

MORTGAGE SURVEY INFORMATION SHEET



INSPECTION FEES:

Well Only \$302.00
(survey \$290.00+ lab fee \$ 12.00)

Septic Only \$290.00

1st Resample (lab fee) \$12.00

2nd Resample \$162.00
(revisit fee \$150.00+ lab fee \$12.00)

The inspector must have access to the entire area of the drainfield, septic tank, and/or well head.

A Revisit Fee of \$150.00 will be required if this office must make a third visit to the property for the following reasons.

- A. All major and minor well repairs, including re-inspection of repairs such as a well cap and electrical conduit that is not properly fastened to the casing and/or not water tight.
- B. Revisit because we were unable to obtain a water sample for any reason.
- C. Second water resample due to a contaminated well.
- D. Dogs were not properly restrained.
- E. Roof on well house is too heavy.

PROCESSING:

The following items must be submitted at the time of application. Any incomplete surveys will not be processed until all the information has been submitted.

1. **Verification of legal description.** This can be obtained from tax notice, deeds, irrigation notices, multiple listings, or homeowners insurance.
(e.g. Lot 5 Bk 1 Mack's Sub or NE4 SW4 Sec10 T4N R1E)
2. **A plot plan** must be drawn on the application showing the location of the septic tank, any drainfields, and any domestic wells in relationship to the house.
3. If the septic tank has been or will be pumped, we will need a copy of the **pumping receipt**.

QUESTIONS:

You will be required to answer the following questions:

1. Is the well head visible? If the well head is in the pump house or there is anything covering the well head, it must be either indicated on the application or removed so the inspector has access to the well head. If the well cap is loose, it must be tightened firmly. Cracked well heads may require replacement. If missing, one must be installed before completion of the survey.
2. Is the well on the property? The location of the well must be indicated on the application.

RESULTS:

Septic Only results will be available within two working days. Any survey with water sample test results will be available 3-5 days after the sample is taken.

We will contact you by phone as soon as the survey is complete.

CENTRAL DISTRICT HEALTH DEPARTMENT

MORTGAGE SURVEY REPORT FOR SEWAGE & WATER SYSTEMS

ENVIRONMENTAL HEALTH DIVISION



Ada County
707 N. Armstrong Pl.
Boise, ID 83704-0827
Tel. 327-7499

EXAMPLE

PLEASE READ
REVERSE SIDE

Valley County
703 N. 1st Street
McCall, ID 83638
Tel. 634-7194

FOR OFFICE USE ONLY	
Parcel I.D. #	
Fee	Receipt No.
Fee	Receipt No.
Fee	Receipt No.
<input type="checkbox"/> WELL ONLY <input type="checkbox"/> WELL-SEPTIC <input type="checkbox"/> SEPTIC ONLY	

Act.	EHS	Date	Travel Time / Insp Time

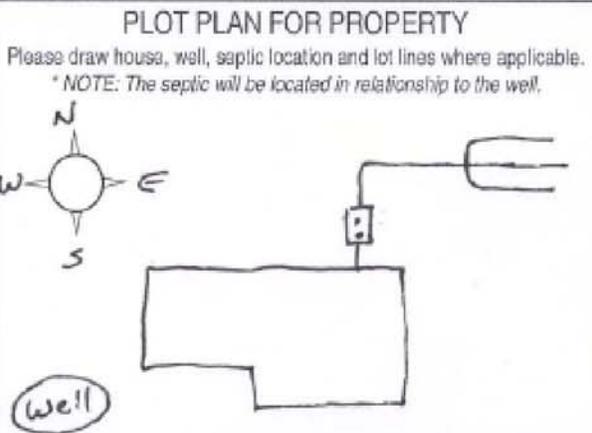
APPLICATION

Applicant's Name <u>Joe Cannon</u>	Applicant's Address Street <u>100 N. Main St.</u>	City <u>Boise</u>	Zip Code <u>83702</u>	App's Day Ph. # <u>555-1234</u>
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Address of Property Street <u>2525 Century Ln</u>	City <u>Boise</u>	Zip Code <u>83704</u>	Legal Description of Property <u>Lot 10 Block 2 Here & Now #1</u>
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Location: Inside City In County County Parcel #: B 2 4 5 7 8 9 1 2 3 4

	Yes	No
Well head is visible & accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The well is on the property	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The house is currently occupied	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will dogs be restrained	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has sewage system failed, been replaced or repaired in the last 12 months	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The septic system is functioning properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The septic system has been pumped within the last 3 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, when was it pumped <u>9-1-2006</u>		
Year home was built <u>2000</u>		



