## **APPENDIX H Approval Letters**

Eastern Idaho Public Health Teton County Fire District



TETON COUNTY 820 Valley Centre Drive Driggs, ID 83422 OFFICE (208) 354-2220 FAX (208) 354-2224

05/14/2024

Teton County Planning and Zoning 89 North Main Suite 6 Driggs, Idaho 83422

Bruce DeRize 4621 S 500 E

**RE: Rolling Stones Acres Subdivision** 

I have reviewed the application to have RP04N45E247802 subdivided into four (4) lots to be known as the Rolling Stones Acres Subdivision and determined that the property is suitable for sub-surface waste disposal systems to serve residences. Three (3) test holes were evaluated on May 14, 2024, to determine suitability of wastewater disposal. There is an existing septic system on the parcel serving a five-bedroom dwelling installed under Permit #4100188. The information gleaned from permitting and installation of this system is being used for this report as well. Following is my evaluation of the soils on the property. All test pits present basically the same soil layering with minor differences in thickness of the layers. (See included Test Hole Information page for greater detail.)

## Soil information observed:

0-~15 inches silty sandy loam with minor rock content. Topsoil with varying thickness. B1 soil type. ~20-120 inches gravely loamy coarse sand. 70% rock content of clasts 2-12 inches in diameter. A2A soil type.

Septic systems will be sized using B1 application rate of 0.6 gpd/sq ft due to the 70 percent rock content.

No bedrock was encountered in any test hole. No groundwater was encountered in any test hole.

The entire parcel is flat with almost no undulation in topography. There is no natural surface water on this parcel. A small irrigation ditch runs along the north boundary of the parcel.

Eastern Idaho Public Health gives preliminary approval of the application to divide this parcel creating the Rolling Stones Acres Subdivision based on suitability for residential sub-surface waste disposal. Individual subsurface sewage disposal systems may be allowed in accordance with IDAPA 58.01.03 and the Technical Guidance Manual for Individual Subsurface Waste Disposal. All current Idaho Rules must be met at time of installation.

A copy of the final plat is to be provided to the Health District at the time the Health Certificate is signed. The application fee balance if any will also be collected prior to signing the Health Certificate. If this application /plan changes for any reason, please coordinate those changes in advance, with this office.

KathlenDine

Kathleen Price REHS/MSG Eastern Idaho Public Health District kprice@eiph.idaho.gov 208-354-2220



