

ACCESSORY USE APPLICATION

Fee _____ Date _____

Receipt _____ File _____

Owner's Name _____ Phone _____ Email _____

Representative's Name _____ Phone _____ Email _____

Property Address _____ City _____ State _____ Zip Code _____

Legal Description of Property _____ 1/4 of the _____ 1/4 of Section _____ Township _____ Range _____
Lot _____ Block _____ Subdivision _____

☐ Inside City ☐ Inside County – County Name: _____ County Parcel #: _____

Note: Be sure your legal description is accurate - an inaccurate legal description may result in rejection of your application

Year Septic System was installed & approved: _____ Year home was built: _____ Will there be plumbing in new structure: Yes or No

Current number of bedrooms in existing home _____ Number of bedrooms to be added _____ Total number of bedrooms _____

NOTE: SHOULD THIS DEPARTMENT HAVE NO RECORD OF YOUR SEPTIC SYSTEM, YOU MUST HAVE YOUR SEPTIC TANK SIZED OR PUMPED AND BRING THE RECEIPT TO THIS OFFICE.

Narrative description of your project **with dimensions:** _____

PLOT PLAN: Please provide a copy of your building plans and plot plan of the property showing location of:
(Indicate Direction) Buildings (existing and proposed), wells, water lines, septic tanks, drainfield and drainfield replacement areas, ditches, streams and streets. Indicate separation distances of each of the above from the proposed addition and/or structure.
(Incomplete application will be rejected)



I hereby certify that all information contained in this application is accurate and complete and I authorize the Health District access to this property. I also understand that any modifications, repairs or construction of a replacement or new individual or subsurface sewage disposal system requires that I obtain a permit to do so from Central District Health.

Owner/Representative's Signature _____ Date _____

Mailing Address: _____ Phone _____

FOR OFFICE USE ONLY

Proposed use is: ☐ Approved ☐ Approved per conditions ☐ Denied

Record of as-built: ☐ Yes ☐ No Insp Date: _____

REHS _____ EHS # _____ Date _____

Ada & Boise County

707 N. Armstrong Pl. Boise, ID 83704
208-375-5211

Elmore County

520 E. 8th N. Mountain Home, ID 83647
208-587-4407

Valley County

703 1st St. McCall, ID 83638
208-634-7194

3 Standard Subsurface Disposal System Design

3.1 Dimensional Requirements

Revision: July 18, 2013

Figure 3-1 shows the major horizontal separation distance requirements for a standard drainfield. Figure 3-2 shows the major horizontal separation distance requirements for a septic tank.

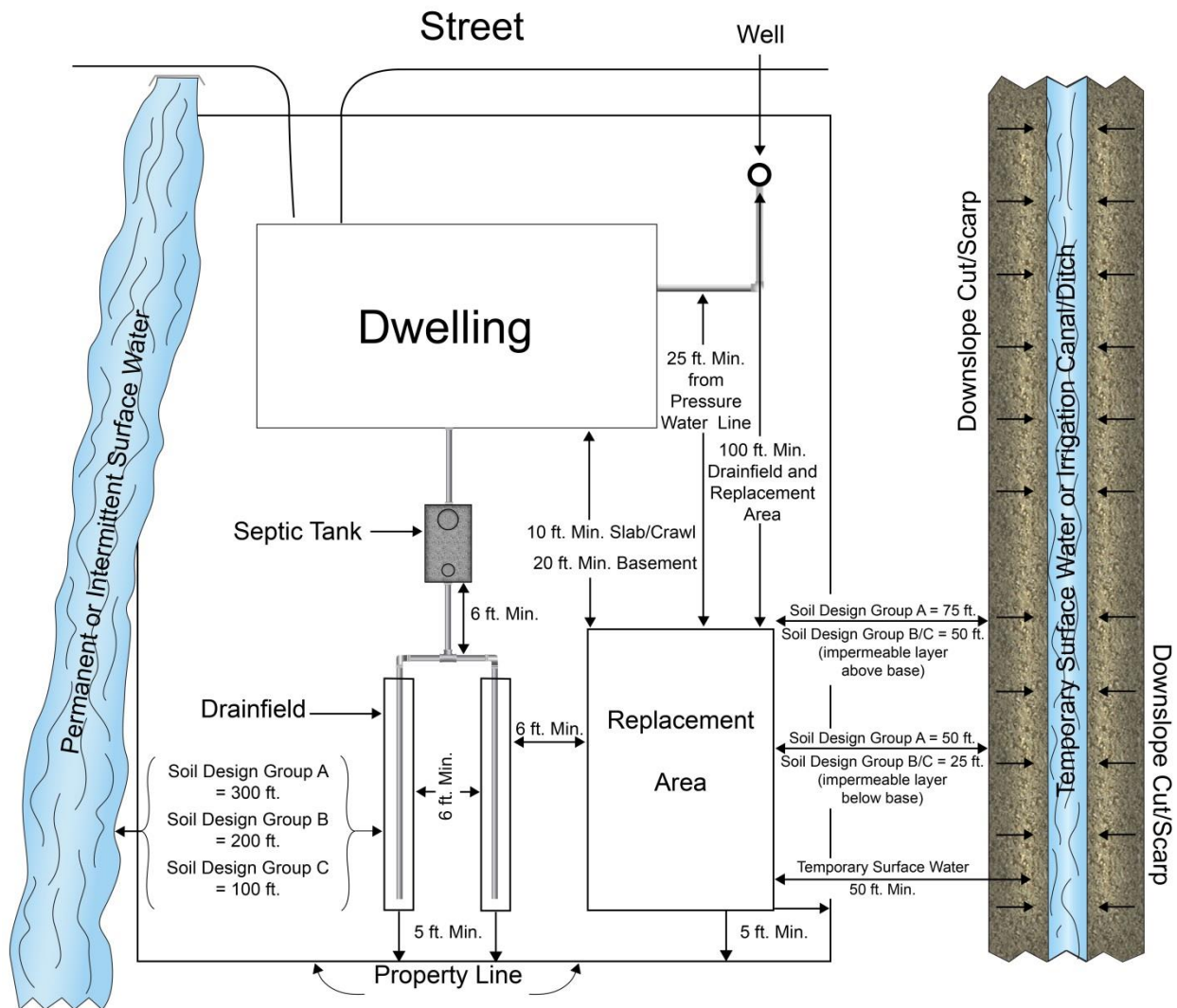


Figure 3-1. Horizontal separation distance requirements for a standard drainfield (IDAPA 58.01.03.008.02.d and 58.01.03.008.04).