APPLICATION - Speculative Site Evaluation

Public Health
Prevent. Promote. Protect.
Idaho Public Health Districts

Central District Health

Ada and Boise Counties	Elmore County	Valley County
707 N. Armstrong Pl.	520 E. 8th St. N.	703 North 1st St.
Boise, ID 83704	Mountain Home ID 83647	McCall, ID 83638
(208) 327-7499	(208) 587-4407	(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 wasterwater collection system 200 feet or less to structure? ☐ Yes ☐ No
Water Supply: ☐ Private Well ☐ Shared Well ☐ PWS, Number: _____ ☐ Other: _____

Signature: _____ Date: _____

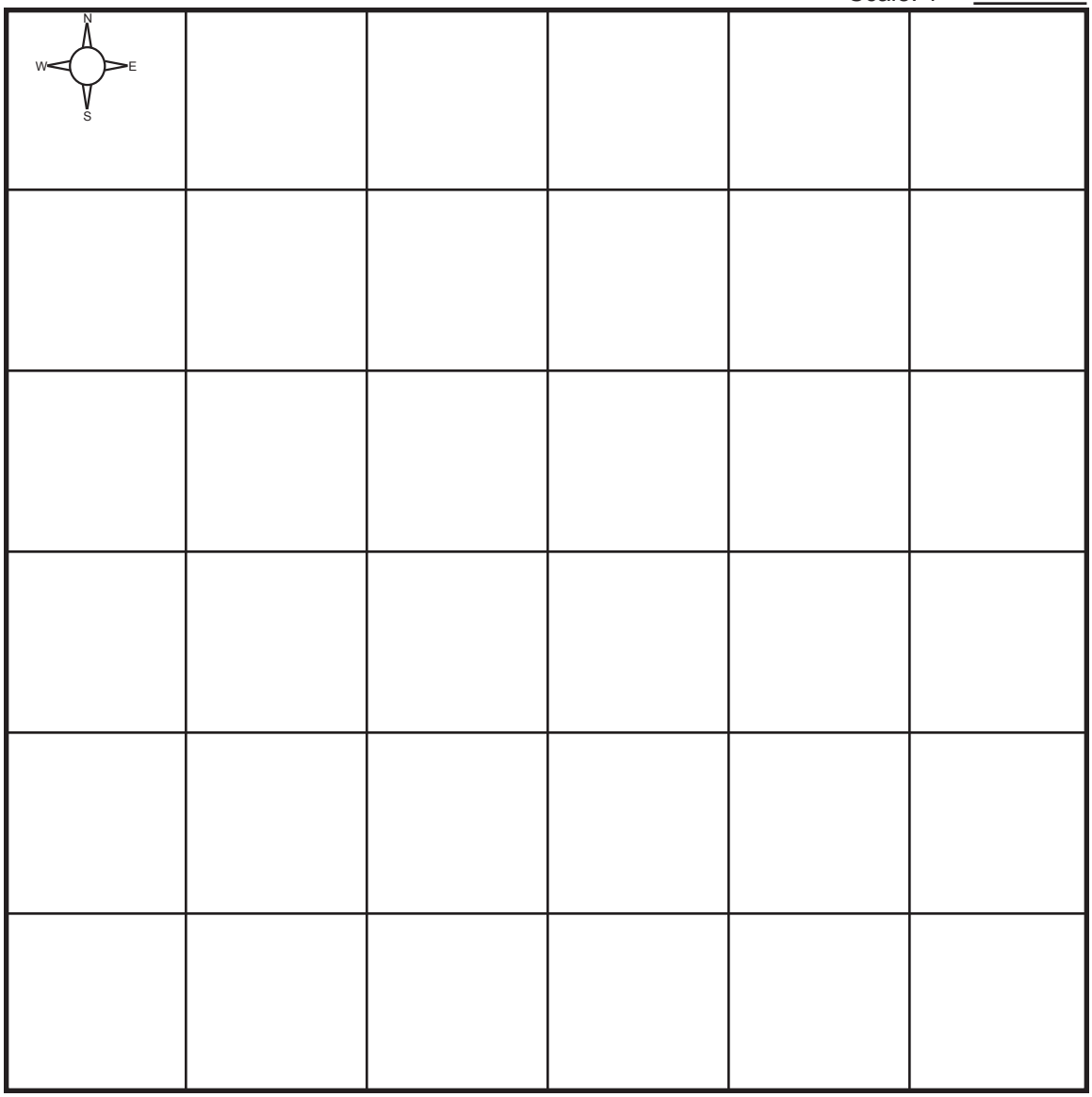
By my signature above, I understand that the speculative site evaluation only indicates potential suitability of soils for on-site sewage disposal. Approval to construct a sewage disposal system can only be granted by a valid septic permit. I hearby authorize the Health District to have access to this 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.

Public Health
Prevent. Promote. Protect.
Idaho Public Health Districts

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 dimenions 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 understnd that any deviation from the plans, conditions, and specifications, is prohibited unless it is approved in advance by the Director or his designee. I hearby 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 #: _____