



# 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**  
105 115<sup>th</sup> 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 # : _____