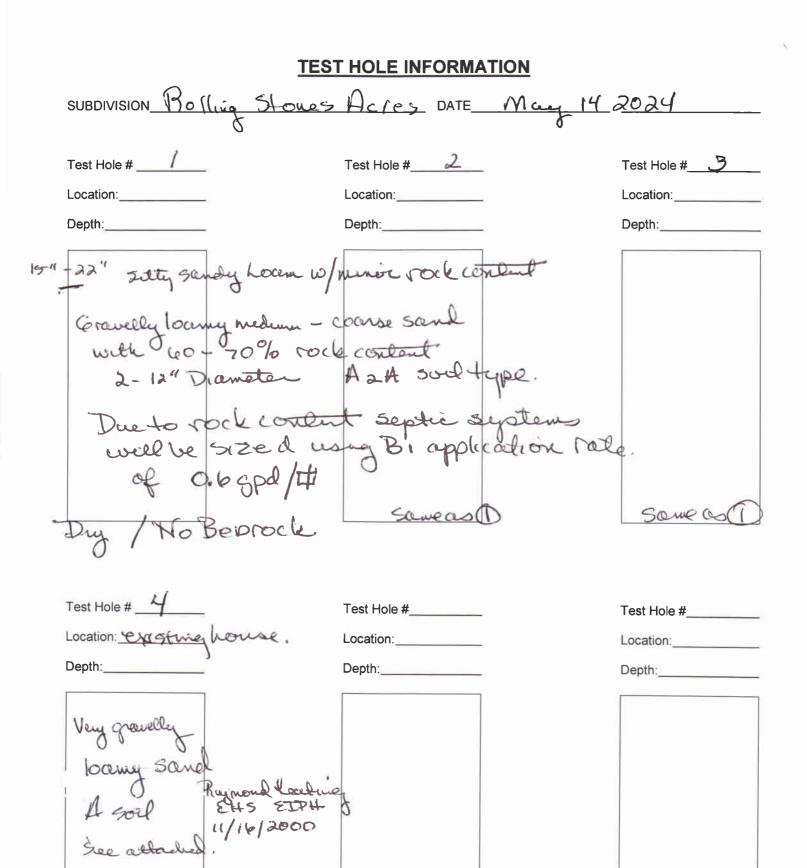


ENVIRONMENTAL HEALTH 1250 Hollipark Drive Idaho Falls, ID 83401 OFFICE (208) 523-5382 FAX (208) 528-0857

## SUBDIVISION ON-SITE

| Cond  | ucted on: May 14, 2024 Time: Travel  | On-site           |  |  |
|---|--|-------------------|--|--|
| ł.  | NAME OF SUBDIVISION: Rolling Stones Acres  |                   |  |  |
| 11.   | LOCATION (COUNTY): Jebon Cty RP04845E24  | 7802              |  |  |
| III,  | GENERAL INFORMATION:   |                   |  |  |
|   | A. Current Land Use: Openlot Pasteur   |                   |  |  |
|   | B. Adjoining Property Use: Residential   |                   |  |  |
|   | C. Surface Water (on or near development): None Irig   | ation Ditch NB.L. |  |  |
|   | D. Slope: minimed NW -> SE <2%   |                   |  |  |
|   | E. Drainage Areas Present: No  |                   |  |  |
|   | F. Rock Outcrop Present: No  |                   |  |  |
|   | G. Wetland Indications: No   |                   |  |  |
| IV.   | EVALUATION:  |                   |  |  |
|   | A. Individual water and sewer:<br>Does each lot appear to have sufficient area to install proposed system<br>and to meet minimum separation requirements?                | Yes V No          |  |  |
|   | B. Individual water and central sewer:<br>Does there appear to be sufficient area for central system and<br>replacement area?  | Yes No            |  |  |
|   | C. Individual sewer and central water system:<br>Does each lot appear to have sufficient area to install proposed system<br>and to meet minimum separation requirements? | YesNo             |  |  |
|   | D. Individual sewer and public water system:<br>Does each lot have sufficient area to install proposed system and to<br>meet minimum separation requirements?            | YesNo             |  |  |
| сомм  | ENTS:  |                   |  |  |
| No  | Natural resource overlag   |                   |  |  |
|   | concerns.  |                   |  |  |
| Ap  | prover for subscularce waste water   | diaman            |  |  |
| Approver for subscurface waste water disposals<br>All Testholes soch housing the same. See T. H Jufo Sheet. |  |                   |  |  |
| EHS:  | Janie I. H super meet  |                   |  |  |

BONNEVILLE - CLARK - CUSTER - FREMONT - JEFFERSON - LEMHI - MADISON - TETON WWW.EIPH.Idaho.gov



120" Dry Mc Bedrock.

