



**Public Health**  
Prevent. Promote. Protect.

**Idaho Public Health Districts**

**Onsite Wastewater System O&M Inspection Report**

**EASTERN IDAHO PUBLIC HEALTH**

**1250 HOLLIPARK DRIVE  
IDAHO FALLS ID 83401  
(208) 523-5382  
(208) 528-0857**

**Permit #:** 3017013  
**Date Rcvd:** Jul 27, 2017  
**Parcel #:** RP00173000001A

**Applicant's Name:** Michael Philpott  
**Owners Name:** Michael Philpott  
**Property Address:** 7 Paradise Lane, Salmon ID 83467  
**Legal Description:** **Subdivision:** aNTELOPE HILLS SOUTH **Township:** 22N **Range:** 22E **Section:** 08  
**Block:** **Size (acres):** 26

As-Built (not to scale)

<b>System Type:</b> Basic System, Gravel Drainfield	<b>Gravel (Yards):</b> 22
<b>System Mfg:</b> Dahle	<b>Sand (Yards):</b> N/A
<b>Septic/Trash Tank (Gal):</b> 1000	<b>Installation Depth (Inches):</b> 24
<b>Septic/Trash Tank Mfr:</b> Dahle	<b>Rock Under Pipe (Inches):</b> 10
<b>Depth to Tank Lid (Inches):</b> 12	<b>Date System Installed:</b> 07/27/2017
<b>Standpipe/ Riser (Inches):</b> N/A	<b>Riser Longitude:</b>
<b>Pump Tank (gallons):</b> N/A	<b>Riser Latitude:</b>
<b>Pump Tank Mfg:</b> N/A	<b>Well Installed?</b> Yes
<b>Drainfield Width (Ft):</b> 6	<b>Distance to Tank (Ft):</b> >50
<b>Drainfield Length (Ft):</b> 82	<b>Distance to Drainfield (Ft):</b> >100
<b>Drainfield Area Installed (Sq Ft):</b> 492	<b>Valve:</b> No
<b>Effective Area (Sq Ft):</b> 492	<b>Dist-Box:</b> No
	<b>Drop-Box:</b> No

All plans, specifications, and conditions contained in the approved permit application are hereby incorporated into and may be enforceable as part of the permit.

**Technical Allowance Granted?** No

**Comments:**

**Notes/Conditions of Approval**

Inspection required before cover

48 Hours advanced notice required for inspection

Maximum depth of excavation 4'

**Installer Name:** ENGLAND CONSTRUCTION **Signature:**  
**Installer Phone:** (208) 865-2321  
**Installer Number:** I-0180

NA

**Date:** Jul 27, 2017

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

**EHS Final Inspection Signature**

14

Jul 27, 2017

**EHS Code**

**Date**

# PERMIT-Subsurface Sewage Disposal



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1250 HOLLIPARK DRIVE  
IDAHO FALLS ID 83401  
(208) 523-5382

Permit #: 3017013  
Date: 06/06/2017  
Parcel #: RP00173000001A  
Doc ID #:

## Idaho Public Health Districts

Applicant's Name: Michael Philpott  
 Owners Name: Michael Philpott  
 Property Address: 7 Paradise Lane Salmon ID 83467  
 Legal Description: Township 22N Range 22E Section 08  
 Subdivision: aNTELOPE HILLS sOUTH Lot Block Size(acres): 26.0

