

APPLICATION - Subsurface Sewage Disposal



Public Health
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Idaho Public Health Districts

Central District Health Department
Ada and Boise Counties
707 N. Armstrong Place
Boise, ID 83704
(208) 327-7499

Site Fee: _____ Date: _____
Permit Fee: _____ File #: _____
Receipt #: _____ (Official Use Only)

Property Address (If Available): _____
County Parcel # _____ Acres: _____

Legal Description ¼ ¼ Section: Township: Range:

Subdivision: Lot: Block:

Directions (nearest crossroad): _____

Applicant's Name: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Applicant is: Landowner Contractor Installer Other _____

Owner's Name: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Type of Septic installation: New Upgrade/Enlargement Replacement 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

Speculative Site Evaluation: Yes No

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 PWS, Number: _____ Other: _____

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, 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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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 #: _____

BOISE COUNTY

INSTRUCTIONS FOR OBTAINING A PERMIT FOR AN ON-SITE SEWAGE TREATMENT SYSTEM

APPLICATION:

- ▶ The **application** for an on-site septic permit and the **fee** must be submitted prior to scheduling a site visit. The application must include an accurate legal description of the property. **NOTE:** Neither this document nor the application is your permit.

PLOT PLAN:

- ▶ A proposed Plot Plan must accompany the application and fee. Please provide the inspector with the following information of the site: Location of proposed dwelling site; well site; septic site; replacement septic site; ditches; scarps; and streams.

TEST HOLE INSPECTIONS:

- ▶ Test holes are needed to evaluate the soils in the area where the drainfield is to be placed. Test Holes are required for all lots and parcels. It is the responsibility of the owner or his agent to make the necessary arrangements for digging.
- ▶ The test holes shall be excavated within fifty (50) feet of an area of the proposed drainfield to a depth of ten (10) to twelve (12) feet. Additional test holes or deeper test holes may be required if the natural soils are inadequate for sewage disposal. The test holes shall be **ramped** or **stepped** to allow access.
- ▶ Within ten (10) working days of the application and the fee being received and the Environmental Health Specialist being notified the test hole has been dug, an on-site inspection will be made. The owner or his agent should be present.

GROUNDWATER MONITORING:

- ▶ Groundwater monitoring is required for all parcels of property not in an approved subdivision. Monitoring may also be required in approved subdivisions when the records search indicates further data is required. Groundwater monitoring needs to be conducted for a minimum **twelve (12) week period**. Monitoring for the high groundwater table must be completed **by June 1**.

ON-SITE SEWAGE PERMIT:

- ▶ When the steps listed on this sheet are completed, your permit will be written. The on-site sewage permit will be available to be issued between 8 AM and 5 PM the following day. Permit may also be mailed or a facsimile may be sent.
- ▶ The on-site sewage permit is the document required for **installation** of your sewage system and for obtaining your **building permit**. Owner installed systems require the **owner to operate** the backhoe **equipment**. If not installed by the owner, **system must be installed by a licensed and bonded installer**.

Having complete, accurate, and necessary documentation will make the permitting process easier and faster. The key is to have all the necessary documents properly prepared and ready for Central District Health Department.