

Sewer

Type of sewage disposal system: Individual Septic Municipal Sewer
 Central Septic or LSAS Septic (>2 dwellings or 2500gpd)

If municipal sewer, services provided by: _____

Plat

Type of Plat: Residential Commercial Industrial
Location: City County Impact Zone
Directions: _____

Stormwater

Type of Disposal: Shallow Injection Wells (drywells) Grassy Swale N/A
Service for: Street Only Street and Lots Other N/A

Chemical/Hazardous Materials
(Commercial or Industrial Subdivisions Only)

Are chemicals or petroleum products likely to be stored/handled/used at these sites? Yes No N/A
If yes, please explain: _____

Applicant Signature: _____ Date: _____

This Section for Official Use only

If on-site sewage disposal systems used, date predevelopment meeting held with District (if required):
Date of Meeting: _____

Application Date _____	Fee \$ _____	Date _____
Subdivision # _____	Fee \$ _____	Date _____
File/Document # _____	Receipt # _____	
Instrument # _____	Receipt # _____	

Sanitary Restrictions: In-Force Satisfied See Attached Letter

EHS Signature: _____ EHS #: _____ Date: _____

3.14. Checklist for Subdivisions Served by Municipal Sewage Disposal

**Subdivision Evaluation Report Checklist
(Served by Municipal Sewage Disposal)**

**Municipal sewage disposal systems requirements, as per Idaho Code 39-118; Title 50,
Chapter 13:**

1. Submit the completed Land Development Application (page 1)
2. Provide an engineering approval letter from DEQ if required
3. Provide a “Will Serve” letter from the municipality
4. Provide a Mylar plat with the appropriate DEQ Health Certificate on the face of it
5. Provide a hard copy of the plat to the HD

The Health Certificates that are to be used for subdivisions with community and municipal water and sewer systems are found in section 3.17 of the Statewide Land Development SOP Manual.

3.15. Checklist of Subdivisions Served by Subsurface Sewage Disposal

Subdivision Evaluation Report Checklist (Served by Subsurface Sewage Disposal)

Instructions for subdivisions with subsurface sewage disposal systems: It is the property owner's or land developer's responsibility to furnish the HD with the necessary information to satisfy the intent of Idaho Code Title 50 Chapter 13 for the lifting of sanitary restrictions.

The application and reports are to be completed and certified by an Idaho licensed professional engineer. Final plats are to be prepared by an Idaho licensed professional land surveyor.

Failure to complete all information as requested, or if in the opinion of the HD any aspect of the proposed development has the potential to cause increased risk to public health or degradation of the environment, shall be cause for the HD to deny the lifting of sanitary restrictions.

Steps for developing property:

1. Schedule a meeting with the HD to present your proposal. *

Proposal meeting requirements:

Please bring the following items to the meeting:

- The completed application form
- The appropriate Land Development fee as required on the HD fee schedule
- A map showing the proposed subdivision

At the proposal meeting the HD will:

- Go over the subdivision process
- Help determine the number and location of test holes needed on the property
- Discuss other items as needed or requested

***Note: Also contact the county or city jurisdiction where the proposed subdivision is located and begin working on their requirements simultaneously with these requirements.**

2. Dig test holes and schedule test hole inspections by the HD. The test hole log is to be submitted to the HD as part of the final documentation.

4. Preliminary review by the HD. After reviewing the test hole logs and the preliminary plat, the EHS will determine if more test holes or any other information will be needed.

5. Prepare and turn in a preliminary plat to the HD. A Land Development Report may also be required by the HD based upon the information provided on the checklist below.

6. After evaluating the preliminary plat and the completed Land Development Report, the HD will send a letter stating its findings and recommendations to the developer with a copy to the City or County Planning and Zoning administrator.

Subdivision Name _____ **Date** _____

Checklist – This checklist serves as a guide for the items needed for approval. As items are completed, check them on this list. If an item does not apply, check the NA box and include a short note as to why it does not apply in your submission referencing the number on the checklist.

