



Southeastern Idaho Public Health

SEPTIC PERMIT APPLICATION (*Effective January 1, 2026*) INFORMATION REQUIRED TO APPLY FOR A SEPTIC PERMIT

- **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:**
 - Completed, signed, and dated application
 - Plot plan drawn to scale (see Plot Plan Checklist)
 - Copy of Warranty Deed or current Tax Notice
 - Permit issued to the name listed
 - Correct fee payment
 - **FEES**
 - **\$300 - Speculative On-Site Evaluation**
 - If the Full Septic Permit is applied for and issued within **12 months** of payment of the \$300 Speculative On-Site Evaluation fee, the \$300 will be **credited toward the total permit fee**.
 - **\$925 - Full Septic Permit** (Site Evaluation & Permit Fee Total)
 - **SPECULATIVE ON-SITE EVALUATION**
 - Property owner/applicant must provide test hole(s)
 - Test hole(s) must be **8–10 feet deep**, depending on soil type
 - Test hole(s) must be within **50 feet of the proposed drain field and replacement area**
- Septic permits are valid for **two (2) years** from the date of issuance.
- Permits may be renewed **for an additional two (2) years** for a **\$40 renewal fee**, provided the renewal is completed **before the permit expires**.

For additional information contact your local Environmental Health Specialist:

County	Contact Number	EHS	Email
Bannock	208-221-3421	Kathleen Price	kprice@siph.idaho.gov
Bingham	208-479-3081	Elisha Mabey	emabey@siph.idaho.gov
Bear Lake and Franklin	208-221-3419	Kailey Kunz	kkunz@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
Oneida	208-223-2848	Alyssa Gardner	agardner@siph.idaho.gov

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APPLICATION-Subsurface Sewage Disposal, Page 1



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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 1000 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 two (2) years 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 # : _____



Southeastern Idaho Public Health

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

