

# FINAL/AS-BUILT--Subsurface Sewage Disposal



**Public Health**  
Prevent. Promote. Protect.

**Idaho Public Health Districts**



**Public Health**  
Idaho North Central District

Permit # : \_\_\_\_\_  
Date : \_\_\_\_\_  
Parcel # : \_\_\_\_\_  
Computer # : \_\_\_\_\_

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

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

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

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

**Lewis County**  
132 N. Hill Street  
Kamiah, ID 83536  
Phone: (208) 935-2124  
Fax: (208) 935-0223

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Asbuilt (not to scale)

System Type: \_\_\_\_\_ Gravel (Yards): \_\_\_\_\_

System Mfg: \_\_\_\_\_ Sand (Yards): \_\_\_\_\_

Septic/Trash Tank (Gallons): \_\_\_\_\_ Depth to Pipe (Inches): \_\_\_\_\_

Septic/Trash Tank Mfg.: \_\_\_\_\_ Rock Under Pipe (Inches): \_\_\_\_\_

Depth to Tank Lid (Inches): \_\_\_\_\_ Date system Installed: \_\_\_\_\_

Standpipe/Riser (Inches): \_\_\_\_\_ Riser Longitude: \_\_\_\_\_

Pump Tank (Gallons): \_\_\_\_\_ Riser Latitude: \_\_\_\_\_

Pump Tank Mfg.: \_\_\_\_\_

Well Installed:  
 Yes  No

Drainfield Width (Ft): \_\_\_\_\_ Distance to Tank (Ft): \_\_\_\_\_

Drainfield Length (Ft): \_\_\_\_\_ Distance to Drainfield (Ft): \_\_\_\_\_

Drainfield Area (Sq. Ft.): \_\_\_\_\_ Valve:  Yes  No

D-Box:  Yes  No

All plans, specifications, and conditions contained in the approved permit application are hereby incorporated into and may be enforceable as part of the permit.

Notes/Conditions of Approval: \_\_\_\_\_

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Installer Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Installer Number: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, I certify that all answers and statements on this Final/Asbuilt are true and complete to the best of my knowledge.

Official Use Only						
DATE						
TRAVEL						
INSPECT						
EHS						
<input type="checkbox"/> As-Built provided by EHS			<input type="checkbox"/> As-Built provided by Installer			

EHS Final Inspection Signature \_\_\_\_\_

EHS Code \_\_\_\_\_ Date \_\_\_\_\_