	Item	YES	NA	For HD use
1	Application - Complete	<input type="checkbox"/>	<input type="checkbox"/>	
2	Fees Paid	<input type="checkbox"/>	<input type="checkbox"/>	
3	Preliminary Plat Map	<input type="checkbox"/>	<input type="checkbox"/>	
	Informational Plat Map			
4	Topographic - showing 5 ft. contours	<input type="checkbox"/>	<input type="checkbox"/>	
5	Proposed lot lines shown	<input type="checkbox"/>	<input type="checkbox"/>	
6	All easements and proposed encroachments shown	<input type="checkbox"/>	<input type="checkbox"/>	
7	All underground pipelines or utilities	<input type="checkbox"/>	<input type="checkbox"/>	
8	Drainage or run-off areas, flood ways/plain, or problem drainage areas	<input type="checkbox"/>	<input type="checkbox"/>	
9	Proposed location of wells and septic systems marked on map	<input type="checkbox"/>	<input type="checkbox"/>	
10	Existing wells on and within 100 feet of the development shown	<input type="checkbox"/>	<input type="checkbox"/>	
11	Existing drainfields on and within 100 feet of the development shown	<input type="checkbox"/>	<input type="checkbox"/>	
12	Surface water, streams, lakes, ponds within 300 ft. of development shown	<input type="checkbox"/>	<input type="checkbox"/>	
13	Test hole locations shown	<input type="checkbox"/>	<input type="checkbox"/>	
14	Ditches and canals within 50ft. of development shown	<input type="checkbox"/>	<input type="checkbox"/>	
15	Spring discharges shown	<input type="checkbox"/>	<input type="checkbox"/>	
16	Locations of any injection wells, underground seepage tunnels, tiles, irrigation lines, or similar features on the property (Check with ID Dept of Water Resources and Canal Companies)	<input type="checkbox"/>	<input type="checkbox"/>	
17	Rock outcrops and scarps shown	<input type="checkbox"/>	<input type="checkbox"/>	
18	Areas exceeding 20% slope color coded (Other slopes may be specified)	<input type="checkbox"/>	<input type="checkbox"/>	
19	Copy of final Mylar plat	<input type="checkbox"/>	<input type="checkbox"/>	
	Test Holes			
20	Depth logs and soil profiles	<input type="checkbox"/>	<input type="checkbox"/>	
21	Soil types recorded	<input type="checkbox"/>	<input type="checkbox"/>	
22	NRCS soil map included	<input type="checkbox"/>	<input type="checkbox"/>	
23	NRCS soil descriptions included	<input type="checkbox"/>	<input type="checkbox"/>	
24	Determine the level and duration of the normal high ground water.	<input type="checkbox"/>	<input type="checkbox"/>	
	Subsurface Sewage Disposal Systems (individual)			
25	Type of systems proposed for each lot	<input type="checkbox"/>	<input type="checkbox"/>	
26	Adequate approved area for primary and replacement systems	<input type="checkbox"/>	<input type="checkbox"/>	
	Community or Central Subsurface Sewage Disposal System			
27	State type of system	<input type="checkbox"/>	<input type="checkbox"/>	
28	Provide the DEQ letter of approval of the engineered design	<input type="checkbox"/>	<input type="checkbox"/>	
29	Provide a letter of a contractual agreement with the responsible management entity	<input type="checkbox"/>	<input type="checkbox"/>	
	Wells (individual)			
30	Verify that each lot has a well location that meets the recommended setback standards for wells	<input type="checkbox"/>	<input type="checkbox"/>	
31	Provide a statement and documentation of the availability and source(s) of water to meet the demands of the parcels in the development.	<input type="checkbox"/>	<input type="checkbox"/>	

