

APPLICATION - Subsurface Sewage Disposal



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Idaho Public Health Districts

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

Permit Fee: _____ Date: _____
Receipt #: _____ File #: _____
(Official Use Only)

Property Address (If Available):
Street: _____ Acres: _____
City: _____ Zip: _____ County Parcel # _____

Legal Description	1/4	1/4	Section:	Township:	Range:
Subdivision:			Lot:	Block:	

Directions (nearest crossroad): _____

Applicant's Name: _____ E-mail: _____
Mailing Address: _____ Phone #: _____
City: _____ State: _____ Zip Code: _____
Applicant is: Landowner Contractor Installer Other _____

Owner's Name: _____ E-mail: _____
Mailing Address: _____ Phone #: _____
City: _____ State: _____ Zip Code: _____

Type of Septic installation: New Upgrade/Enlargement Replacement Tank Only
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 wastewater 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 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 accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that this application and the subsequent permit is non-transferable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, may be renewed if the renewal is applied for on or before the expiration date.



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

Revision Date: 10/2010 NRU

ADA and BOISE COUNTY INSTRUCTIONS FOR OBTAINING A PERMIT FOR AN ON-SITE SEWAGE TREATMENT SYSTEM

APPLICATION:

- ⇒ The **application** for on-site septic permit and the **fee** must be submitted prior to scheduling a site visit. The application must include an accurate legal description of the property, the County's parcel number and a copy of the building plans. **NOTE:** Neither this document nor the application is your permit.

PLOT PLAN:

- ⇒ A proposed to-scale Plot Plan should accompany the application and fee. Please provide the inspector with the following information of the site: Location of proposed dwelling site; well site; driveway; septic site; replacement septic site; ditches; scarps; and streams.

TEST HOLE INSPECTIONS:

- ⇒ Test hole inspections are needed to evaluate the soils in the area where the drainfield is to be placed. It is therefore necessary for you to schedule an appointment with the Environmental Health Specialist.
- ⇒ The test hole shall be excavated within fifty (50) feet of an area of the proposed drainfield to a depth of eight (8) to twelve (12) feet. This department will inspect the test hole. Additional holes may be required if the natural soils are inadequate for sewage disposal. Please contact the Environmental Health Specialist in advance to allow them the opportunity to be on site when the test hole is dug. If the Environmental Health Specialist is not on site, the test hole shall be **ramped** or **stepped** to allow access.

GROUNDWATER MONITORING:

- ⇒ Groundwater monitoring may be required for a parcel of property not in an approved subdivision. Monitoring may also be required in approved subdivisions when the records search indicates further data is required. Ground water monitoring needs to be conducted on a **weekly basis from February through June** and may be required through October if the land is irrigated during the summer.

ON-SITE SEWAGE PERMIT:

- ⇒ When the steps listed on this sheet are **completed and received**, your permit will be written. The on-site sewage permit will be available to be issued between 8 AM and 5 PM the following day. Permits may also be mailed, e-mailed or a facsimile may be sent.
- ⇒ The on-site sewage permit is the document required for **installation** of your sewage system and for obtaining your **building permit**.

Having an accurate plot plan at the time of the test hole inspection will make the permitting process easier and faster. The key is to have all the necessary documents properly prepared and ready for Central District Health Department.