Type of Installation	Type of System (check all that apply)			Water Supply
<input checked="" type="checkbox"/> New System <input type="checkbox"/> Expansion <input type="checkbox"/> Repair <input type="checkbox"/> Tank Only	<input type="checkbox"/> Absorption Bed <input type="checkbox"/> Capping Fill <input type="checkbox"/> Central System <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Drip Distribution <input type="checkbox"/> ETPS <input type="checkbox"/> Experimental <input type="checkbox"/> Extra Drainrock <input type="checkbox"/> Evapotranspiration <input checked="" type="checkbox"/> Gravel Drainfield	<input type="checkbox"/> Gravelless Drainfield <input type="checkbox"/> Gray Water Sump <input type="checkbox"/> Gray Water System <input type="checkbox"/> Holding Tank <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Individual Lagoon <input type="checkbox"/> Intermittent SF <input type="checkbox"/> Intrench SF <input type="checkbox"/> LSAS <input type="checkbox"/> Pit Privy	<input type="checkbox"/> Pressurized DF <input type="checkbox"/> Recirculating GF <input type="checkbox"/> RV Dump Station <input type="checkbox"/> Sand Mound <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Steep Slope Drainfield <input type="checkbox"/> Two Cell Lagoon <input type="checkbox"/> Vault Privy <input type="checkbox"/> Other (see below)	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> Public <hr/> Water Source <input checked="" type="checkbox"/> Well <input type="checkbox"/> Spring

### Conditions of Approval:

Inspection required before cover  
 48 Hours advanced notice required for inspection  
 Maximum depth of excavation 4'

Residential permit

Non-residential permit

Soil Type:

The minimum septic tank capacity is:

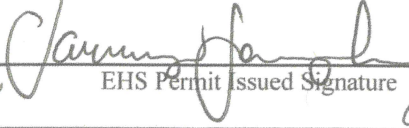
The minimum effective drainfield absorption area is:

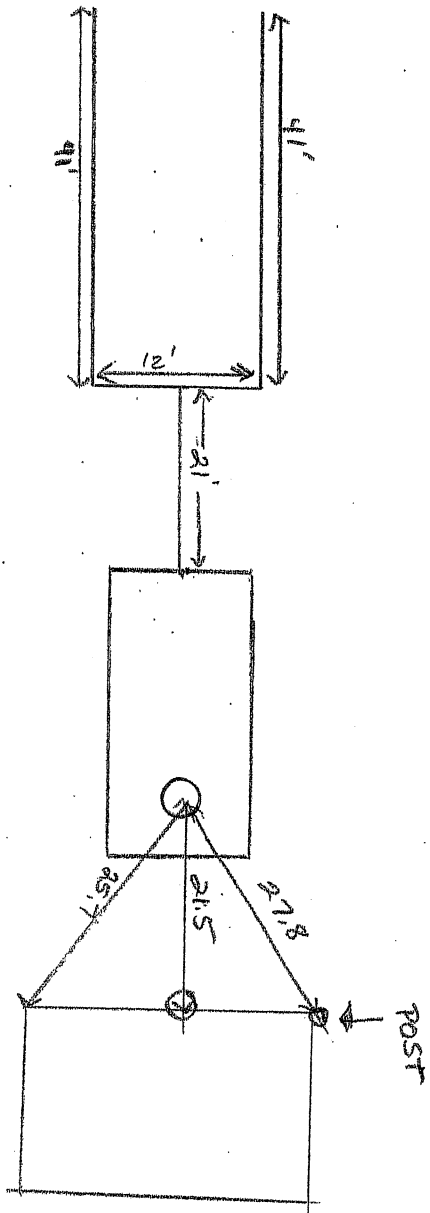
The drainfield can be no closer to permanent/intermittent surface water than:

0	Bedrooms
	Gallons Per Day
100.0	Gallons Per Day
A-2a	USDA
1000	Gallons
445	Square Feet
300	Feet

**Note: (Final approval of this permit requires inspection of the uncovered system.)**

All plans, specifications, and conditions contained in the approved permit application are hereby incorporated into, and are enforceable as part of the permit. The permit will expire one (1) year from date of issuance. The permit may be renewed if the renewal is applied for on or before the expiration date.

 EHS Permit Issued Signature	
14	6/6/2017
EHS Code	Date
Revision Date: 06/17/2010	



(N)

MICHAEL PHILPOT  
 PERMIT # 3017013  
 INSPECTED BY: JACQUO  
 SAMPLES  
 7/27/2017