	Item	YES	NA	For HD use
	Public Water Systems (community and non-community)			
32	Approval of the system by the Health District or provide a letter of approval of the engineered design by DEQ	<input type="checkbox"/>	<input type="checkbox"/>	
33	Provide a letter from the entity providing water to the development stating that they will service the development	<input type="checkbox"/>	<input type="checkbox"/>	
34	All correspondence relating to the subdivision	<input type="checkbox"/>	<input type="checkbox"/>	
	Other Items, as needed:			
35		<input type="checkbox"/>	<input type="checkbox"/>	
36		<input type="checkbox"/>	<input type="checkbox"/>	
37		<input type="checkbox"/>	<input type="checkbox"/>	
	Final Plat			
38	Correct Health Certificate with sanitary restriction wording	<input type="checkbox"/>	<input type="checkbox"/>	
39	Place any applicable plat notes on the plat	<input type="checkbox"/>	<input type="checkbox"/>	

Attached to this check-list is the completed application report for the above named subdivision.

Developer Signature: _____ Date _____

and/or

Engineer Signature _____ Date _____

Health Certificates - Idaho Code Section 50-1326 states in part: "**All plats to bear a sanitary restriction...** Any plat of a subdivision filed in accordance with Chapter 13, Title 50, Idaho code... shall be subject to the sanitary restriction." To satisfy this requirement, section 3.16 of the Statewide Land Development SOP provides the language to be placed on the face of the plat.

3.16. Sanitary Restriction/Certificate of Approval

Idaho Code 50-1326 requires that subdivisions shall be recorded with a statement of Sanitary Restriction on the face of the plat, except that the sanitary restriction may be omitted from the face of the plat where sanitary restrictions have been satisfied, and there has been recorded a certificate of approval. Where particular land has been properly serviced by individual or public utilities, a Certificate of Approval may be issued by the Director of DEQ (or HD designee). The Certificate of Approval may be issued for the subdivision or any portion thereof. If sanitary restrictions have only been satisfied for a portion of the subdivision, a combined statement will be utilized. The appropriate plat statement shall be selected from the following seven examples:

EXAMPLE #1 SANITARY RESTRICTION IN FORCE

When the subdivision will be recorded without provisions of either individual subsurface sewage or public utilities being certified (i.e., sanitary restrictions will remain in force), use the following statement. *(Some county ordinances do not allow the recording of subdivision plats with sanitary restrictions not satisfied.)*

SANITARY RESTRICTION

Sanitary restrictions as required by Idaho Code, Title 50, Chapter 13 are in force. No owner shall construct any building, dwelling or shelter which necessitates the supplying of water or sewage facilities for persons using such premises until sanitary restriction requirements are satisfied.

Date: _____ Health District Signature: _____

EXAMPLE #2 SPLIT PLAT

When the subdivision will be recorded with only a portion of the land having sanitary restrictions satisfied, use this example:

SANITARY RESTRICTION/CERTIFICATE OF APPROVAL

Sanitary restrictions as required by Idaho Code, Title 50, Chapter 13 are in force for lots _____. No owner shall construct any building, dwelling or shelter which necessitates the supplying of water or sewage facilities for persons using such premises until sanitary restriction requirements are satisfied.

Sanitary restrictions as required by Idaho Code, Title 50, Chapter 13 have been satisfied for lots _____. Sanitary restrictions may be reimposed, in accordance with Section 50-1326, Idaho Code, by the issuance of a certificate of disapproval.

Date: _____ Health District Signature: _____

EXAMPLE #3 CERTIFICATE OF APPROVAL
(Individual wells and subsurface sewage)

The use of the following Certificate of Approval is for subdivisions with approved individual wells and subsurface sewage disposal systems. This is to be used by the PHDs to lift sanitary restrictions after all requirements are met for each lot and every lot shown on the final plat:

CERTIFICATE OF APPROVAL

Sanitary restrictions as required by Idaho Code, Title 50, Chapter 13 have been satisfied. Sanitary restrictions may be reimposed, in accordance with Section 50-1326, Idaho Code, by the issuance of a certificate of disapproval.