DIRECTIONS TO PROPERTY

N

W — | — E

S

East on Emerald
From Five Mile
Left (North) on
Armstrong Left
(West) on
Century

<p>I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate.</p> <p>Applicant's Signature: <u>Joe Cannon</u> Date: <u>6-27-07</u></p>	<p>REFUND POLICY: Requests for refunds must be made within one year of date of payment. Refunds will be made for the amount of fee received less the cost of staff time spent on the application up to the date of request for refund. If the cost of staff time exceeds the amount of fee paid, no refund will be made.</p>
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SURVEY RESULTS

1. Our survey indicates the water supply is:

Public Individual Well Community Well Other

a. Well is located _____ feet from the _____ of the house foundation.

b. The well casing is _____ inches above below grade floor in pit buried well

c. Water sample collected on _____ and tested for Intestinal bacteria. Resample Date: _____

d. Intestinal bacteria were were not found in the water sample.

e. Well head appears to be acceptable. Well head is not acceptable.

f. Field sample results for Nitrate _____ mg/l (EPA Maximum Contaminant Level (MCL) is 10 mg/l) Sample Date: _____

g. Field sample results for Nitrite _____ mg/l (EPA Maximum Contaminant Level (MCL) is 1.0 mg/l) Sample Date: _____

GPS Readings	Well: N _____
	W _____

2. Our survey indicates the sewage system is:

Public Private Ind. Community Other

a. Sewage disposal system permit issued by Health Authority on _____ and inspected/accepted on _____

b. Sewage disposal is _____ feet from the well and appears to be located on the _____ of the house.

c. Visual evidence of malfunction was was not present when surveyed on _____

Comments or Special Instructions (NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)

EHS signature _____ Date _____



Ada County

707 N. Armstrong Pl.
Boise, ID 83704-0825
Tel. 327-7499

Boise County

707 N. Armstrong Pl.
Boise, ID 83704-0825
Tel. 327-7499

Elmore County

520 E. 8th St. North
Mountain Home, ID
83647 Tel. 587-9225

Valley County

703 N. 1st Street
P.O. Box 1448
McCall, ID 83638
Tel. 634-7194

FOR OFFICE USE ONLY

Form for office use only containing fields for Parcel I.D. #, Fee, Receipt No., and checkboxes for Will Call, Mail Out, Hold Resample, WELL ONLY, WELL-SEPTIC, and SEPTIC ONLY.

Table with columns: Act., EHS, Date, Travel Time / Insp. Time

APPLICATION

Applicant's Name, Applicant's Address Street, City, Zip Code, Appl's Day Ph. #

Address of Property Street, City, Zip Code, Legal Description of Property

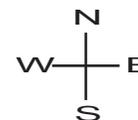
Well head is visible & accessible, The well is on the property, The house is currently occupied, Will dogs be restrained, Has sewage system failed, been replaced or repaired in the last 12 months, The septic system is functioning properly, The septic system has been pumped within the last 3 years, If yes, when was it pumped, Year home was built

PLOT PLAN FOR PROPERTY
Please draw house, well, septic location and lot lines where applicable.
* NOTE: The septic will be located in relationship to the well.



PARCEL #

DIRECTIONS TO PROPERTY



I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate.

Applicant/Agent's Signature

Date

X

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SURVEY RESULTS

1. Our survey indicates the water supply is: Public, Individual Well, Community Well, Other. a. Well is located... feet from the... of the house foundation. b. The well casing is... inches above/below/grade/floor/in pit/buried well. c. Water sample collected on... and tested for Intestinal bacteria. Resample Date... d. Intestinal bacteria... were/were not found in the water sample. e. Well head appears to be acceptable/not acceptable. f. Field sample results for Nitrate... mg/l (EPA Maximum Contaminate Level (MCL) is 10 mg/l) Sample Date:... g. Field sample results for Nitrite... mg/l (EPA Maximum Contaminate Level (MCL) is 1.0 mg/l) Sample Date:...

2. Our survey indicates the sewage system is: Public, Private Ind., Community, Other. a. Sewage disposal system permit issued by Health Authority on... and inspected/accepted on... b. Sewage disposal is... feet from the well and appears to be located on... of the house. c. Visual evidence of malfunction was/was not present when surveyed on...

Comments or Special Instructions (NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)

EHS signature

Date