| SEPTIC SYSTEM INSPECTION REPORT<br>District Seven Health Department<br>ENVIRONMENTAL SECTION<br>254 E Street • Idaho Fails, ID 83402-3597<br>(208) 523-5382   | Activity O( Action<br>Travel D Inspection<br>Time HO COUNTY<br>Teton   |
|---|--|
|   | 2810   |
| SPECTED BY Erne Parrish INSTALLED BY ish  | PHONE DATE   |
| 14E   | TOWNSHIP RANGE   |
| Bruce Derize  | 4 (D) S 45 E SECTION 24  |
| BDIVISION   | DIVISION LOT BLOCK   |
| REET NUMBER, CITY, STATE, ZIP OF SEPTIC SYSTEM SITE LOCATION  | VICTOR   |
|   | VICIO  |
| 1. Was Owner/Installer advised that sewer from building to tan  | k must be inspected by Plumbing Inspector?   |
|   | nutactured by <u>Pocatello</u> Precast   |
| 5 Final Depth to Manhole 9 inclus 6. Ext  | tension length Num   |
| 7. Distance in feet from Tank to: Well 120 Water Line   | 80 Property Line 25 Building 12  |
|   | Surface Water  |
| 1. Type System Installed In £.1tm.tors  | 2a. Maximum Final Excavation Depthft.  |
| Type System Installed <u>In F. (Invelors</u> Disposal Area <u>Ses 360</u> sq. ft.   | b. Soil Profile observed UC Leavy Sud  |
| 4. Is Sewer Rock properly sized and installed? Y N  |  |
| 5. Soil Barrier used  | A Valve Alternative Y. (N)<br>Canal MA Down Slope/Scarp MA   |
| 6. Distance in feet from absorption area to: Lake/River <u>Marce</u><br>Closest Drinking Water Source/Well <u>140</u> Water Line <u>100</u>   |  |
|   |  |
|   |  |
| N N N   | DRAWING: Show Buildings, Sep<br>System Components, Water Line  |
|   | System Components, Water Line<br>Wells, Trees, Surface Water, and oth  |
|   | significant items within 300 ft. radius<br>Septic System. IMPORTANT: Shi   |
| In P Lador  | measurements, especially for locati  |
| IUNA TRATUTS  | Septic Tank Manhole  |
| IN CACH THEREN  | INFORMATION SHOWN HERE IS ACCURATE.  |
| A 19 feet Prome F.  | (I.E. INSTALLER OR OWNER)  |
|   | THE H  |
| For tomk to drinkold is 1   | 12 that x Uh ky  |
| Tomik todankold P   | alan' hu   |
| Str   | HEALTH DEPARTMENT USE ONLY   |
| WITH A TOMA TO AND A TOMA TO A TO | HEALTH DEPARTMENT USE ONLY<br>INSPECTION/REVIEW SUMMARY<br>The System appears to:  |
| Str   | HEALTH DEPARTMENT USE ONLY<br>INSPECTION/REVIEW SUMMARY<br>The System appears to:<br>1. be in substantial compliance with Regulations.   |
| Str   | HEALTH DEPARTMENT USE ONLY     INSPECTION/REVIEW SUMMARY     The System appears to:         1. be in substantial compliance with Regulations.         2. have MINOR deficiencies which         could decrease capacity/life  |
| Str   | HEALTH DEPARTMENT USE ONLY     INSPECTION/REVIEW SUMMARY     The System appears to:         1. be in substantial compliance with Regulations.         2. have MINOR deficiencies which         could decrease capacity/life         of the system.         Y         1. have MAJOR deficiencies  |
| Str   | HEALTH DEPARTMENT USE ONLY     INSPECTION/REVIEW SUMMARY     The System appears to:         1. be in substantial compliance with Regulations.         2. have MINOR deficiencies which         could decrease capacity/life         of the system.         Y         4         Auve MAJOR deficiencies         which are violations that must         be corrected.         Y  |
| Str   | HEALTH DEPARTMENT USE ONLY     INSPECTION/REVIEW SUMMARY     The System appears to:         1. be in substantial compliance with Regulations.         2. have MINOR deficiencies which         could decrease capacity/life         of the system.         Y   |
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| Str   | HEALTH DEPARTMENT USE ONLY INSPECTION/REVIEW SUMMARY The System appears to:     be in substantial compliance with Regulations     Standards and Specifications.     Y      have MINOR deficiencies which     could decrease capacity/life     of the system.     have MAJOR deficiencies     which are violations that must     be corrected.     (list violations below)  |
| Str   | HEALTH DEPARTMENT USE ONLY     INSPECTION/REVIEW SUMMARY     The System appears to:         1. be in substantial compliance with Regulations.         2. have MINOR deficiencies which         could decrease capacity/life         of the system.         Y         N         Ave MAJOR deficiencies         which are violations that must         be corrected.         Y   |
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| Str   | HEALTH DEPARTMENT USE ONLY     INSPECTION/REVIEW SUMMARY     The System appears to:         1. be in substantial compliance with Regulations.         2. have MINOR deficiencies which         could decrease capacity/life         of the system.         Y N         3. have MAJOR deficiencies         which are violations that must         be corrected.         (list violations below)         IINSTALLER-INSPECTION         AUTHORIZED BY   |

