

Please fill out the application completely. Be certain to include grid or street address and legal description and parcel number. **Incomplete applications will be returned.**

For Current Fees – See our Fee Schedule on our WebPage at:

https://www.phd5.idaho.gov/Documents/Environmental-Health/EVH-Fees_FY2020.pdf

Idaho Code 39-118 REVIEW OF PLANS. 1. “All plans and specifications for the construction of new sewage systems ...shall be submitted to and approved by the department...before construction may begin. No deviation shall be made from the approved plans...without prior approval.”

Please submit a scaled drawing with a scale of no more than 20 feet per inch indicating the following:

Proposed location of:

- House
- Well
- Septic tank
- Drainfield and replacement areas

Any existing components:

- North arrow
- Irrigation ditches
- Property lines
- Well and septic systems on adjoining properties (if applicable)

Requirements for a standard subsurface disposal system:

- 1 acre minimum lot size
- 6-8 feet soil depth (**test holes are required to show soil depth in the vicinity of the drainfield and replacement areas.**)

Minimum distance requirements (see example on back)

- Drainfield to a river, stream, lake, etc. (depending on soil type)
- 100' from well to any drainfield
- 50' from drainfield to irrigation ditch
- 50' from well to any septic tank
- 25' from drainfield to any water line
- 10' from house to drainfield (with basement =20')
- 5' from drainfield to a property line
- 5' from house to septic tank

NOTE:

- No trench should exceed 100' in length.
- Several trenches may be put in parallel to one another.
- Leave at least six (6) feet of undisturbed soil between trenches.
- Drainfield gravel size is ½ to 2 ½ inch.

Slope Requirements:

Pipe from house to tank (see state plumbing requirements)
Pipe from tank to drainfield 1/8 inch per foot recommended minimum slope.

Drainfield is to be installed level.

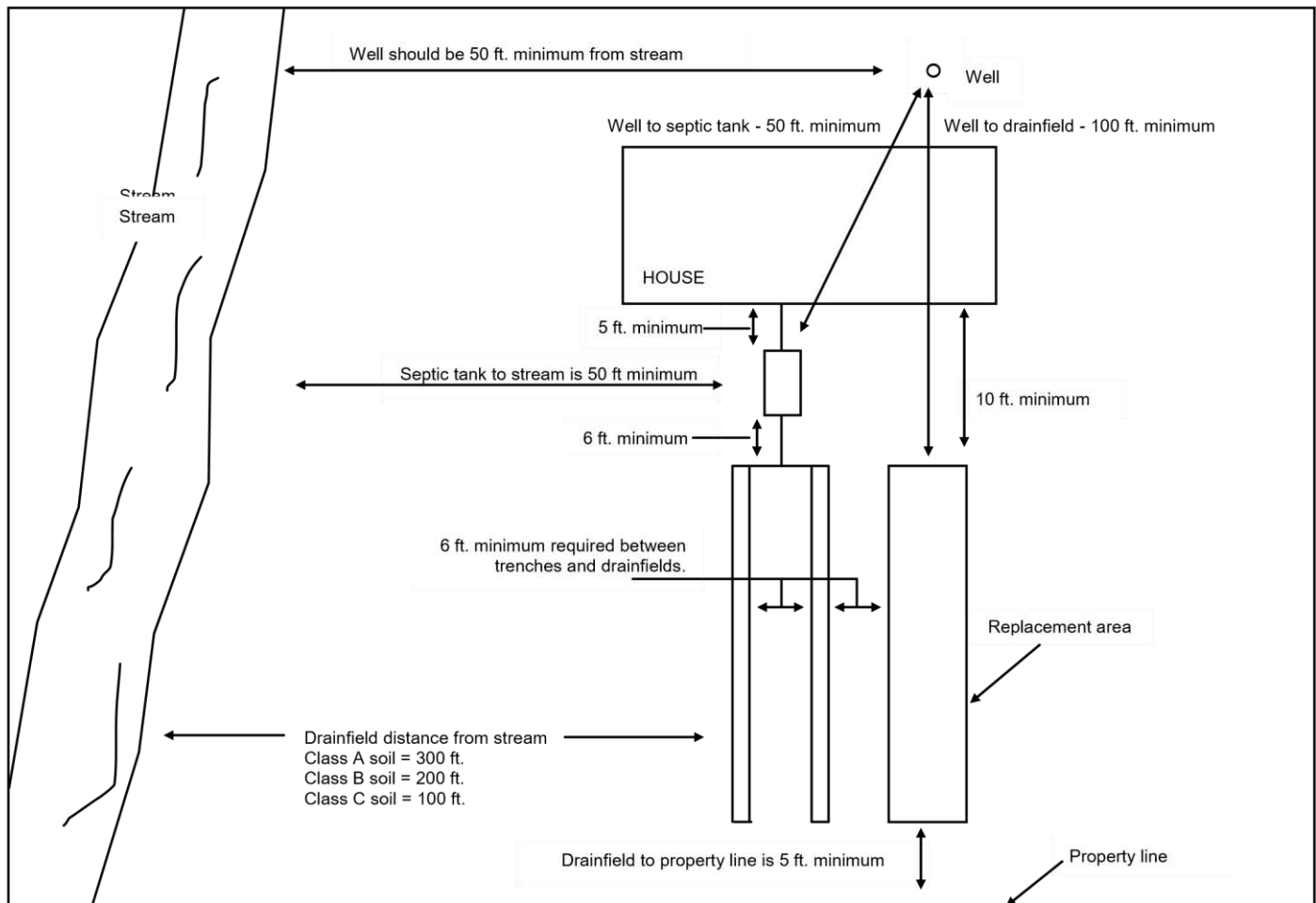
How to size a septic system:

