



APPLICATION-Accessory Use

Receipt No: _____	Date: _____
Fee: _____	Document No: _____

(Official Use Only)

Accessory use approval may depend on the following: site evaluation approval, maximum daily sewage flow, house size and location, well location, surface water locations, changes to native soil (road cuts, grading, benching), distance to neighboring structures (wells, buildings, drainfields), proposed land use, soil quality, etc.

Accessory use approvals cannot be granted until all such issues are addressed and / or submitted in writing as part of the plot plan / application AND found to be consistent with current regulations. **A parcel number is to be submitted as part of this application.**

(Commercial Applicants Only) A detailed letter of intent which may include a Non-Domestic Waste Water Application must be submitted outlining the following: number of employees, type of operation, proposed water usage, and wastewater characterization.

(Incomplete Applications Will Be Returned)

Parcel # : _____ Acres: _____

Property Address: _____ City _____ Zip Code _____

Legal Description: Township _____ Range _____ Section _____ County _____

Subdivision: _____ Lot _____ Block _____

Directions to Site: _____

Applicants Name: _____ Email: _____

Mailing Address: _____ Phone # _____

City : _____ State: _____ Zip Code: _____

Applicant is : Landowner Contractor Installer Other _____ Date: _____

Owners Name : _____

Mailing Address : _____ Phone #: _____

City : _____ State: _____ Zip Code: _____

The proposed use will be: Residential Commercial

Is there an existing structure(s) on this parcel? Yes No

Will the footprint of the existing structure(s) foundation change? Yes No

The proposed change will be: Remodel Only Replacement of an Existing Dwelling
 Outbuilding Requiring Water/Septic Outbuilding Not Requiring Water/Septic

Tank must be pumped if septic permit is not on file. Tank Pumped? Yes (provide copy) NO (pump & provide copy)

Is the current on-site sewage disposal system in use? Yes No

Number of bedrooms currently in structure: _____

Number of bedrooms after remodel or new dwelling unit: _____

Property is located in : City Impact Zone County

Is the proximity of the structure to city sewer or central wastewater collection system 200 feet or less? Yes No

Water supply : Private Well Shared Well Public Water System

Description of proposal: _____

Please draw an aerial view of the property showing your proposal and the outline of buildings, property lines, well location(s), water lines, location of septic tank and drainfields, location of drainfield replacement area, ditches and streams, easements and right of ways, drive-way and parking area, cut banks, and location of street or road. Indicate dimensions and separation distances of each from septic tank and drainfield (see attached example).

PLOT PLAN



Large empty rectangular box for drawing the plot plan.

SIGNATURE : _____ DATE: _____

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify Southwest District Health of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize Southwest District Health to have access to this property for the purpose of conducting a site-evaluation.

Southwest District Health, Environmental Health Services

13307 Miami Lane
Caldwell, ID 83607
208.455.5400
208.455.5405 (fax)

1008 East Locust
Emmett, ID 83617
208.365.6371
208.365.4729 (fax)

1155 Third Avenue North
Payette, ID 83661
208.642.9321
208.642.5098 (fax)

46 West Court
Weiser, ID 83672
208.549.2370
208.549.2371 (fax)



Southwest District Health
 13307 Miami Lane
 Caldwell, ID 83607
 208-455-5400

Receipt No: _____ Date: _____
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 Legal Desc: _____
 Parcel #: _____
 Subdivision: _____

Accessory Use Approval Request

I _____ am the current owner and/or authorized agent of real property located at _____. I hereby acknowledge, understand, and agree to the following:

1. I acknowledge that I am jointly and individually responsible for maintaining conformance with Idaho's Rules for Individual/Subsurface Sewage Disposal, IDAPA 58, Title 01, Chapter 03, as defined in IDAPA 58.01.03.002.04.
2. I understand that the Rules for Individual/Subsurface Sewage Disposal, IDAPA 58, Title 01, Chapter 03, must be met, and that Southwest District Health (SWDH) has granted this approval based on information I have provided.
3. I understand that I am voluntarily requesting this change to the property, and if I violate the below rules my subsurface sewage disposal system may be considered a non-conforming system. I understand that non-conforming systems do not meet the Rules for Individual/Subsurface Sewage Disposal, IDAPA 58, Title 01, Chapter 03, and that neither I, nor future owners, will be allowed future voluntary additions or alterations unless current permitting requirements are met.
4. I understand the following: that any modifications to the existing structure or the new structure foundation will not be within twenty feet (20') with basements, or ten feet (10') without basement, of my drainfield(s); the septic tank will not be within five feet (5') of the foundation; the drainfield(s) will not be within five feet (5') of property lines; the drainfield(s) area must be protected from vehicular traffic; the subsurface sewage disposal system(s) will not be receiving additional flows beyond those specified on the application; and the above requirements apply to both my primary and replacement drainfield system(s).
5. I agree to waive or release any right, claim, or cause of action which I may now have, or which I may have in the future, against SWDH, from any and all additional effects that may be caused or may have been caused by this approval.
6. I acknowledge that upon sale of this property, disclosure of any and all information relating to this subsurface sewage disposal system lies solely with me and/or my representatives/agent, and not with SWDH.

Applicant Signature: _____ Date: _____

REHS/RS Signature: _____ Date: _____
 (By signing above, SWDH approves the request as noted in the application.)

Date			
Travel			
Inspect			
EHS Code			

Comment(s): _____

