ENVIRONMENTAL HEALTH DIVISION



Ada County

Tel. 327-7499

Boise County Boise, ID 83704-0825 Boise, ID 83704-0825 Mountain Home, ID Mc Tel. 327-7499

Valley County Elmore County 707 N. Armstrong Pl. 707 N. Armstrong Pl. 520 E. 8th St. North 704

Emilione obtainty	valicy County
520 E. 8th St. North	703 N. 1st Street
Mountain Home, ID	McCall, ID 83638
83647 Tel. 587-9225	Tel. 634-7194

FOR C	OFFICE USE ONLY		
Parcel I.D. #			
Fee	Receipt No.		
Fee	Receipt No.		
Fee	Receipt No.		
□ WELL ONLY	□ WELL- □ SEPTIC SEPTIC ONLY		

Act.	EHS	Date	Travel Time / Insp. Time

A DDI ICATIONI

	APPLIC	AHON			
Applicant's Name	Applicant's Addres	s Street	City	Zip Code	Appl's Day Ph. #
Address of Property Street City	Zip Code Legal	Description of Property			
Location: Inside City In County	County Parcel #:				
Yes No		PLAN FOR PR			NS TO PROPERTY
Well head is visible & accessible □	_	_	d lot lines where applicable		N
The well is on the property			elationship to the well.		'``
The house is currently occupied			·		/ -=
Will dogs be restrained	Δ				s
Has sewage system failed, been					9
replaced or repaired in the last	$\overline{}$				
12 months	٧				
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					
I hereby authorize the health authority to have access to this pro-			: Requests for refunds mus		
making a survey and certify that all the above information is accurate Applicant/Agent's Signature	<i>e.</i> Date	Application up to the	ade for the amount of fee re he date of request for refund	eceived less the cost I If the cost of staff tire	t of staff time spent on the me exceeds the amount of
X	Date	fee paid, no refund	d will be made.	. Il tilo ooot ol otali til	THE EXCEPTION OF THE CITE OF
	SURVE	Y RESULTS			
1. Our survey indicates the water supply is:	332				
☐ Public ☐ Ind	ividual Well 🖵 Com	munity Well		☐ Other	
a. Well is locatedfeet from	n the	,	of the house foundation		
b. The well casing isinches 🚨 a					
c. Water sample collected on	and teste	d for Intestinal bact	teria. Resan	nple Date	
d. Intestinal bacteria 🔲 were 🗀 w					
 e. Well head appears to be acceptable. 					
f. Field sample results for Nitrate					
g. Field sample results for Nitrite	mg/I (EPA Maximur	n Contaminate Leve	el (MCL) is 1.0 mg/l) Sa	ample Date:	<u></u>
		GPS Well:			
2. Our curvey indicates the sowage system is:		Readings	W •	•	
2. Our survey indicates the sewage system is: Public Pri	vate Ind. 🗖 Commu				
a. Sewage disposal system permit issued by	Health Authority on	y	and inspected/accepte		
b. Sewage disposal isfee					
c. Visual evidence of malfunction \square was			d on		01 1110 1100001
Comments or Special Instructions (NOTE: This surv	ey does not guarantee tro	uble-free operation of th	ne sewage disposal or water	system.)	
EHS signature				Dat	te
Received by:			_ Date//	_	CDHD 6/07 lkc

__ Date ____/___/___ CDHD 6/07 lkc

MORTGAGE SURVEY INFORMATION SHEET



INSPECTION FEES:

Well Only \$261.00 (survey \$245.00 + lab fee \$ 16.00)

Septic Only \$245.00

1stResample(labfee) \$16.00

2nd Resample \$166.00 (revisit fee \$150.00+ lab fee \$16.00)

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

<u>A Revisit Fee</u> 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 reinspection 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**.

OUESTIONS:

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.

