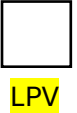




Public Health Idaho North Central District



Application for Subdivision/Land Development Review

Developer/Applicant Name: _____ Phone #: _____ Fax#: _____

Mailing Address : _____
Street/P.O. Box City State Zip

E-mail Address: _____

Name of Subdivision: _____

City: _____ County: _____

Location of Subdivision: _____

Legal Description: Township _____ Range _____ Section _____ ¼ Section _____

Parent Parcel Number of Site _____

Property Owner (if different): _____ Phone #: _____ Fax#: _____

Check one: Corporation Partnership Partners (if any) _____

Sole Proprietor/Owner ***If checked Legal Verification of Lawful Presence form required***

Mailing Address: _____
Street/P.O. Box City State Zip

E-mail Address: _____

Engineer: _____
Name Phone License #

Mailing Address: _____
Street/P.O. Box City State Zip

E-mail Address: _____ Fax#: _____

Surveyor: _____
Name Phone License #

Project Description

Acres _____ Total # Lots _____ Land Buildable _____ Non-buildable _____

Minimum Lot Size in Acres _____ Average Lot Size in Acres _____

Water

Type of Water: Private Well Shared Well Public Water System (Will serve letter required)

Water Supply: Surface Water Groundwater

If Public Water System, services provided by: _____

Sewer

Type of sewage disposal system (required):

Individual Septic (Will not serve letter required if project is within 2,000 feet of municipal sewer)

Municipal Sewer (Will serve letter required)

Central Septic or LSAS Septic (>2 dwellings or 2500gpd)

If municipal sewer, services provided by: _____

Plat

Type of Plat: Residential Commercial Industrial

Location: City County Impact Zone

Directions: _____

Stormwater

Type of Disposal: Shallow Injection Wells (drywells) Grassy Swale N/A

Service for: Street Only Street and Lots Other N/A

Chemical/Hazardous Materials

(Commercial or Industrial Subdivisions Only)

Are chemicals or petroleum products likely to be stored/handled/used at these sites? Yes No N/A

If yes, please explain:

Applicant Signature: _____ Date: _____

This Section for Official Use only

If on-site sewage disposal systems used, date predevelopment meeting held with District (if required):

Date of Meeting: _____

Application Date: _____	Fee\$ _____	Date: _____
Subdivision # _____	Fee\$ _____	Date: _____

Sanitary Restrictions: In-Force Satisfied See Attached Letter

EHS Signature: _____ Date: _____



Public Health

Idaho North Central District

Subdivision Name _____ Date _____

Checklist – This checklist serves as a guide for the items that may be needed for approval. As items are completed, check them on this list. If an item does not apply, check the NA box and include a short note as to why it does not apply in your submission referencing the number on the checklist.

	Item	YES	NA	For HD use
1	Application – Complete*			
2	Fees Paid*			
3	Preliminary Plat Map*			
	Informational Plat Map			
4	Topographic- showing 5 ft. contours*			
5	Proposed lot lines shown*			
6	All easements and proposed encroachments shown*			
7	All underground pipelines or utilities*			
8	Drainage or run-off areas, flood ways/plain, or problem drainage areas*			
9	Proposed location of wells and septic systems marked on map *			
10	Existing wells on and within 100 feet of the development shown*			
11	Existing drainfields on and within 100 feet of the development shown*			
12	Surface water, streams, lakes, ponds within 300 ft. of development shown*			
13	Test hole locations shown			
14	Ditches and canals within 50ft. of development shown*			
15	Spring discharges shown*			
16	Locations of any injection wells, underground seepage tunnels, tiles, irrigation lines, or similar features on the property (Check with ID Dept of Water Resources and Canal Companies)*			
17	Rock outcrops and scarps shown*			
18	Areas exceeding 20% slope color coded (Other slopes may be specified)*			
19	Copy of final Mylar plat*			
	Test Holes			
20	Depth logs and soil profiles*			

21	Soil types recorded*			
22	NRCS soil map included			
23	NRCS soil descriptions included			
24	Determine the level and duration of the normal high groundwater.			
	Subsurface Sewage Disposal Systems (individual)			
25	Type of systems proposed for each lot			
26	Adequate approved area for primary and replacement systems			
	Community or Central Subsurface Sewage Disposal System			
27	State type of system*			
28	Provide the DEQ letter of approval of the engineered design *			
29	Provide a letter of a contractual agreement with the responsible management entity*			
	Public Water Systems (community and non-community)			
30	If served by a shared well, shared well checklist is provided			
31	Approval of the system by the Health District or provide a letter of approval of the engineered design by DEQ*			
32	Provide a letter from the entity providing water to the development stating that they will service the development*			
33	All correspondence relating to the subdivision*			
	Other Items, as needed:			
34				
35				
36				
	Final Plat*			
37	Correct Health Certificate with sanitary restriction wording			
38	Place any applicable plat notes on the plat			

*Items required for subdivision review and approval

Attached to this check-list is the completed application report for the above named subdivision.

Developer Signature: _____ Date _____

and/or

Engineer Signature _____ Date _____