## **Environmental Health Division**



Ada & Boise County 707 N Armstrong Pl. Boise, ID 83704 208-375-5211

Travel Time / Insp. Time

Elmore County 520 E 8<sup>th</sup> N. Mountain Home, ID 83647 McCall, ID 83638 208-587-4407

**Valley County** 703 1st Street 208-634-7194

FOR OFFICE USE ONLY		
Parcel I.D. #		
Fee	Receipt No.	
Fee	Receipt No.	
□ WELL □ WELL- □ SEPTIC ONLY SEPTIC ONLY		

Applicant's Name:    Property   Street   City   Zip Code			L				
Applicant's Size of City Zp Code   Sabdivision			City Zip Code				
Address:    Subdision   Subdision   County Name:   Lot   Block			- 00				
Substitution   Subs		Logar Boompton of Froporty. GoodonTownormp					
Email:  Ves No   Ves No   PLOT PLAN FOR PROPERTY   Well head is visible & accessible							
Well head is visible & accessible	Phone #:		ame:				
Well head is visible & accessible	Email:	County Parcel #:					
Well fload is visible & accessions		OT PLAN FOR PROPERTY	Directions to Property				
The house is currently occupied	1 loads als	w house, well, septic location and lot lines where applicable	e.				
Will dogs be restrained		he septic will be located in relationship to the well.					
Has sewage system falled, been replaced or replated in the last 12 months	1 · · · · · · · · · · · · · · · · · · ·						
replaced or repaired in the last 12 months	Will dogs be restrained						
12 months			-				
The septic system has been pumped within the last 3 years							
The septic system has been pumped within the last 3 years	The septic system is functioning						
If yes, when was it pumped    Year home was built							
Figure   Signature   Signatu	The septic system has been pumped						
Vear home was built   Date	· ·						
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.  SURVEY RESULTS  1. Our survey indicates the water supply is:    Public	If yes, when was it pumped Year home was built						
SURVEY RESULTS   Survey indicates the water supply is:		purpose of REFUND POLICY: Requests for refunds					
SURVEY RESULTS  1. Our survey indicates the water supply is:    Public		Refunds will be made for the amount of the application up to the date of request for re	ee received less the cost of staff time spent on the fund. If the cost of staff time exceeds the amount of				
1. Our survey indicates the water supply is:    Public							
Public		SURVEY RESULTS					
a. Well is located feet from the of the house foundation. b. The well casing is inches   above   below   grade   floor   in pit   buried well c. Water sample collected on and tested for Intestinal bacteria. Resample Date d. Intestinal bacteria   were   were not found in the water sample. e.   Well head appears to be acceptable.   Well head is not acceptable. f. Field sample results for Nitrate mg/l (EPA Maximum Contaminate Level (MCL) is 10 mg/l) Sample Date: g. Field sample results for Nitrite mg/l (EPA Maximum Contaminate Level (MCL) is 1.0 mg/l) Sample Date:    QPS	Our survey indicates the water supply is:						
a. Well is located feet from the of the house foundation. b. The well casing is inches   above   below   grade   floor   in pit   buried well c. Water sample collected on and tested for Intestinal bacteria. Resample Date d. Intestinal bacteria   were   were not found in the water sample. e.   Well head appears to be acceptable.   Well head is not acceptable. f. Field sample results for Nitrate mg/l (EPA Maximum Contaminate Level (MCL) is 10 mg/l) Sample Date: g. Field sample results for Nitrite mg/l (EPA Maximum Contaminate Level (MCL) is 1.0 mg/l) Sample Date:    QPS	☐ Public ☐ Individual Well	☐ Community Well	□ Other				
c. Water sample collected on and tested for Intestinal bacteria. Resample Date d. Intestinal bacteria   were   were not found in the water sample.   d. Intestinal bacteria   were   were not found in the water sample.   d. Intestinal bacteria   were   were not found in the water sample.   d. Intestinal bacteria   were   were not found in the water sample.   d. Intestinal bacteria   were   were not found in the water sample.   d. Intestinal bacteria   were   were not found in the water sample.   d.   were   were not found in the water sample.   d.   were   were not found in the water sample.   d.   were not found in the water sample.	a. Well is locatedfeet from theof the house foundation.						
d. Intestinal bacteria		•	1 D /				
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f. Field sample results for Nitratemg/l (EPA Maximum Contaminate Level (MCL) is 10 mg/l) Sample Date:  g. Field sample results for Nitritemg/l (EPA Maximum Contaminate Level (MCL) is 1.0 mg/l) Sample Date:    GPS		•	<del></del>				
g. Field sample results for Nitritemg/l (EPA Maximum Contaminate Level (MCL) is 1.0 mg/l) Sample Date:  2. Our survey indicates the sewage system is:PublicPrivate IndCommunityOther_ a. Sewage disposal system permit issued by Health Authority onand inspected/accepted on b. Sewage disposal is feet from the well and appears to be located on theof the house. c. Visual evidence of malfunction was not present when surveyed on  Comments or Special Instructions (NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)  EHS signature Date		• • • • • • • • • • • • • • • • • • •	amnle Date:				
2. Our survey indicates the sewage system is:    Public							
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Public			_				
a. Sewage disposal system permit issued by Health Authority on and inspected/accepted on b. Sewage disposal is feet from the well and appears to be located on the of the house. c. Visual evidence of malfunction   was   was not present when surveyed on  Comments or Special Instructions (NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)  EHS signature Date	Our survey indicates the sewage system is:	Readings	'				
b. Sewage disposal is feet from the well and appears to be located on the of the house.  c. Visual evidence of malfunction	☐ Public ☐ Private Ind. ☐						
Comments or Special Instructions  (NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)  EHS signature  Date							
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EHS signature Date	(NOTE: This survey does no	t quarantee trouble-free operation of the sewage disposal or water	er system \				
	Comments or Special Instructions (No.12) This sarvey asserts	gaalantoo nooso noo operation or the comage dispecta or mate					
	EHS signature		Date				
	Emailed or mailed to Applicant:	Data	CDH 0/20/22 ht				

