

Environmental Health Division



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 McCall, ID 83638 Tel. 634-7194

FOR OFFICE USE ONLY

Table for office use with columns for Parcel I.D. #, Fee, Receipt No., and checkboxes for WELL ONLY, WELL-SEPTIC, SEPTIC ONLY.

Table with 4 columns: Act., EHS, Date, Travel Time / Insp. Time.

APPLICATION

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

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

Location: Inside City, In County, County Parcel #:

Checklist for well and septic system status with Yes/No columns.

PLOT PLAN FOR PROPERTY: Please draw house, well, septic location and lot lines where applicable. Includes a compass rose.

DIRECTIONS TO PROPERTY: Includes a compass rose and lines for directions.

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.

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.

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... c. Water sample collected on... and tested for Intestinal bacteria. Resample Date... d. Intestinal bacteria... e. Well head appears to be acceptable... f. Field sample results for Nitrate... mg/l... g. Field sample results for Nitrite... mg/l...

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... 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



# MORTGAGE SURVEY INFORMATION SHEET



## **INSPECTION FEES:**

Well Only (survey \$215.00 + lab fee \$16.00)	\$231.00
Septic Only	\$215.00
Well & Septic (survey \$215.00 + lab fee \$16.00)	\$231.00
1st Resample (lab fee)	\$16.00
2nd Resample (revisit fee \$140.00 + lab fee \$16.00)	\$156.00

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

**A Revisit Fee of \$140.00** 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

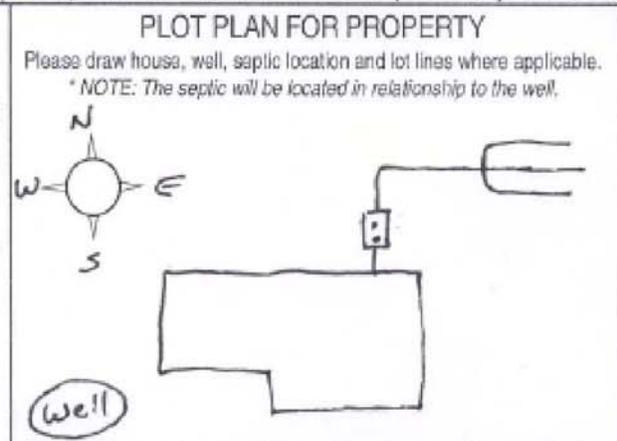
APPLICATION

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 &amp; 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

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's Signature: Joe Cannon    Date: 6-27-07

**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.

**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 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: \_\_\_\_\_

GPS	Well: N _____
Readings	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 \_\_\_\_\_