



**Southwest District Health**  
**13307 Miami Lane \* Caldwell, ID 83607**  
**Phone 208.455.5400 \* Fax 208.455-5405**

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSTALLER PERMIT APPLICATION**

Date \_\_\_\_\_

Basic

Installer # (office use only) \_\_\_\_\_

Complex

***Please Print***

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Partner(s) or Parent Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Exam Taken on: \_\_\_\_\_

Name of bonding company: \_\_\_\_\_

Bond expires on: \_\_\_\_\_

I request an installer's registration permit as required by regulations pursuant to the specific section of *Idaho Code*, Title 39, Chapter 36, and the "Rules and Regulations for Individual and Subsurface Sewage Disposal Systems," Section 01.3006.01 through 01.3006.07.

Attached to this application is a copy of a surety bond or instrument, (Form 641-B) and the application fee. (The bond can be withdrawn by the surety on proper notice to the principal according to *Idaho Code*, Chapter 26, Section 41-2612.)

I understand that the permit will not be transferable and is based upon compliance with the "Rules and Regulations for Individual and Subsurface Sewage Disposal Systems of the State of Idaho," effective October 1985, and the *Technical Guidance Manual for Individual and Subsurface Sewage Disposal*, and may be suspended for violation of such regulations and standards.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_ Initial \_\_\_\_\_

Payment Type: Cash  Check  Credit Card

1008 East Locust  
Emmett 83617  
208.365.6371  
FAX 208.365.4729

1155 Third Avenue North  
Payette 83661  
208.642.9321  
FAX 208.642.5098