	MCRTGAG	SE SURV	EY REP	ORT FOR :	SEWAGE	& WATER SYSTEMS
ENVIRONMENTAL HEALTH DIVISION						R OFFICE USE ONLY
CENTRAL Ada County	B/ CA	MPI	inty Val	ley County	Parcel I.D. #	H UPPICE USE ONLY
PIFAITL 707 N. Armstrong P	1	In	North 703	N. 1st Street	Foe	Receipt No.
DEPARTMENT Boise, ID 83704-082 Tel. 327-7499	P.LF.	de	McC Tel.	634-7194	Fee	Receipt No.
	CAN SI	'A .	E)		Fee	Fleceipt No.
Act. EHS Date Trevel Time / Insp. Time	REVERSE	CAD	1		CO. MICEL	ELWELL DIRECTIO
	REVERSE	SOF			ONL)	
	APPLIC	ATIC	/			
Applicant's Name	Applicant's Addres			City	Zip Code	
Joe Common	100 N.			Boise	8370	2 555-1234
Address of Property Street City		Description of P				, the
2525 Century Ln Boise & Location: Alnside City In County	3704 Lo	10701	ock a	He	2 3	low #1
Yes No	County Parcel #: R	PLAN FO		B 7 /	-	7
Well head is visible & accessible	PLO I Please draw house, w			W. (1970)		CTIONS TO PROPERTY
The well is on the property	* NOTE: The se				ibig.	I I
The house is currently occupied	N				.	WHE
Will dogs be restrained				-	- _	, s
replaced or repaired in the last	m- J- E		1			st on Emerald
12 months	\ \ \		1			on Five Mile
The septic system is functioning properly						+ (North) on
The septic system has been pumped	(1			Mstrong Left
within the last 3 years					100000	est) ox
If yes, when was it pumped 9-1-2006 Year home was built 2000	(well)	_				intury
Tear Horne was built					-	
Charles Market B. Carlle B. Carlle B. C. Carlle B. C. Carlle B. Ca		DE PLO DE				
I hereby authorize the health authority to have access to this pr making a survey and certify that all the above information is accura		Refunds w	vill be made for	the amount of fee	e received less t	thin one year of date of payment. he cost of staff time spent on the
making a survey and certify that all the above information is accura Applicant Confusion	nie. Data	Refunds w application	vill be made for up to the date	the amount of fee of request for refu	e received less t	
making a survey and certify that all the above information is accura-	6-27-02	Refunds w application tee paid, n	vil be made for n up to the date no refund will be	the amount of fee of request for refu	e received less t	he cost of staff time spent on the
making a survey and certify that all the above information is accura Applicant Confusion	6-27-02	Refunds w application	vil be made for n up to the date no refund will be	the amount of fee of request for refu	e received less t	he cost of staff time spent on the
making a survey and certify that all the above information is accurately survey and certify that all the above information is accurately accura	SURVE	Refunds wapplication tee paid, n RESUL nunity Well _	vill be made for n up to the date no refund will be LTS	the amount of fee of request for refu made.	e received less to and. If the cost of	he cost of staff time spent on the
### Applicant During and certify that all the above information is accurately a survey and certify that all the above information is accurately	SURVE	Refunds wapplication repeald, n RESUL	vill be made for n up to the date no refund will be _TS of the	the amount of fee of request for refu e made.	e received less to and. If the cost of	he cost of staff time spent on the
### making a survey and certify that all the above information is accurately a survey and certify that all the above information is accurately	SURVE tividual Well Common the above below	Refunds wapplication tee paid, in RESUL nunity Well grade flo	vill be made for n up to the date to refund will be	the amount of fee of request for refu e made.	e received less to and. If the cost of Other tion.	he cost of staff time spent on the staff time exceeds the amount of
1. Our survey indicates the water supply is: Public Inc. a. Well is located feet from the water supply is inches c. Water sample collected on	SURVE tividual Well Common the above below	Refunds wapplication tee paid, in RESUL nunity Well grade flo	vil be made for n up to the date to refund will be	the amount of fee of request for refu e made.	e received less to and. If the cost of Other tion.	he cost of staff time spent on the fistall time exceeds the amount of
1. Our survey indicates the water supply is: Public Inc a, Well is located feet fro b. The well casing is inches c. Water sample collected on d. Intestinal bacteria were were	SURVE SURVE fividual Well Comment the above below and teste were not found in the current well head is	Refunds wapplication RESUL nunity Well _ grade flo d for Intestina water sample not acceptab	of the or in pit all bacteria.	the amount of fee of request for refu e made. house founda buried we Res	oreceived less to and. If the cost of the	ha cost of staff time spent on the fistalf time exceeds the amount of
1. Our survey indicates the water supply is: Public Inches Inches D. The well casing is Inches C. Water sample collected on D. Intestinal bacteria Iwere Iwere D. Field sample results for Nitrate	SURVE SURVE dividual Well	Refunds wapplication tee paid, in RESUL nunity Well _ grade for Intestina water sample not acceptable m Contamina	of the or in pit all bacteria.	house founda house founda buried we Res CL) is 10 mg/l)	Other tion. Other tion. Sample Date	ha cost of staff time spent on the fistaff time exceeds the amount of