| <b>DISTRICT SEVEN HEALTH DEPARTMENT</b> Receipt # <b>APPLICATION FOR SEWAGE DISPOSAL PERMIT</b> Permit #   |
|--|
| SINGLE FAMILY RESIDENCES (This is not a permit to install)   |
| Owner of system: Boyce Derize Phone # 528-88/1<br>Mailing Address of Owner: 142 3 Heath Ln #3 City: ID Falls Zip: 8340/  |
| Location of actual system:<br>Legal Description: 1/4 Section. <u>SE/4</u> Section <u>24</u> Township <u>4</u> <u>4</u> Range <u>45 E</u><br>Subdivision Name if applicable:<br>Address: <u>Lot</u> <u>Block</u><br><u>City</u> <u>Zip</u><br>Directions to property: <u>two</u> <u>Eact</u> at 4505. Follow to bend in   |
| Road Contine Straight through Test hole on southwest come<br>Lot Size: acres. Water Supply: Private Well (>) Shared Well () Public System ()   |
| Constructional Activity: New Construction (*) Enlargement () Replacement ()  |
| Wastewater Flow Information:<br>Maximum number of potential bedrooms 5<br>Will home have basement with bathroom, laundry or other plumbing for disposal of wastes? Yes No  |
| Proposed Disposal System:<br><u>Standard Systems</u> : Trench () Gravelless Dome () Absorption Bed () Seepage Pit ()<br>*Note* Current rules require you to install one of the systems listed above if you can, however, if you cannot due to circumstances<br>such as sub-water, slope, separations to surface water, or other items, then you must install one of the alternative systems listed.<br><u>Basic Alternative System</u> : Capping Fill Trench () Gray Water Sump () Steep Slope ()<br>Incinerator Toilet () Pit Privy () Vault Privy () |
| <u>Complex Alternative System</u> : Evapotranspitation () Experimental () Extended Treatment<br>Package () Intermittent Sand Filter () In-Trench Sand Filter () Lagoon () Pressure<br>Distribution () Sand Filter-Intermittent () Sand Filter-Recirculating () Sand Mound ()<br>Two Cell Infiltrative ()<br>*Note* Current rules require you to hire a septic installer that is licensed to install complex systems. A homeowner or an installer that<br>only holds a standard or basic alternative permit cannot install complex systems.             |
| I certify that public or central sewage facilities are not reasonably accessible. I understand that if this system is<br>constructed by anyone other than homeowner, a licensed installer must install it. I understand that the system must be<br>inspected and approved prior to final cover. I understand this is an application only and that it is necessary to have a<br>permit before construction can begin. * Note * Once the permit has been issued, no changes can be made without<br>prior approval from District Seven Health Department. |
| I am the: Homeowner ( ) Owner's authorized representative: Installer ( ) license number Contractor ( )   |
| I hereby authorize access to this property for the purpose of conducting an on-site evaluation. I understand it is necessary to have one of the following present during the evaluation: Homeowner, Installer or Contractor.   |
| Signed By: X Jut Milly Date: 11/16/2000  |
| ON-SITE EVALUATION ON REVERSE SIDE   |

10/99



