



APPLICATION FOR ON-SITE SEWAGE PERMIT OR SITE EVALUATION

Environmental Health Division

Ada & Boise County

707 N. Armstrong Pl.
Boise, ID 83704-0825
Ph. 327-7499 • Fax: 327-8553

Elmore County

520 E. 8th North
Mountain Home, ID 83647
Ph. 587-9225 • Fax: 587-3521

Valley County

703 N. 1st
McCall, ID 83638
Ph. 634-7194 • Fax: 634-2174

This application is for a:

<input type="checkbox"/> New	<input type="checkbox"/> Residential	Is Central Sewer Service
<input type="checkbox"/> Replacement	<input type="checkbox"/> Commercial	within 1,000 feet of dwelling?
* If Replacement; year house was built _____	<input type="checkbox"/> Community	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Owner/Applicant's Name	Home Phone	Work Phone
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APPLICANT ABOVE IDENTIFIED AS: LANDOWNER CONTRACTOR LICENSED INSTALLER

CURRENT MAILING	Street Address	City	State	Zip Code	
PROPERTY ADDRESS	Street Address	City	State	Zip Code	
LEGAL DESCRIPTION OF PROPERTY	1/4	1/4	Section	Township	Range
	Lot	Block	Subdivision		

NOTE: Be sure your legal description is accurate - an inaccurate description may result in rejection of your application.

Location: Inside City In County County Parcel # _____

Type of Foundation Crawl Space Split Level Basement Slab Residential Square Footage _____

Lot Size (Acres) _____ Number of Bedrooms _____ Water Supply: Public Private Well Other

Directions To Property: _____

RE: INSTALLATION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

The system will be installed in accordance with * Title 1, Chapter 3, "Individual / Subsurface Sewage Disposal Rules" (IDAPA 58.01.03). Any building site may require an individual determination of soil absorption capability (Testhole).

I hereby certify that all information contained in this application is accurate and complete and authorize the health authority access to this property to determine if a sewage system can be installed and to observe the installation of any system that may be permitted. All plans, specifications, and conditions contained in the approved permit application are hereby incorporated into and may be enforceable as part of the permit.

Applicant/Agent Signature	Date
Address (if not above)	Phone
Owner	















HAVE YOU SUBMITTED A PLOT PLAN?

See reverse side for instructions on drawing the plot plan.

STAFF FIELD NOTES OF SITE INVESTIGATION

For Office Use Only	
Permit No.	Receipt No.
Date	Received By

Have you attached an accurate plot plan, which shows:

- a.  Wells within 150 feet of property line
200 feet from proposed at site.
- b.  Lake, Pond, Slough (label).
-  Stream -- Surface water within 300 feet.
-  Irrigation (indicate frequency of flora).
- c.  Lot or property lines
- d.  Building site & Garage
- e.  Septic tank and Drainfield
- f.  Water supply lines
- g.  Pit Privy
- h.  Test Hole location
- i.  Percolation Test Lines
- j.  Old System
- k.  Compass Bearing
- l.  Driveway & Parking area

Diagrams for parcels less than 1 acre in size must be drawn to scale.

Dimensional Requirements for a Standard Drainfield

