

APPLICATION - Speculative Site Evaluation



Public Health
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Idaho Public Health Districts

Central District Health Department

Ada and Boise Counties
707 N. Armstrong Pl.
Boise, ID 83704
(208) 327-7499

Elmore County
520 E. 8th St. N.
Mountain Home ID 83647
(208) 587-4407

Valley County
703 North 1st St.
McCall, ID 83638
(208) 634-7194

(Official Use Only)

Date: _____ File # _____

Site Fee: _____ Receipt #: _____

Property Address (If Available):

Street: _____ Acres: _____

City: _____ Zip: _____ County Parcel #: _____

Legal Description ¼ ¼ Section: Township: Range:

Subdivision: Lot: Block:

Directions (nearest crossroad): _____

Applicant's Name: _____ Email address: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Applicant is: Landowner Contractor Installer Other _____

Owner's Name: _____ Email address: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

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

Foundation Type: Basement Crawl Space Split Level Slab

Property is Located: Inside City Inside County

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

Water Supply: Private Well Shared Well PWS, Number: _____ Other: _____

Signature: _____ Date: _____

By my signature above, I understand that the speculative site evaluation only indicates potential suitability of soils for on-site sewage disposal. Approval to construct a sewage disposal system can only be granted by a valid septic permit. 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 is non-transferable between property owners and/or project sites. I understand that the fee is non-refundable once the inspector has conducted the on-site evaluation. I understand that the application will expire one (1) year from date of purchase.



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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" = _____'

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 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 #: _____

Revision Date: 10/2010 NRU