

## Final/AS-BUILT-Subsurface Sewage Disposal



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

**Idaho Public Health Districts**

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

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

Applicant's Name:

Phone #

Owners Name:

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 Tank Lid (inches):	Date System Installed:
	Standpipe/Riser (inches):	Tank Latitude: N. ____ . ____ . ____
	Pump Tank:(gallons)	Tank 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 (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
	All Plans, specifications, and conditions contained in the approved permit application are hereby incorporated into and may be enforceable as part of the permit.	

Technical Allowance Granted  Yes  No      Well: N. \_\_\_\_ . \_\_\_\_ . \_\_\_\_      W. \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Comments: \_\_\_\_\_

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

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

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: \_\_\_\_\_