



Southeastern Idaho Public Health

INFORMATION REQUIRED TO APPLY FOR A SEPTIC PERMIT

- o Ensure the application and plot plan are completely filled out, signed, and dated.
- o Pay the appropriate fee:
 - Partial fee of \$300 for Speculative Site Evaluation
 - Full permit fee of \$712 for Site Evaluation *and* Permit (pending site approval)
- o Submit a copy of the Warranty Deed or Tax Notice for the property with the application.
The permit will be issued to the name on the deed.
- o Submit a plot plan, drawn to scale, showing the required features per the Plot Plan Checklist.
- o Permits are valid for two years from date issued.

YOUR APPLICATION WILL NOT BE TAKEN WITHOUT THIS INFORMATION

**** AN ONSITE EVALUATION WILL BE REQUIRED FOR ALL APPLICATIONS.** The property owner/applicant is required to provide the test holes for the evaluation. The test holes must be a minimum of **8-10 feet** deep depending on the soil type.

For additional information contact your local Environmental Health Specialist:

County	Contact Number	EHS	Email
Bannock	208-221-3421	Adam Settell	asettell@siph.idaho.gov
Bingham	208-479-3081	Elisha Mabey	emabey@siph.idaho.gov
Bear Lake	208-221-3419	Farris Darwish	fdarwish@siph.idaho.gov
Butte and Power	208-221-3424	Mike Reas	mreas@siph.idaho.gov
Caribou	208-251-3485	Tammi Crosbie	tcrosbie@siph.idaho.gov
Franklin	208-221-3419	Farris Darwish	fdarwish@siph.idaho.gov
Oneida	208-221-3419	Farris Darwish	fdarwish@siph.idaho.gov

APPLICATION-Subsurface Sewage Disposal



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Fee's: _____ / _____ Date: _____
Receipt # : _____ Permit # : _____
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 : _____ Email: _____

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.



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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 # : _____



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Plot Plan Checklist

Please ***show and label*** all proposed distances, making sure to obtain these ***MINIMUM*** distances:

SEPTIC TANK:

- ___ 50' between any well and septic tank (including those on neighboring properties)
- ___ 10' between private water distribution line and septic tank
- ___ 5' between dwelling foundation/building and septic tank

DRAINFIELD:

- ___ 100' between any well (including those on neighboring properties) and drain field/replacement area
- ___ 25' between private water distribution lines and drain field
- ___ 10' between crawlspace/slab and drain field and/or 20' between basement and drain field
- ___ 50' from any ditches/canals to drain field (including those on neighboring properties)

OTHER:

- ___ 5' between property lines and septic tank/drain field/replacement area
- ___ Indicate areas that are flood irrigated.
- ___ Show the location of all existing and/or proposed buildings and structures
- ___ Indicate slopes greater than 20%
- ___ Show location of all scarps (slopes greater than 45%), cuts, and rock outcrops
- ___ Indicate all gullies and run off areas
- ___ Show location of all surface waters (rivers, lakes, streams, springs, seeps, marshy areas, etc.) within 300' of property lines.
- ___ Show location and size of all existing and proposed wastewater systems including replacement areas
- ___ Indicate all existing and/or proposed water system features, including water lines and standpipes
- ___ Show and label a North directional arrow
- ___ Label the dwelling, driveway, property lines, and street(s)
- ___ Sign and date the plot plan

****SEE PLOT PLAN EXAMPLE ON BACK**

Plot Plan Example

Dimensional Requirements for a Standard Drainfield.

