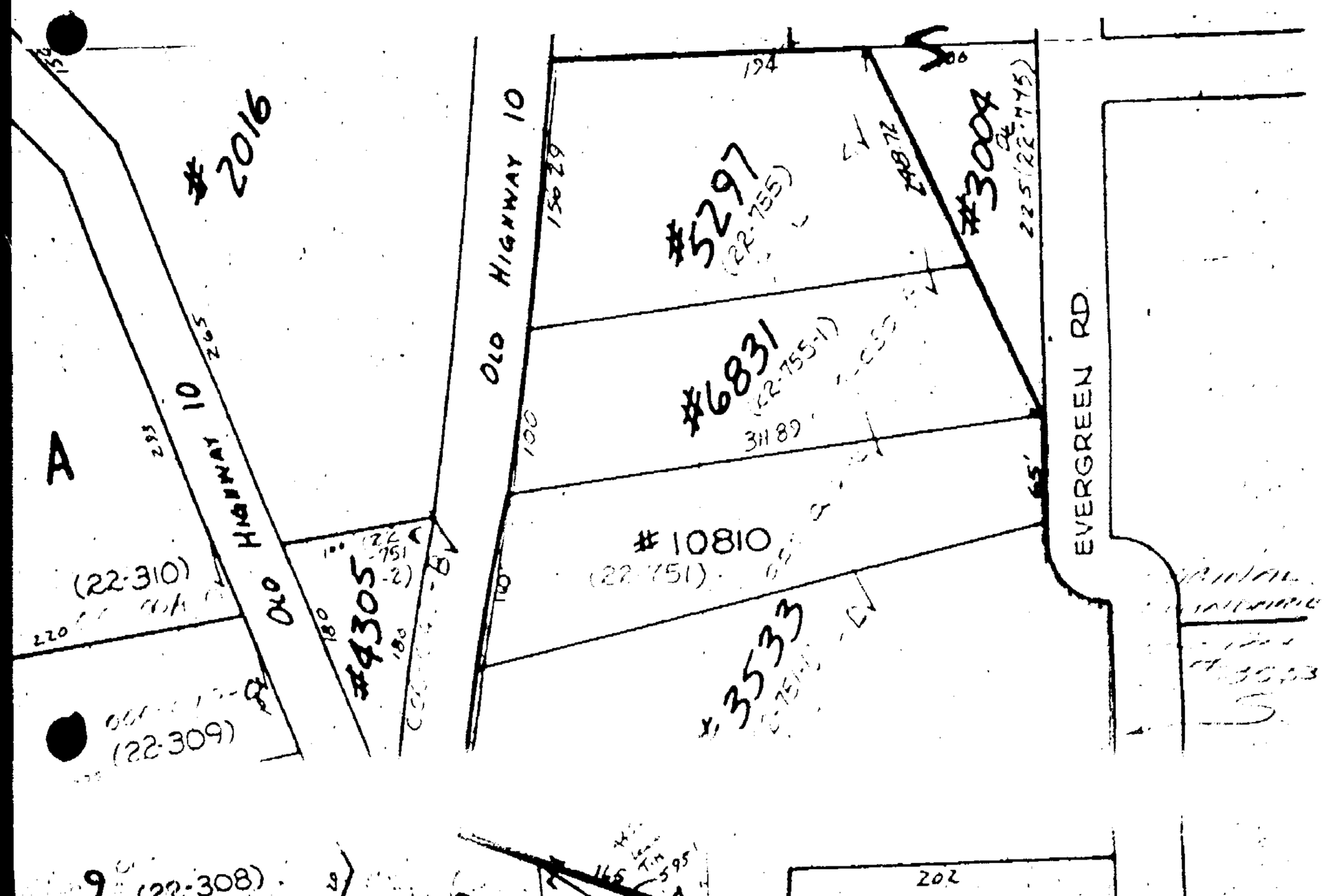
INSPECTED BY ____ (Name) INSTALLED BY ____ (Name) DATE ____

