

APPLICATION-Subsurface Sewage Disposal



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Southwest District Health
13307 Miami Lane
Caldwell, ID 83607
Phone: 208.455.5400
Fax: 208.455.5405

Date: _____	Facility #: _____
Nexus #: _____	Account #: _____
(Official Use Only)	

(Incomplete Applications Will Be Returned)

Parcel #: _____ Acres: _____

Property Address (If available): _____ City: _____

Legal Description: Township _____ Range _____ Section _____ County _____

Subdivision: _____ Lot _____ Block _____

Directions (nearest crossroad): _____

Applicants Name: _____ Email: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Applicant is: Landowner Contractor Installer Other _____

Owners Name: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Type of Septic Installation: New Expansion Repair Tank Only

Proposed Usage: Residential Non-Residential Other (i.e. barn, shop, etc.)
 Central (more than two dwellings) Large Soil Absorption (2,500 gal/day or ten or more dwellings) # of Units: _____

Is there an existing structure on this parcel? Yes No Year Built: _____

Number of Bedrooms: (residential only) _____ Number of bathrooms: _____

Number of People: _____ Square Footage: _____ Garbage Disposal? Yes No

Non-Residential Flow Design: Average: (gallons per day (gpd)) _____ Peak: (gpd) _____

Foundation Type: Basement Crawl Space Split Level Slab

Property is located: Inside City Inside County

Zoning certificate or other county documentation submitted? Yes No N/A

City sewer or central wastewater collection system 200 feet or less to structure? Yes No

Water Supply: Private Well Shared Well Public Water System, Number: _____
(Non-Public)

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 the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that this application and the subsequent permit is non-transferable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, when issued, may be renewed if the renewal is applied for on or before the expiration date.



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Please draw an aerial view of the property showing 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, driveway and parking area, cut banks, and location of street or road. Indicate dimensions and separation distances of each from septic tank and drainfield.

PLOT PLAN

SCALE: 1" = ____'

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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 understand that any deviation from the plans, conditions, and specifications, is prohibited unless it is approved in advance by the Director or his designee. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation.

(Official Use Only)

Plot Plan Approval Date: _____ EHS Name: _____ EHS #: _____