# MORTGAGE SURVEY



## **INSPECTION FEES:**

Well Only \$148.00 (survey \$129.00 + \$19.00 lab fee)

Septic Only \$129.00

Well & Septic \$148.00 (survey \$129.00 + \$19.00 lab fee)

1<sup>st</sup> Resample (lab fee) \$19.00

2<sup>nd</sup> Resample \$148.00 (revisit fee \$129.00 + \$19.00 lab fee)

The inspector must have access to the entire area of the drainfield, septic tank, and/or well head.

A Revisit Fee of \$129.00 plus \$19.00 lab fee will be required if this office must make a third visit to the property for the following reasons.

- A. All major and minor well repairs, including reinspection of repairs such as a well cap and electrical conduit that is not properly fastened to the casing and/or not water tight.
- B. Revisit because we were unable to obtain a water sample for any reason.
- C. Second water resample due to a contaminated well.
- D. Dogs were not properly restrained.
- E. Roof on well house is too heavy.

#### **PROCESSING:**

The following items must be submitted at the time of application. Any incomplete surveys will not be processed until all the information has been submitted.

- 1. **Verification of legal description.** This can be obtained from tax notice, deeds, irrigation notices, multiple listings, or homeowners insurance.
  - (e.g. Lot 5 Bk 1 Mack's Sub or NE4 SW4 Sec10 T4N R1E)
- 2. A plot plan must be drawn on the application showing the location of the septic tank, any drainfields, and any domestic wells in relationship to the house.
- 3. If the septic tank has been or will be pumped, we will need a copy of the **pumping receipt**.

## **QUESTIONS:**

You will be required to answer the following questions:

- 1. Is the well head visible? If the well head is in the pump house or there is anything covering the well head, it must be either indicated on the application or removed so the inspector has access to the well head. If the well cap is loose, it must be tightened firmly. Cracked well heads may require replacement. If missing, one must be installed before completion of the survey.
- 2. Is the well on the property? The location of the well must be indicated on the application.

### **RESULTS:**

Septic Only results will be available within two working days. Any survey with water sample test results will be available 3-5 days after the sample is taken.

We will email you your results as soon as the survey is complete.

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520 E 8<sup>th</sup> N.

Mountain Home, ID 83647
208-587-4407

Valley County
703 1st Street
McCall, ID 83638
208-634-7404

**EXAMPLE** 

Parcel I.D. #	OR OFFICE USE ONLY	312
Fee	Receipt No.	
Fee	Receipt No.	

Act.	EHS	Date	Travel Time / Insp. Time
COVER 1			
	Augusta and a second	DESCRIPTION OF THE	PARTY AND DESCRIPTION OF THE PARTY OF THE PA

Applicant's Joe Common	Property Street City Address 707 N. Armstrong B	Zip Code 8370 4			
Applicant's Street City Zip Code	4				
Address: 707 M. Ammstrong Boise 83704	Legal Description of Property: SectionTownship	OR OR OR Slock 3			
Phone #: 208-375-5211	Location: ☐ Inside City ★In County County Name:				
Email: Ehapps @ cah. Idaho, sor	County Parcel #: R157 368 0 331				
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1 14/ 11/ 11/ 11/ 11/ 11/ 11/ 11/ 11/ 11	house, well, septic location and lot lines where applicable.	Directions to Property			
The well is on the property	e septic will be located in relationship to the well.				
The house is currently occupied	S/ Owell	Between			
Will dogs be restrained	-E 83	Five mile +			
Has sewage system failed, been					
replaced or repaired in the last	Dwelling	Mitchell off			
The septic system is functioning		of Emerald			
properly 🗹 🗆	7'				
The septic system has been pumped	+ 1				
within the last 3 years	5' Drain Field				
If yes, when was it pumped 7/18/23					
Year home was built 1998	70'				
I hereby authorize the health authority to have access to this property for the p making a survey and certify that all the above information is accurate.	urpose of REFUND POLICY: Requests for refunds must be n Refunds will be made for the amount of fee receive	made within one year of date of payment.  ed less the cost of staff time spent on the			
Applicant/Agent's Signature X Date X COM Non 12	application up to the date of request for refund. If the	e cost of staff time exceeds the amount of			
	SURVEY RESULTS				
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☐ Public ☐ Individual Well [	☐ Community Well ☐ Other	A REAL PROPERTY OF THE PROPERT			
☐ Public ☐ Individual Well ☐ a. Well is located feet from the	of the house foundation.				
b. The well casing isinches □ above □ below	√ □ grade □ floor □ in pit □ buried well				
c. Water sample collected on  d. Intestinal bacteria		ate			
d. Intestinal bacteria					
f. Field sample results for Nitratemg/l (EPA Maximum Contaminate Level (MCL) is 10 mg/l) Sample Date:					
g. Field sample results for Nitritemg/l (EPA N	Maximum Contaminate Level (MCL) is 1.0 mg/l) Sample Da	ate:			
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EHS signature		Date			
Emailed or mailed to Applicant:	Date /	/ CDH 12/21 bk			