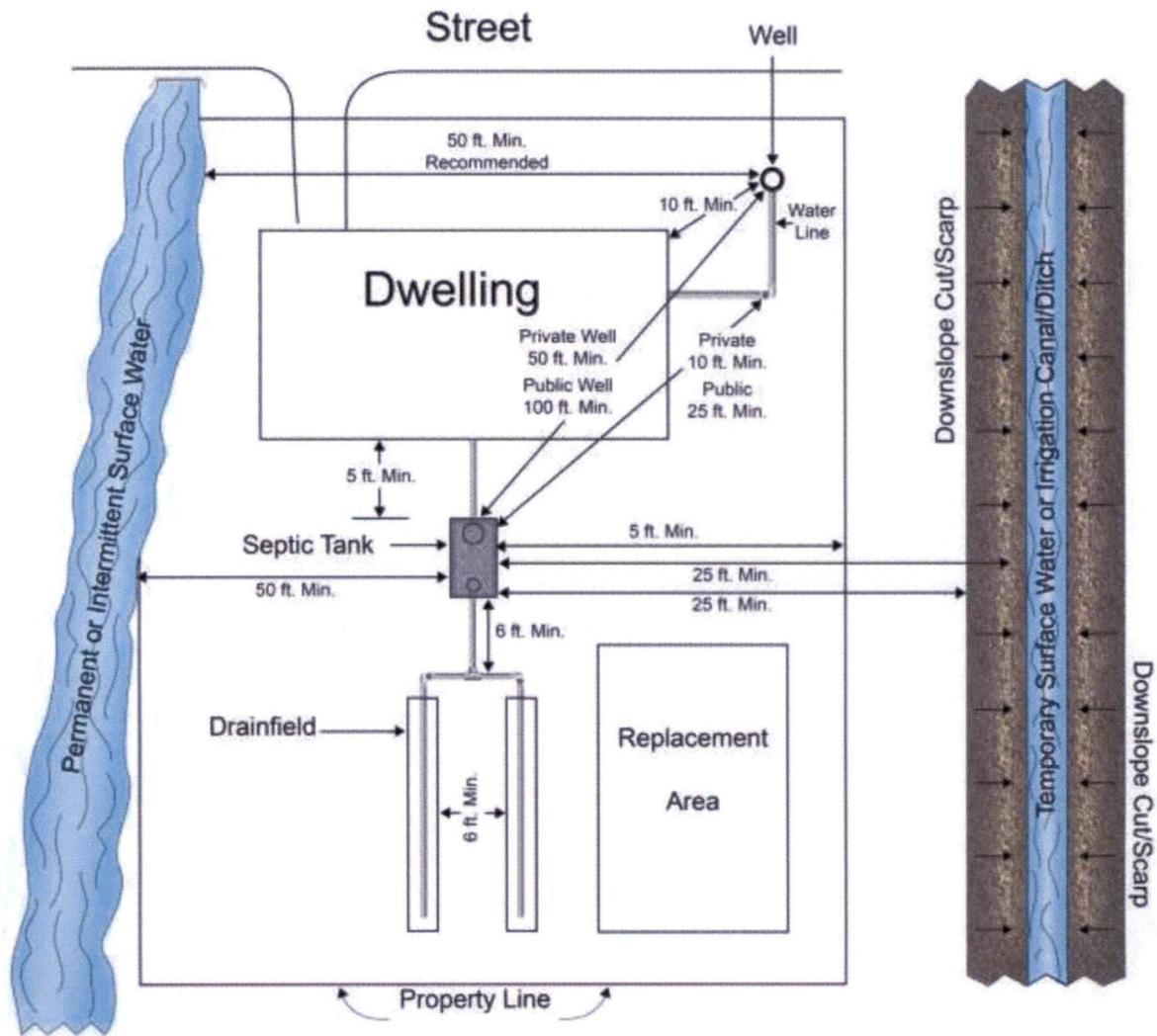


Figure 3-2. Horizontal separation distance requirements for a septic tank (IDAPA 58.01.03.007.17).

1. Minimum separation distance of 20 feet is required between a drainfield and a dwelling with a basement (IDAPA 58.01.03.008.02.d). If the basement is a daylight-style basement and the drainfield installation is below the daylight portion of the basement the minimum separation distance can be reduced to 10 feet.
2. Minimum separation distance of 6 feet is required between absorption trenches and from installed trenches or beds to the replacement area. Separation distance must be through undisturbed soils (IDAPA 58.01.03.008.04).
3. Minimum separation distance of 6 feet is required between the septic tank and the drainfield. Separation distance must be through undisturbed soils (IDAPA 58.01.03.008.04).
4. Minimum separation distance of 50 feet is required between an effluent line and a septic tank to a domestic well (IDAPA 58.01.03.007.17 and 58.01.03.007.22).