

# APPLICATION - Subsurface Sewage Disposal



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

**Idaho Public Health Districts**

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

Site Fee: \_\_\_\_\_ Date: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_ File #: \_\_\_\_\_  
Receipt #: \_\_\_\_\_ (Official Use Only)

Property Address (If Available): \_\_\_\_\_  
County Parcel # \_\_\_\_\_ Acres: \_\_\_\_\_

Legal Description      ¼      ¼      Section:      Township:      Range:

Subdivision:      Lot:      Block:

Directions (nearest crossroad): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant is:  Landowner  Contractor  Installer  Other \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

Speculative Site Evaluation:  Yes  No

Foundation Type:  Basement  Crawl Space  Split Level  Slab

Property is Located:  Inside City  Inside County

Zoning certificate or other county documentation submitted?  Yes  No  N/A

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

You have now completed your application, including an accurate legal description of the property and Ada County's parcel number, for an on-site sewage treatment system. **NOTE:** Neither this document nor the application is your permit.

## 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 forty-eight (48) hours in advance for a test hole inspection.
- ⇒ 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.

## PLOT PLAN:

- ⇒ Please provide the inspector with the following information to be completed at the time of application: location of proposed dwelling site; well site; driveway; septic site and replacement septic site.

## 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 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.**