



Public Health

Idaho North Central District

Nez Perce County
215 10th Street
Lewiston, ID 83501
(208) 799-3100
Fax (208) 799-0349

Latah County
333 E Palouse River Drive
Moscow, ID 83843
(208) 882-7506
Fax (208) 882-3494

Clearwater County
105 115th Street
Orofino, ID 83544
(208) 476-7850
Fax (208) 476-7494

Idaho County
903 West Main
Grangeville, ID 83530
(208) 983-2842
Fax (208) 983-2845

Lewis County
132 N Hill Street
P O Box 277
Kamiah, ID 83536
(208) 935-2124
Fax (208) 935-0223

Computer #:	Fee Paid:
Receipt #:	Date:
Jurisdiction:	LPV:

☐ **Speculative Site Evaluation**

☐ **Preliminary Soil Analysis for Proposed Subdivision**

Property Map showing property lines required with application.

Applicant Name:		Property Address:			
Property Owner Name:		City:	State:	Zip:	County:
Mailing Address:		Township:	Range:	Sec:	
Check one: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Partners (if any) _____					
Sole Proprietor/Owner <input type="checkbox"/> <i>If checked Legal Verification of Lawful Presence form required</i>					
City:		State:	Zip:	Subdivision:	Lot: Block:
Ph:		Cell:	Proposed Usage: <input type="checkbox"/> Residential <input type="checkbox"/> Non-residential: _____		
Parcel #:		<input type="checkbox"/> Private Water <input type="checkbox"/> Public/Shared Well		Lot Size:	

I, the undersigned applicant, understand that this evaluation only indicates potential suitability of soils and site conditions for on-site sewage disposal system(s). Approval to construct a sewage disposal system(s) can only be granted by a valid septic permit. I hereby authorize the health authority to have access to this property for the purpose of performing the requested services.

Applicant Signature: _____ Date: _____ ☐ Owner ☐ Contractor ☐ Legal Agent

Refer to attached Plot Plan and/or Soil Log Sheet for additional information and test hole data.

No. 1 Test Hole	Soil Type	No. 2 Test Hole	Soil Type	No. 3 Test Hole	Soil Type

No. 4 Test Hole	Soil Type	No. 5 Test Hole	Soil Type	No. 6 Test Hole	Soil Type

Evaluation comments and/or recommendations: _____

Environmental Health Specialist:

Date: