

## Final/AS-BUILT-Subsurface Sewage Disposal



**Public Health**  
Prevent. Promote. Protect.

**Idaho Public Health Districts**

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

File # \_\_\_\_\_

Owner's Name:

Phone #

Property Address:

Legal Description: 1/4	1/4	Section:	Township:	Range:
Subdivision:	Lot:	Block:	Size(acres)	

As-built (not to scale)	System Type :	Gravel (yards) :	
	System Mfg :	Sand (yards) :	
	Septic/Trash Tank (Gal) :	System Depth (inches) :	
	Septic/Trash Mfr :	Rock Under Pipe (inches) :	
	Depth to Manhole Lid (inches) :		Date System Installed :
	Standpipe/Riser (inches) :	Drainfield Latitude : N. _____	
	Pump Tank (Gal) :	Drainfield Longitude : W. _____	
	Pump Tank Mfg :	Well Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Drainfield Width (ft) :	Distance to Tank (ft) :	
	Drainfield Length (ft) :	Distance to Drainfield (ft) :	
	Drainfield Area (sq ft) : (Installed sq ft): _____ (Effective sq ft): _____	Valve : <input type="checkbox"/> Yes <input type="checkbox"/> No	Dist-Box : <input type="checkbox"/> Yes <input type="checkbox"/> No
			Drop-Box : <input type="checkbox"/> Yes <input type="checkbox"/> No
	Technical Allowance Granted: <input type="checkbox"/>		
Number of Bedrooms:	Gallons Per Day:		

Well: N. \_\_\_\_\_ W. \_\_\_\_\_

Notes/Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_

On-site wastewater systems installation approved:

Installer Name:	Signature: _____
Installer Phone:	Date: _____
Installer Number:	

By signing above, I certify that all answers and statements on this Final/As-Built are true and complete to the best of my knowledge.

### Official Use Only

- As-Built provided by EHS
- As-Built provided by Installer

\_\_\_\_\_  
EHS Final Inspection Signature EHS

Code: \_\_\_\_\_ Date: \_\_\_\_\_