

APPLICATION-Subsurface Sewage Disposal



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Southwest District Health
13307 Miami Lane
Caldwell, ID 83607
Phone: 208.455.5400
Fax: 208.455.5405

Date: _____ Facility # : _____
Nexus # : _____ Account #: _____
(Official Use Only)

(Incomplete Applications Will Be Returned)

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: _____ Average: (gallons per day (gpd)) _____ Peak: (gpd) _____

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

Property is located : ☐ Inside City ☐ Inside County

Zoning certificate or other county documentation submitted? ☐ Yes ☐ No ☐ N/A

City sewer or central wastewater collection system **1000** 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 permit 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.



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

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" = ____'

Southwest District Health, 13307 Miami Lane, Caldwell, ID 83607

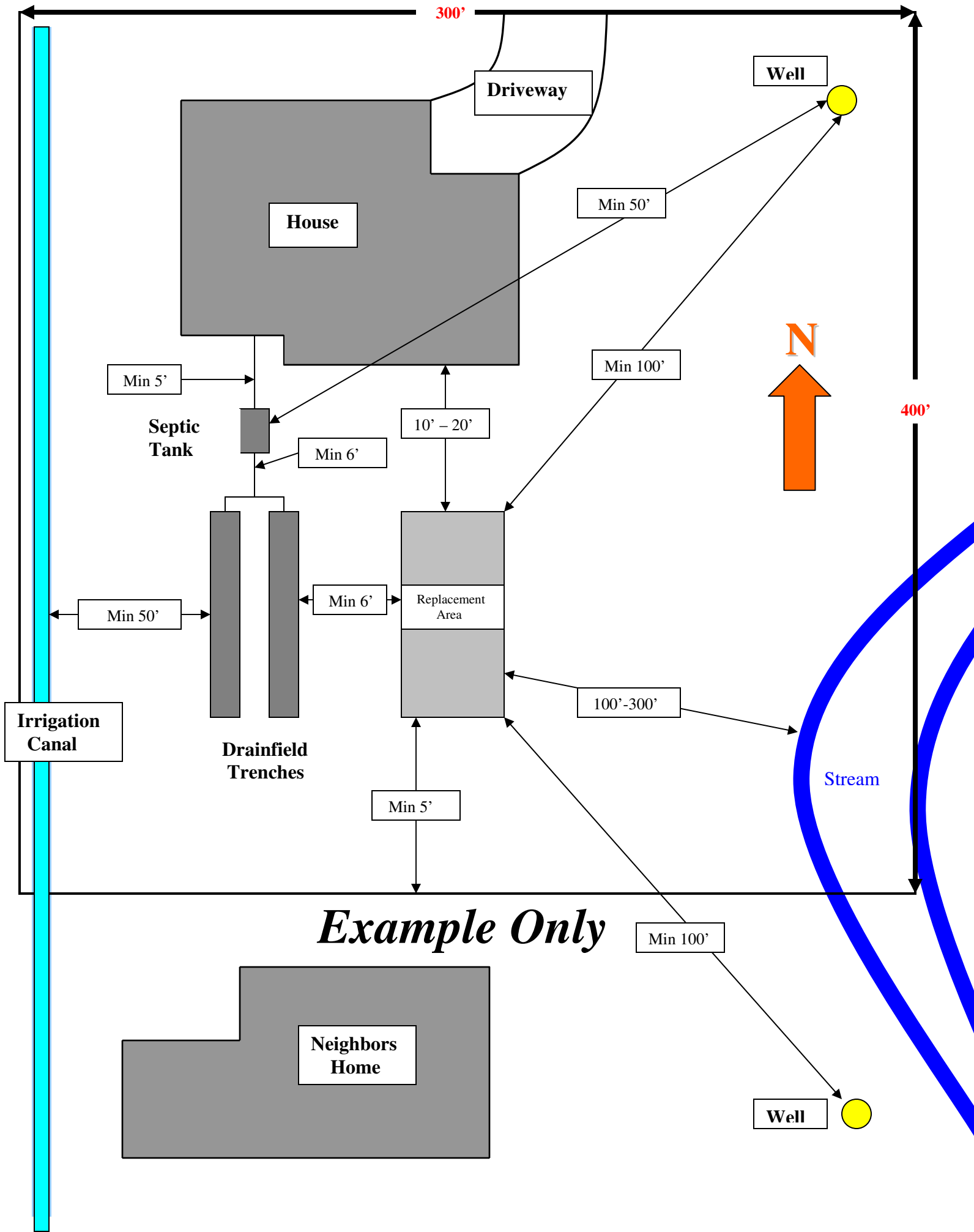
Phone: 208.455.5400, Fax: 208.455.5405

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 understand that any deviation from the plans, conditions, and specifications, is prohibited unless it is approved in advance by the Director or his designee. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation.

(Official Use Only)

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





Development Services Department

Canyon County, 111 North 11th Ave Suite 310 Caldwell, ID 83605 (208) 454 7458

FOR CANYON COUNTY PROPERTIES ONLY

Purpose of this form from Canyon County is to accurately account for waste water flows. Complete the form accurately for the room destinations and appliances in the current build.

Site Location/Parcel #: _____

How many kitchens? _____

How many washing machines? _____

Other Rooms:

Does the house have a bonus room, flex room, office, play room, craft room, den, & etc.?

Yes OR NO

Circle one

How many of the rooms answered yes to above have a closet and are on an exterior wall of residence?

Any rooms on the exterior wall of the residence with a closet shall be declared a bedroom on this form. These rooms will be considered bedrooms per Canyon County.

Signature: _____ Date: _____

This form shall be turned in with Southwest District Health's septic approval to Canyon County at the time of building permit submittal.

Canyon County Building Department

Dedicated to providing quality, efficient and equitable service to the citizens of Canyon County by planning for orderly growth and development through consistent administration and enforcement of County Ordinances.

PHOTOGRAPHY and UNMANNED AIRCRAFT SYSTEMS ("UAS")/DRONE FLIGHT PERMISSION

This Agreement is made between:

Unmanned Aircraft Systems ("UAS")/Drone Operator: Southwest District Health

Property Owner: _____

Address (Including City & ZIP): _____

Email: _____ Phone #: _____

1. Permission to Fly Drone and Photography

The Property Owner hereby grants the SWDH inspector and UAS/Drone Operator permission to take photography and operate a drone over the Property Owner's private property located at the above listed address during the duration of the permitting process. The purpose of photography and drone flight is to capture visual documentation as well as an arial view of the property including septic system, drain field, well placements and locations of other water sources and structures.

2. Compliance with Laws

The Drone Operator agrees to comply with all applicable federal, state, and local laws during the operation of the drone.

3. Assumption of Risk

The Property Owner acknowledges and accepts that drone operations may involve certain risks, including but not limited to noise, potential damage to property, or privacy concerns. The Property Owner agrees to waive any claims arising from these risks.

PROPERTY OWNER

Name: _____

Signature: _____

To opt out of drone usage, please check the box below.

☐ I would like to opt OUT of drone usage