1. Our survey indicates the water supply is: Public Inc a, Well is located feet fro b. The well casing is inches c. Water sample collected on d. Intestinal bacteria were were	SURVE SURVE dividual Well	Refunds wapplication lee paid, no result munity Well grade for Intesting water sample not acceptable m Contamination Contamination	of the or or in pit all bacteria.	the amount of fee of request for refue made. house founda buried we Res CL) is 10 mg/l)	oreceived less to and. If the cost of the	he cost of staff time spent on the fistall time exceeds the amount of
1. Our survey indicates the water supply is: Public	SURVE SURVE dividual Well	Refunds wapplication RESUL nunity Well _ grade flo d for Intestina water sample not acceptab im Contaminat GPS	of the or in pit al bacteria.	house founda house founda buried we Res CL) is 10 mg/l)	Other_tion. Other_tion. Other Date Sample Date Sample Date	ha cost of staff time spent on the fistaff time exceeds the amount of
1. Our survey indicates the water supply is: Public	SURVED SU	Refunds wapplication RESUL nunity Well _ grade □ flo d for Intesting water sample not acceptab im Contaminat GPS Readings	of the or of the date or of the or o	the amount of fee of request for refue made. house founda buried we Res CL) is 10 mg/l) L) is 1.0 mg/l)	Other tion. Other tion. Sample Date Sample Date	he cost of staff time spent on the staff time exceeds the amount of
1. Our survey indicates the water supply is: Public	SURVE	Refunds wapplication RESUL nunity Well _ grade	of the or or in up to the date to refund will be or of the or or in pit all bacteria.	the amount of fee of request for refuer made. house founda buried we Res CL) is 10 mg/l) L) is 1.0 mg/l)	Other Sample Date Sample Date	he cost of staff time spent on the staff time exceeds the amount of
### Application of a survey and certify that all the above information is accurately applicated by the second of a survey indicates the water supply is: Public	SURVE SURVE SURVE dividual Well	Refunds wapplication RESUL nunity Well _ grade flo d for Intesting water sample mot acceptable m Contaminat GPS Readings nity_ opears to be	of the or or in pit al bacteria.	the amount of fer of request for refuer made. house founda buried we Res CL) is 10 mg/l) L) is 1.0 mg/l) L Otherspected/accepted.	oreceived less to and. If the cost of the	ha cost of staff time spent on the fistaff time exceeds the amount of
1. Our survey indicates the water supply is: Public	SURVE SURVE SURVE dividual Well	Refunds wapplication RESUL nunity Well _ grade flo d for Intesting water sample mot acceptable m Contaminat GPS Readings nity_ opears to be	of the or or in pit al bacteria.	the amount of fer of request for refuer made. house founda buried we Res CL) is 10 mg/l) L) is 1.0 mg/l) L Otherspected/accepted.	oreceived less to and. If the cost of the	ha cost of staff time spent on the fistaff time exceeds the amount of
### Applicant Survey and certify that all the above information is accurately applicant survey indicates the water supply is: Public	SURVE SURVE SURVE dividual Well	Refunds wapplication tee paid, in PESUL nunity Well _ grade	of the or in pit al bacteria.	the amount of fee of request for refuer made. house founda buried we Res CL) is 10 mg/l) L) is 1.0 mg/l)	oreceived less to and. If the cost of the	ha cost of staff time spent on the fistaff time exceeds the amount of
### Applicant Survey and certify that all the above information is accurately applicant survey indicates the water supply is: Public	SURVE SURVE SURVE dividual Well	Refunds wapplication tee paid, in PESUL nunity Well _ grade	of the or in pit al bacteria.	the amount of fee of request for refuer made. house founda buried we Res CL) is 10 mg/l) L) is 1.0 mg/l)	oreceived less to and. If the cost of the	ha cost of staff time spent on the fistaff time exceeds the amount of
### Applicant Survey and certify that all the above information is accurately applicant survey indicates the water supply is: Public	SURVE SURVE SURVE dividual Well	Refunds wapplication tee paid, in PESUL nunity Well _ grade	of the or in pit al bacteria.	the amount of fee of request for refuer made. house founda buried we Res CL) is 10 mg/l) L) is 1.0 mg/l)	oreceived less to and. If the cost of the	ha cost of staff time spent on the ristaff time exceeds the amount of
### Applicant Survey and certify that all the above information is accurately applicant survey indicates the water supply is: Public	SURVE SURVE SURVE dividual Well	Refunds wapplication tee paid, in PESUL nunity Well _ grade	of the or in pit al bacteria.	the amount of fee of request for refuer made. house founda buried we Res CL) is 10 mg/l) L) is 1.0 mg/l)	oreceived less to and. If the cost of the	ha cost of staff time spent on the ristaff time exceeds the amount of

_____ Date ____/____

Received by:___