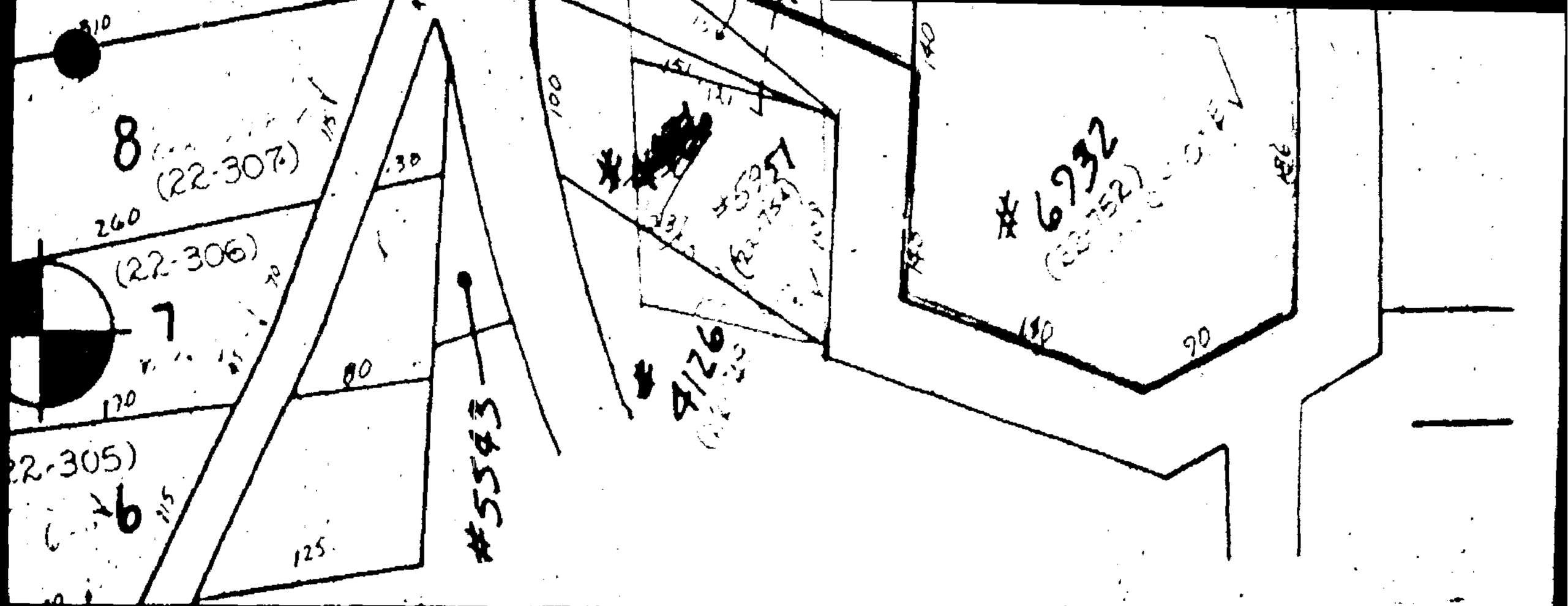
REMARKS ____

REFERENCE: *RULES AND REGULATIONS FOR INDIVIDUAL AND SUBSURFACE SEWAGE DISPOSAL SYSTEMS*
Idaho Department of Health, Environmental Improvement Division, February 1978

Tax No. 3533 Book 149, Page 199

Part of Tracts 40 and 50, Lakeshore Addition to Sunnyside, Kootenai County, Idaho, according to the recorded plat, described as follows: Beginning at a point 40 feet West of the SW corner of Tract 49, Lakeshore Add. to Sunnyside; thence Southerly along the West side of the Hill road a distance of 686.4 feet, more or less, to the SW corner of Tract 51; thence S. 62°45' West 90 feet; thence N. 70°00' West 140 feet; thence N. 3° 30' East 140 feet; thence N. 54°58' West 165 feet to Highway No. 10; thence Northerly along the Easterly side of U.S. Highway 10, a distance of 450 feet more or less to a point which is directly West of the place of beginning; thence East a distance of 300 feet, more or less, to the place of beginning; EXCEPTING THEREFROM that portion described as commencing at the SW corner of Tract 49, Lakeshore Addition to Sunnyside; thence West 40 feet across county road to point of beginning; thence S. along W. line of county road a distance of 225 feet; thence Northwesterly to a point 106 feet West of point beginning; thence E. 106 ft. to point of beginning.





