

# APPLICATION-Subsurface Sewage Disposal, Page 1



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

## Idaho Public Health Districts

Southwest District Health  
920 Main Street  
Caldwell, ID 83605  
Phone: 208.455.5400 Fax:  
208.455.5405

Permit Fee: _____	Date: _____
Document # : _____	
Receipt # : _____	(Official Use Only)
Parcel # : _____	Acres: _____

Property Address (If available): \_\_\_\_\_ City: \_\_\_\_\_

Legal Description: Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ County \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

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

Applicants Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

Owners Name : \_\_\_\_\_

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

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

Type of Septic Installation :  New  Expansion  Repair  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

Non-Residential Flow Design: Average: (gallons per day (gpd)) \_\_\_\_\_ Peak: (gpd) \_\_\_\_\_

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  Public Water System, Number: \_\_\_\_\_  
(Non-Public)

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, when issued, may be renewed if the renewal is applied for on or before the expiration date.