



Subsurface Sewage Permit Application

SCALED SITE PLANS REQUIRED

OWNER NAME:				LEGAL DESCRIPTION				PERMIT # (Valid for one year from date of issue)	
				Twn	Rng	Sec	Q Sec	RP	
MAILING ADDRESS				SUBJECT PROPERTY STREET/GRID ADDRESS					
				House #		ST/GRID			
CITY		ST	ZIP	CITY/ST/ZIP				LOT SIZE	
HOME PHONE		WORK PHONE		SUBDIVISION				LOT	BLOCK
INSTALLER			PHONE			<input type="checkbox"/> 232 – NEW SYSTEM <input type="checkbox"/> 233 – REPLACEMENT		BDRMS or EST FLOW - GAL/DAY	
GENERAL CONTRACTOR			PHONE			WATER: <input type="checkbox"/> PUBLIC/SHARED WELL <input type="checkbox"/> PRIVATE WELL			

I understand that the installation must comply with State of Idaho and District Health rules, regulations, and standards; that District Health must be notified two (2) working days prior to completion of installation, and that permits are valid for one (1) year from date of issue. **Permits are non-refundable, non-transferable.**

SIGNATURE:		DATE:	
FEE:	RECEIPT #	RECEIVED BY:	DATE:
Site Evaluation and System Specifications		Computer #:	Program: 680
		EXPIRES:	

TEST HOLES	DEPTH	PROFILE	TYPE OF SYSTEM (check all that apply):
			<input type="checkbox"/> Pipe & Gravel Trench
			<input type="checkbox"/> Gravelless
			<input type="checkbox"/> Sand Mound
			<input type="checkbox"/> ETPS

COMMENTS:		<input type="checkbox"/> Vault Privy
		<input type="checkbox"/> Capping Fill
		<input type="checkbox"/> Pressure Distribution System
		<input type="checkbox"/> Standard Bed
		<input type="checkbox"/> Extra Drain Rock
		<input type="checkbox"/> Sand Filter in Trench
		<input type="checkbox"/> Other:
EHS SIGNATURE: APPROVED FOR PERMIT	DATE: ___/___/___ mm dd / yyyy	

On-Site Construction Inspection All plans, specifications, and conditions contained in the approved permit application are hereby incorporated into, and may be enforceable as part of this permit.

Tank Size:	Drainfield Sq. Footage:	Pump Chamber Size:
Manufacturer:	Material:	Screen: <input type="checkbox"/> Quick Disconnect: <input type="checkbox"/>
Lid Depth:	Cover Depth:	Float/Timer setup: <input type="checkbox"/> Riser to Grade: <input type="checkbox"/>
*Meets Regulations: <input type="checkbox"/> Yes <input type="checkbox"/> No *Meets all Setbacks: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Meets Regulations: <input type="checkbox"/> Yes <input type="checkbox"/> No *Meets all Setbacks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm Location:

Comments:

COMPLETED BY: _____ APPROVED: YES NO DATE: _____

FAILED SEPTIC SYSTEM ADDENDUM

Property Address:

TYPE OF FAILURE (check the applicable box)

Backing up into home Effluent on the ground Other (specify) _____

Description of failure: _____

Year of failed system installation: _____ **Original Permit #:** (if known) _____

Current Permit #: _____

Original design # bedrooms: _____ **Current # bedrooms:** _____

Current # occupants: _____

Recent event with large number of individuals using the septic system: _____

Year last pumped: _____

How often is the system pumped: (check applicable box)

every 3 years every 5 years every 7 years every 10 years never

Does the dwelling have any of the following: (check all applicable)

Garbage disposal Over sized bathtub Water softener

Other large wastewater generator (please describe) _____

INSTALLER COMMENTS ON REPAIR (can be submitted with as-built drawing)

Was the septic tank in good working order? Yes No

If no, what was the issue: _____

Sanitary tees in place and in good repair? Yes No

Type of failed drainfield: (check applicable)

Pipe and gravel Dome chamber Gravelless pipe Other

Description of drainfield: _____

Depth of failed drainfield (feet): _____

Drainfield failure type: (check applicable)

Bio-mat restricting flow Surrounding soil saturated
 Pores plugged with solids from septic tank Crushed piping
 Drainfield covered by structure or excessive soil Drainfield site compromised by other activities

Comments on type of failure: _____