Consult with an Environmental Health Specialist (EHS) or the Technical Guidance Manual, available at:
<http://www.deq.idaho.gov/water-quality/wastewater/septic-systems/technical-guidance-manual.aspx>

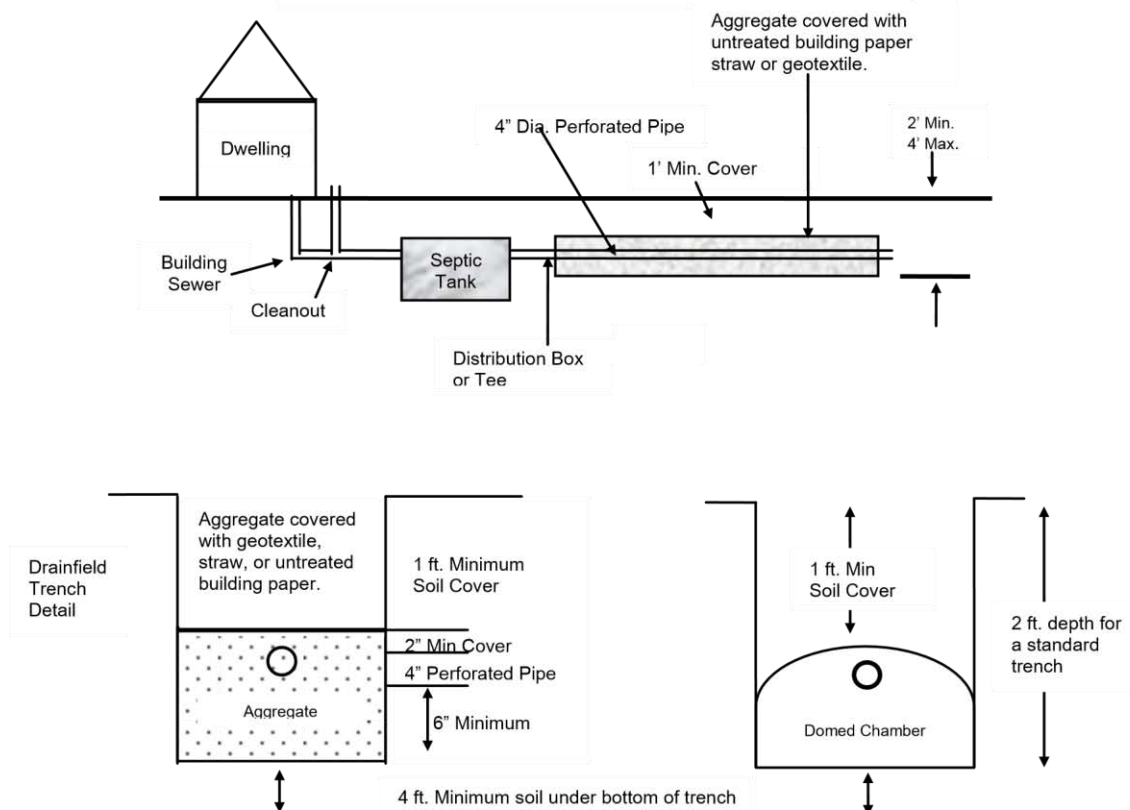
Acceptance of this application DOES NOT constitute a permit. In addition to the application, proper fees must be paid, and site plans and soil data review (this may require a site visit and/or test holes) before a valid permit will be issued. **Once site and plan reviews are conducted and/or a permit is issued, fees are nonrefundable.** Consultation time cost will be deducted from any approved refunds.

Please make an appointment with an Environmental Health Specialist (EHS) to discuss your plans.

TWIN FALLS OFFICE 1020 Washington St. N. Twin Falls, ID 83301-3156 734-5900 ♦ Fax 734-9502	BELLEVUE OFFICE 117 Ash St. Bellevue, ID 83313 788-4335 ♦ Fax 788-0098	MINI-CASSIA OFFICE 485 22 nd Street Heyburn, ID 83336 678-8221 ♦ Fax 678-7465
GOODING OFFICE 255 North Canyon Dr Gooding, ID 83330-0494 934-4477 ♦ Fax 934-8558	JEROME OFFICE 951 E. Ave. H Jerome, ID 83338 324-8838 ♦ Fax 324-9554	 South Central Public Health District Prevent. Promote. Protect. www.phd5.idaho.gov septic@phd5.idaho.gov



CROSS SECTIONAL VIEW OF A STANDARD DRAINFIELD



APPLICATION-Subsurface Sewage Disposal, page 1



Public Health
Prevent. Promote. Protect.
Idaho Public Health Districts

South Central Public Health District
1020 Washington St N
Phone: 208-737-5900
Fax: 208-734-9502

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 (attach calcs): Average: (gallons per day [gpd]) _____ Peak: (pgd) _____

Foundation Type: ☐ Basement ☐ Crawl Space ☐ Split Level ☐ Slab

Property is located: ☐ City ☐ City impact area ☐ 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 permits 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.

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 – WORK SHEET

SCALE: 1" = _____

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.

SIGNATURE: _____ DATE: _____

(Official Use Only)

Plot Plan Approval Date: _____ EHS Name: _____ EHS #: _____