# **APPLICATION - Subsurface Sewage Disposal**



**Idaho Public Health Districts** 

Central District Health Ada and Boise Counties 707 N. Armstrong Place Boise, ID 83704 (208) 327-7499

Permit Fee:	Date:
Receipt #:	File #:
- 1 (eccipt π	riie #

For Office Use Only

Property Address (If Available):		Acres:					
Street:         Zip:	County Parcel #:	County Parcel #:					
Property is Located:   Inside City – City Name:   Inside County – County Name:   Inside County – County Name:							
Legal Description: 1/4 Section:	Township:	Range:					
Subdivision:	Lot:	Block:					
Directions (nearest crossroad):							
Owner Name:	Phone	#:					
City:	_ State:	Zip Code:					
Applicant Name:	Email:						
Mailing Address:	Phone	#:					
City:	State:	Zip Code:					
☐ Same as owner ☐ Buyer ☐ Contractor ☐ Installer ☐ R	Realtor						
Type of Septic Installation: ☐ New ☐ Enlargement ☐ Replacement	☐ Tank Only ☐ Vault Privy						
Proposed Usage: ☐ Residential ☐ Accessory Dwelling Unit ☐ Oth ☐ Central ( <b>more</b> than two dwellings or <b>more</b> than two buildings under so		.) □ Non-Residential Soil Absorption (>2,500 gal/day)					
Is there an existing structure on this parcel? Yes OR No Type of S	structure:	Year Built:					
Number of Bedrooms: (Residence) and/or (Accessory Dwell		mber of Bathrooms:					
Foundation Type: ☐ Basement ☐ Crawl Space ☐ Split Level ☐	Slab						
City sewer or central wastewater collection system accessible to property?	Yes OR No						
Water Supply: ☐ Private Well ☐ Public Water System ☐ Shared V	Well						
Signature:  By my signature above, I certify that all answers and statements on this application that should evaluation disclose untruthful or misleading answers, my applications.	cation are true and complete to th	ne best of my knowledge. I understand					

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 permit 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/application may be renewed if the renewal is applied for on or before the expiration date.

Revision Date: 7/25 bk



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	Scale	: 1" =	,
	W E						
Signature:					_ Date:		
I understand thunderstnd that	nat should evaluat any deviation froi	that all answers ar ion disclose untrut n the plans, condit ize the Health Dis	hful or misleading tions, and specific	answers, my appl ations, is prohibite	ication may be rejud unless it is appro	ected or my permi	t canceled. I y the Director
			(Official U	se Only)			
Plot Plan	Approval Date:_		_ EHS Name:			EHS #:	

Revision Date: 10/2010 NRU

## **ADA & BOISE COUNTY**

# INSTRUCTIONS FOR SUBMITTING AN APPLICATION FOR A SEPTIC PERMIT, AND THE STEPS FOR OBTAINING A SEPTIC INSTALLATION PERMIT FROM CENTRAL DISTRICT HEALTH

#### **APPLICATIONS:**

On-site application *must* have all pages filled out completely, signed and dated, including an accurate legal description of the property along with all requested information as indicated on the form. As of July 1.2025, a new rule went into effect that says we must collect proof of legal presence of the **property owner**. The attestation form is located at <a href="https://cdh.idaho.gov/environmental-health/water-wastewater-septic/septic-applications-fees-resources/">https://cdh.idaho.gov/environmental-health/water-wastewater-septic/septic-applications-fees-resources/</a> at the top of the page. Please have the **property owner** complete, sign and date the form and provide document. We will not begin to process your application until we have received the signed attestation form and document.

Once the application has been submitted with a detailed plot plan *and* fees have been paid, you/your agent will need to contact the Environmental Health Specialist to make an appointment for the observation of the excavation of the required test holes. Central District Health *will not* be providing any machinery or labor to complete the excavation.

#### PLOT PLAN:

On the Plot Plan please provide the following information of the site: location of all existing structures; location of proposed dwelling/structure; existing or proposed well site; location of water lines, location of any existing septic systems; location of proposed septic site along with a proposed area for future replacement drainfield site; ditches; scarps; streams; and bordering roads.

#### **TEST HOLE INSPECTIONS:**

Test Holes are needed to evaluate the soils in the area where the drainfield is to be placed. Test holes are required for all lots and parcels. Additional test holes or deeper test holes may be required if the natural soils are inadequate for sewage disposal. It is the responsibility of the owner or his agent to make the necessary arrangements and have adequate equipment for digging. The Environmental Health Specialist must be present on-site when test holes are excavated.