8
(22-307)
260
(22-306)
7
170
(22-305)
6
125
80
130
100
#5543
#4126
#6732
140
90

REPAIR $30.00

PERMIT FEE $30.00

PANHANDLE HEALTH DISTRICT I
INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

PERMIT NO. _____ PAID _____ CASH _____ CHECK _____ NO FEE _____ DATE August 29, 1984

INSTALLATION FOR (NAME) All Star Property Management SIZE OF LOT _____ FT. X _____ FT.

LEGAL DESCRIPTION OF PROPERTY Tax No. [illegible]

LOCATION OF INSTALLATION Yellowstone

NO. LIVING UNITS 1 BEDROOMS _____ BATHS _____ PEOPLE SERVED _____ OTHER _____

SEPTIC TANK _____ GALS. - DISTANCE TO DWELLING FOUNDATION _____ WELL _____ WATER LINE _____

SURFACE WATER _____ TYPE OF TANK: CEMENT _____ METAL _____ OTHER _____

DISPOSAL AREA: DRAIN FIELD _____ ABSORPTION BED _____ OTHER _____ DIMENSIONS _____

COMPONENT SEPARATIONS:

PROPERTY LINE:

FRONT _____ FT. BACK _____ FT. SIDE _____ FT. DWELLING FOUNDATION _____ FT.

WELL _____ FT. SURFACE WATER _____ FT. SEPTIC TANK _____ FT. NEIGHBOR'S WELL _____ FT.

DEPTH TO GROUND WATER _____ WATER SERVICE LINES _____ FT.

I UNDERSTAND THAT THIS PERMIT IS NON-TRANSFERABLE AND IS VALID FOR 1 YEAR FROM THE DATE OF APPLICATION. DRAINFIELD MUST NOT EXCEED 3 FEET IN DEPTH.

APPLICANT'S SIGNATURE _____ APPLICANT IS: ☐ OWNER ☐ CONTRACTOR ☐ OTHER

MAILING ADDRESS _____ PHONE NO. _____

REMARKS _____

PERK RATE _____ MIN/In. SOIL PROFILE _____

PLOT PLAN SUBMITTED _____ Date APPROVED _____ Date DISAPPROVED _____ Date

PERMIT ISSUED BY _____ REMARKS _____

VICINITY MAP
(Show How To Get There From This Office)

PLOT PLAN
(Show House, Other Buildings, Proposed Sewage Layout, Wells, Water Lines, Roads, Streams, Lakes and Distances Between)

RECEIVED
SEP 4 1984
PANHANDLE HEALTH DISTRICT 1

THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION 24 HOURS BEFORE COVERING SYSTEM!

INSPECTION - SYSTEM COVERED _____ APPROVED 9/4/84 T.D. Date NOT APPROVED _____

INSPECTED BY CTS Name INSTALLED BY [illegible] Name DATE 9/6/84

REMARKS _____

Return to: Panhandle Health District I
2195 Ironwood Court
Coeur d' Alene, Idaho 83814
(208) 667-3481

REFERENCE: *RULES AND REGULATIONS FOR INDIVIDUAL AND SUBSURFACE SEWAGE DISPOSAL SYSTEMS*
Idaho Department of Health, Environmental Improvement Division, February 1978

AN INSPECTION WAS REQUESTED, BUT NO ONE FROM THE HEALTH DISTRICT SHOWED UP TO DO IT.

Luke's T/S

CONSOLIDATED FREIGHTWAYS
with the people and the places to serve you better