



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

APPLYING FOR A SEWAGE PERMIT

Complete all requested information on the Application, and sign at the bottom. The legal description and parcel number can be obtained from your legal papers, property tax forms, or from the assessor's office. (contact information is below)

A proposed plot plan (form provided) of the property showing features of interest, improvements, and proposed sewage system location must be included. A sample plot plan is included. Also, a floor plan for all new construction, or modification to an existing structure, must be provided.

Permit fees must be paid in full when application is submitted. Be sure and discuss the appropriate fee amount with the environmental health specialist or public health office. Make your check payable to PH-INCD, and mail or return it to the respective office in your area. The fees are as follows:

- New sewage permit - \$730*
*Reduced by \$300 if a *Speculative Evaluation* was done within the past year
- Repair or expansion sewage permit - \$380
- Tank replacement or privy - \$300

Once the completed application and fees have been received an environmental health specialist will contact you to arrange a time to conduct the site evaluation. Normally, a minimum of 2 test holes, spread 50' apart, will be required in the proposed disposal area. Test holes are required to be dug to a minimum depth of 6 feet and sloped so the EHS can enter them if necessary. Test holes may be required to be dug deeper as determined by the EHS so please check with them prior to digging any holes.

*Please note: Pump-to-Gravity and Two-cell lagoon systems require a complex installer to install.

The phone numbers for each of the Public Health District offices are listed above in the letterhead. If you need the legal information on your property, the County Assessor Office phone numbers are as follows:

Clearwater County	476-7042
Idaho County	983-2742
Latah County	882-8580
Lewis County	937-2320
Nez Perce County	799-3010

06/9/2015

APPLICATION-Subsurface Sewage Disposal,



Fee Paid: _____ Check # _____
 Receipt # : _____ Computer # _____
 Date : _____ (Official Use Only)

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Property Address (if available): _____ City _____
 Legal Description: Section: _____ Township: _____ Range: _____ County: _____ Parcel #: _____
 Subdivision: _____ Lot _____ Block _____ Acres: _____
 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 Speculative Site Evaluation

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 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 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" = ____'

Public Health - INCD, Lewiston, ID 83501, Phone: 208-799-3100 Fax: 208-799-0349

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)		
Permit # _____	Parcel # _____	Computer # _____
Plot Plan Approval Date: _____		EHS Name: _____ EHS #: _____



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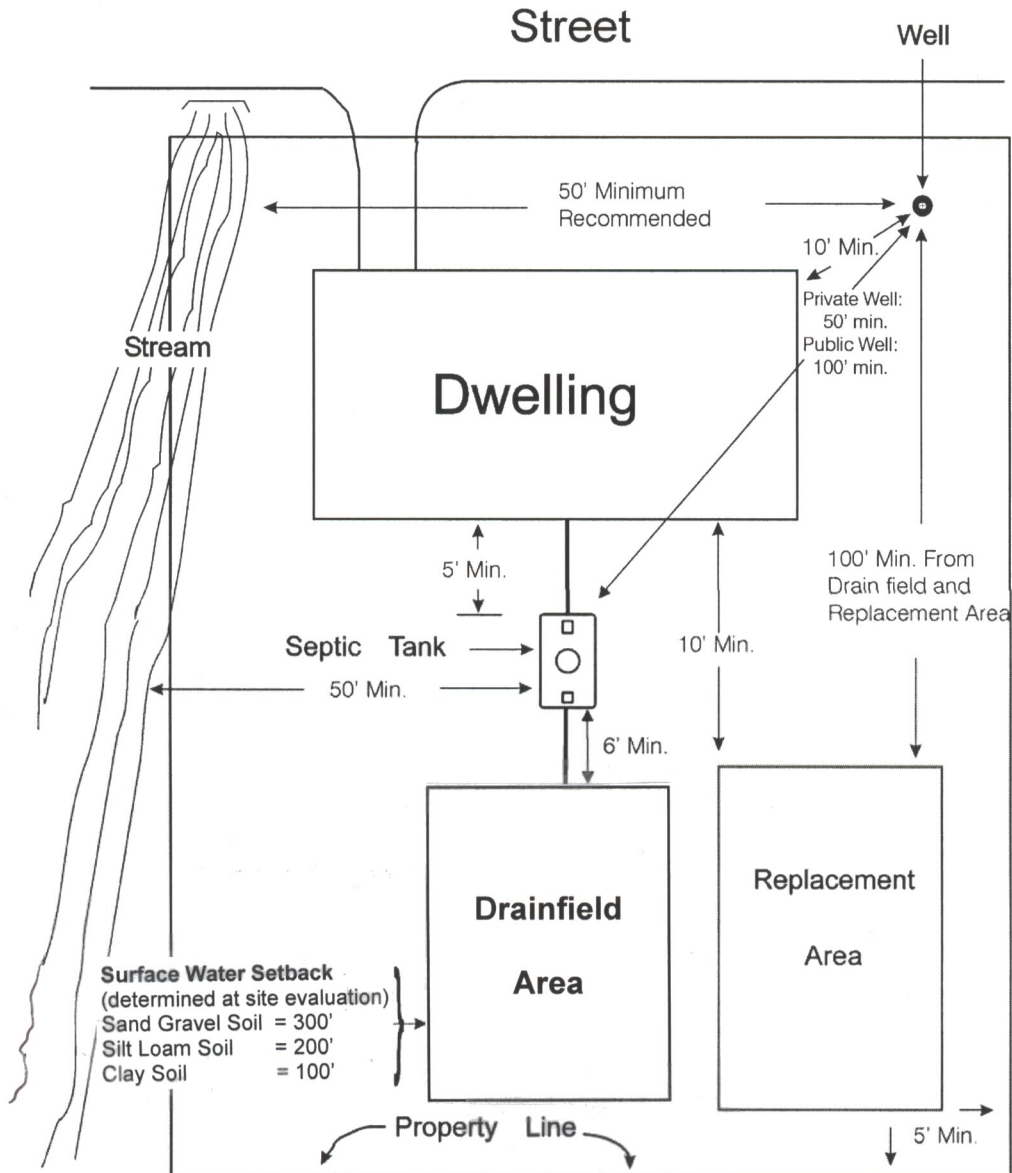
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TYPICAL PLOT PLAN

(This shows the dimensional requirements for a standard drainfield)



THE PLOT PLAN NEEDS TO INCLUDE THE FOLLOWING:

(Indicate lengths, dimensions, and separation distances)

1. **Property lines**
2. **Buildings**
3. **Driveway and parking area**
4. **Well locations, water lines**
5. **Proposed location of septic tank and drainfield lines**
6. **Drainfield replacement area (100% size of original)**
7. **Rivers, streams, ditches**
8. **Easement and right-of-ways**
9. **Streets, roads, banks**