The test holes shall be excavated near the proposed drainfield area to a depth of eight (8) to twelve (12) feet. Additional holes may be required if the native soil is inadequate for sewage disposal.

It is necessary to make an appointment with the inspector to view the test holes. The owner or their agent should be present at the time of the inspection.

#### GROUNDWATER MONITORING:

Groundwater monitoring may be required for a parcel of property not in an approved subdivision. Monitoring may also be required in approved subdivisions when the records search indicates further data is required. Ground water monitoring needs to be conducted on a weekly basis from February 15<sup>th</sup> through June 30th and may be required from April 15th through October 31<sup>st</sup> if the land is irrigated during the summer. Weekly monitoring is to be completed and documented by the property owner or their representative.

#### **ON-SITE SEWAGE PERMIT:**

When the steps listed on this sheet are completed and the criteria have been met, your permit will be written. Once the permit has been written, the on-site sewage permit will be emailed to you, your representative and county/city agency.

Having complete, accurate, and necessary documentation will make the permitting process easier and faster. The key is to have all the necessary documents properly prepared and ready for Central District Health prior to submitting any applications.

Last revised 7/25 BK

# 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.

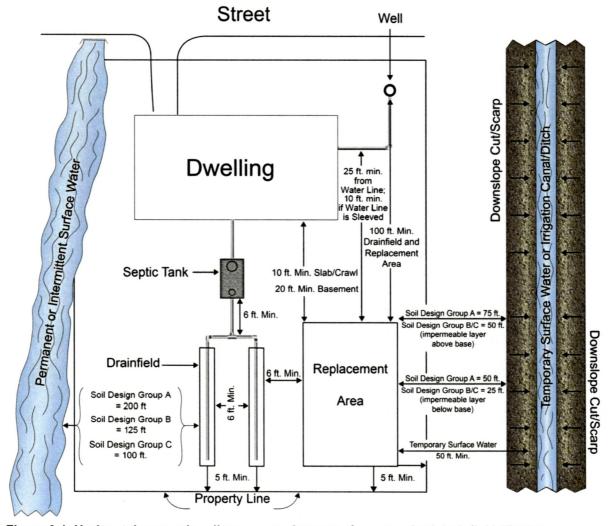


Figure 3-1. Horizontal separation distance requirements for a standard drainfield (IDAPA 58.01.03.008.01.d and 58.01.03.008.03).

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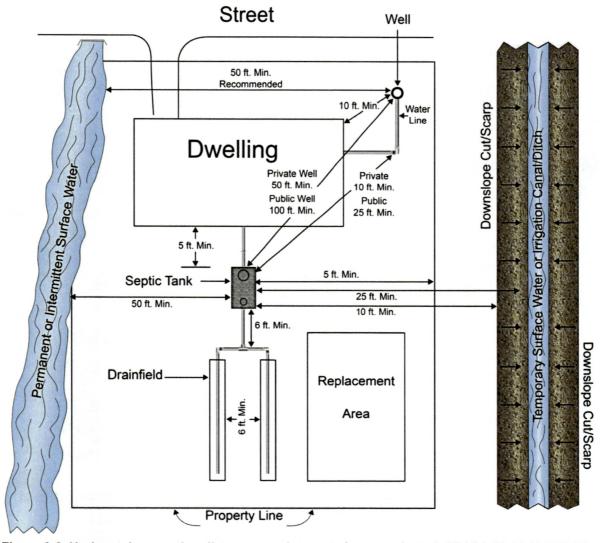


Figure 3-2. Horizontal separation distance requirements for a septic tank (IDAPA 58.01.03.007.17).

- 1. Minimum separation distance of 20 feet is required between a drainfield and a dwelling with a basement (IDAPA 58.01.03.008.01.d). If the basement is a daylight-style basement and the drainfield installation is below the daylight portion of the basement the minimum separation distance can be reduced to 10 feet.
- 2. Minimum separation distance of 6 feet is required between absorption trenches and from installed trenches or beds to the replacement area. Separation distance must be through undisturbed soils (IDAPA 58.01.03.008.03).
- 3. Minimum separation distance of 6 feet is required between the septic tank and the drainfield. Separation distance must be through undisturbed soils (IDAPA 58.01.03.008.03).
- 4. Minimum separation distance of 50 feet is required between an effluent line and a septic tank to a domestic well (IDAPA 58.01.03.007.18 and 58.01.03.007.21).

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