

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://bit.ly/EHFeeSchedule>**

**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.**

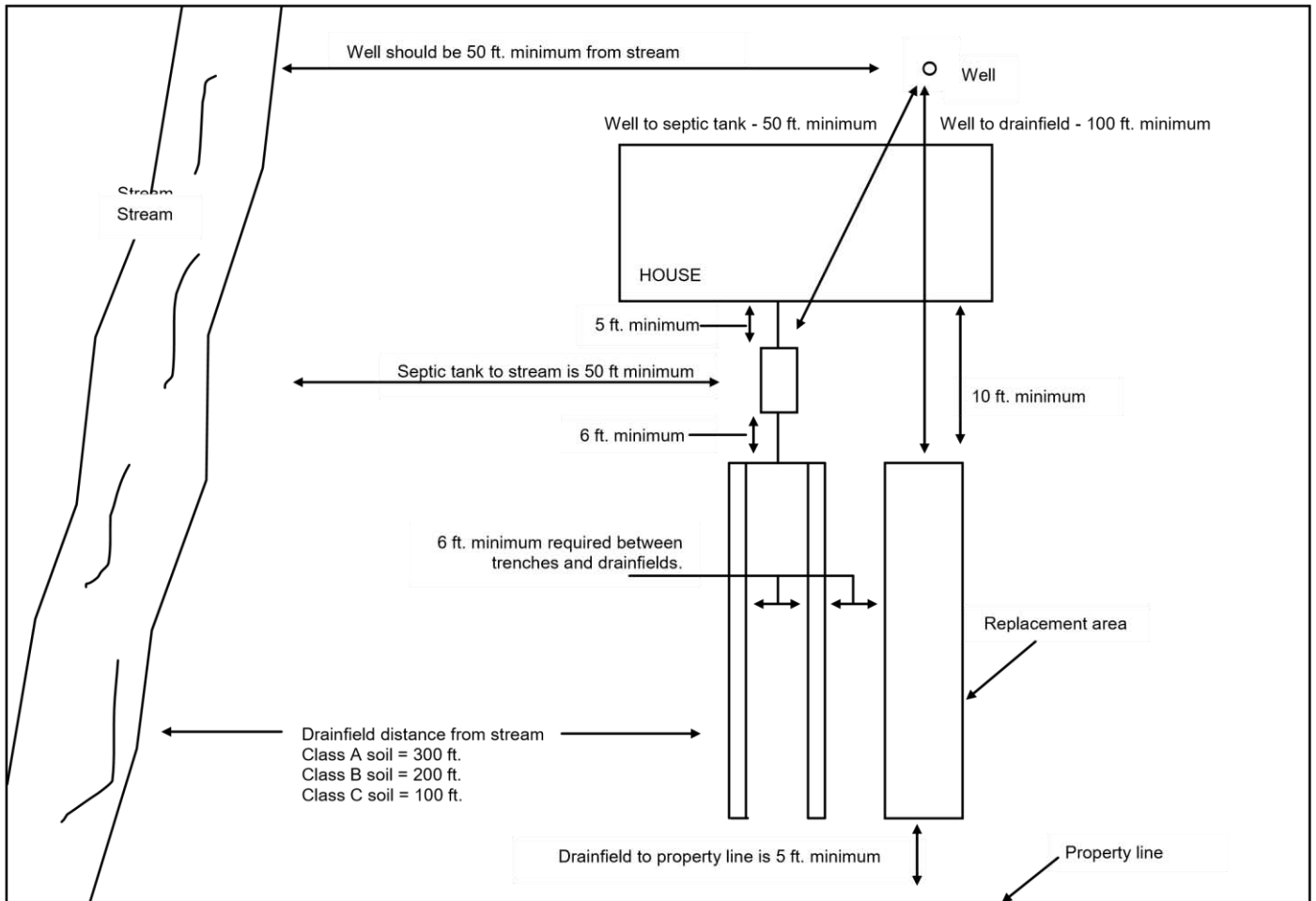
**How to size a septic system:**

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>

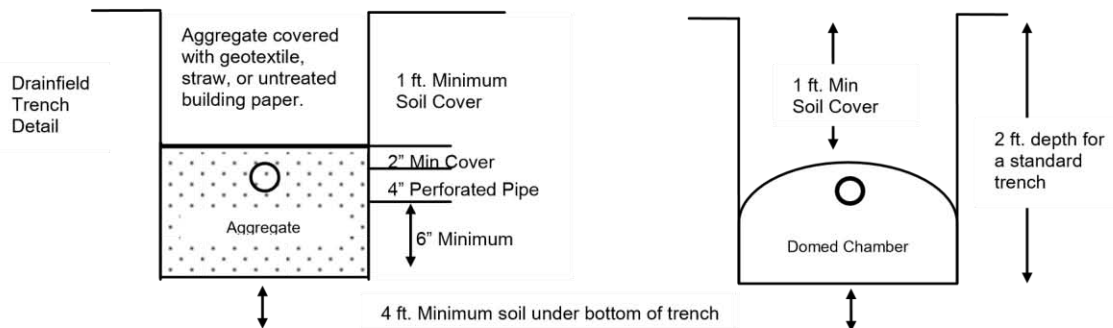
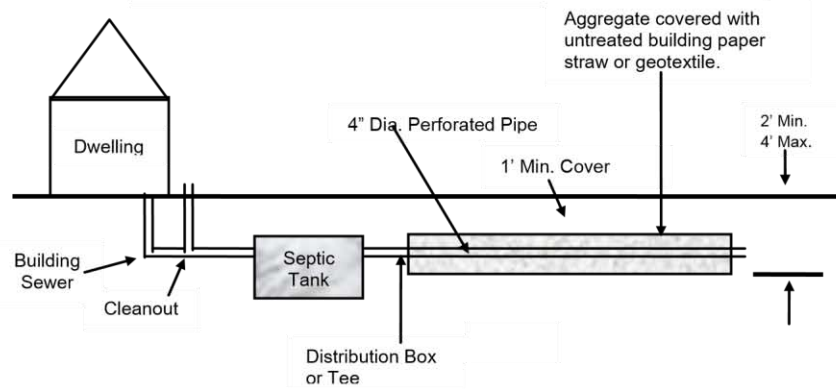
**Acceptance of this application DOES NOT constitute a permit.** In addition to the application, proper fees must be paid, and site plans and soil data review (this may require a site visit and/or test holes) before a valid permit will be issued. **Once site and plan reviews are conducted and/or a permit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

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



**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 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.

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 #: \_\_\_\_\_