Date: _____ Health District Signature: _____

EXAMPLE #4 CERTIFICATE OF APPROVAL
(DEQ review/no utilities installed)

The use of the following Certificate of Approval is for subdivisions with community water or sewer systems (or both). This certificate is to be utilized when DEQ has reviewed and approved the plans and specifications but the utilities are not installed at the time the plat is recorded:

CERTIFICATE OF APPROVAL

Sanitary restrictions as required by Idaho Code, Title 50, Chapter 13 have been satisfied based on the DEQ approval of the design plans and specifications and the conditions imposed on the developer for continued satisfaction of the sanitary restrictions. Buyer is cautioned that at the time of this approval, no drinking water or sewer/septic facilities were constructed. Building construction can be allowed with appropriate building permits if drinking water or sewer facilities have since been constructed or if the developer is simultaneously constructing those facilities. If the developer fails to construct facilities or meet the other conditions of DEQ, then sanitary restrictions may be reimposed, in accordance with Section 50-1326, Idaho Code, by the issuance of a certificate of disapproval, and no construction of any building or shelter requiring drinking water or sewer/septic facilities shall be allowed.

Date: _____ Health District Signature: _____

EXAMPLE #5 CERTIFICATE OF APPROVAL
(QLPE review/no utilities installed)

Use the following statement when releasing sanitary restrictions where the Qualified Licensed Professional Engineer (QLPE) reviews and certifies the proposed sanitary sewer extensions are without lift pumps, and the water main extensions are without booster pumps, and storm drain lines with only extensions and the utilities are not installed at the time the plat is recorded:

CERTIFICATE OF APPROVAL

Sanitary restrictions as required by Idaho Code, Title 50, Chapter 13 have been satisfied based on a review by a Qualified Licensed Professional Engineer (QLPE) representing (*insert name of the qualified review entity*) and the QLPE approval of the design plans and specifications and the conditions imposed on the developer for continued satisfaction of the sanitary restrictions. Buyer is cautioned that at the time of this approval, no drinking water extensions or sewer extensions were constructed. Building construction can be allowed with appropriate building permits if drinking water extensions or sewer extensions have since been constructed or if the developer is simultaneously constructing those facilities. If the developer fails to construct facilities, then sanitary restrictions may be re-imposed, in accordance with Section 50-1326, Idaho Code, by the issuance of a certificate of disapproval, and no construction of any building or shelter requiring drinking water or sewer/septic facilities shall be allowed.

Date: _____ Health District Signature: _____

EXAMPLE #6 CERTIFICATE OF APPROVAL
(DEQ review/utilities installed)

The use of the following Certificate of Approval is for subdivisions with community water or sewer systems (or both). This certificate is to be utilized when DEQ has reviewed and approved the plans and specifications the utilities have been installed prior to the plat being recorded:

CERTIFICATE OF APPROVAL

Sanitary restrictions as required by Idaho Code, Title 50, Chapter 13 have been satisfied based on DEQ review and approval for the design plans and specifications and the conditions imposed on the developer for continued satisfaction of sanitary restrictions. Water and sewer line have been completed and services certified as available. Sanitary restrictions may be reimposed, in accordance with Section 50-1326, Idaho Code, by the issuance of a certificate of disapproval.

Date: _____ Health District Signature: _____

EXAMPLE #7 CERTIFICATE OF APPROVAL
(QLPE review/utilities installed)

Use the following statement when releasing sanitary restrictions where the Qualified Licensed Professional Engineer (QLPE) reviews and certifies the sanitary sewer extensions are without lift pumps, and the water main extensions are without booster pumps and the utilities have been installed prior to the plat being recorded.

CERTIFICATE OF APPROVAL

Sanitary restrictions as required by Idaho Code, Title 50, Chapter 13 have been satisfied based on a review by a Qualified Licensed Professional Engineer (QLPE) representing (*insert name of the qualified review entity*) and the QLPE approval of the design plans and specifications and the conditions imposed on the developer for continued satisfaction of the sanitary restrictions. Water and sewer line have been completed and services certified as available. Sanitary restrictions may be reimposed, in accordance with Section 50-1326, Idaho Code, by the issuance of a certificate of disapproval.

Date: _____ Health District Signature: _____