



# ACCESSORY APPLICATION

## Environmental Health Division

**Ada and Boise County**  
 707 N Armstrong Place  
 Boise ID 83704-0825  
 Ph. 208 327-7499

**Elmore County**  
 520 E 8<sup>th</sup> St. North  
 Mountain Home ID 83647  
 Ph. 208 587-9225

**Valley County**  
 703 N 1<sup>st</sup> St.  
 McCall ID 83638  
 Ph. 208 634-7194

For Office Use Only	
Permit No.	Receipt No.
Date	Received By

This Application is for:       ACCESSORY USE       TEMPORARY LIVING QUARTERS

Owner/Applicant's Name	Phone	Email
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CURRENT MAILING	Street Address	City	State	Zip Code
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PROPERTY ADDRESS	Street Address	City	State	Zip Code
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LEGAL DESCRIPTION OF PROPERTY	1/4	1/4	Section	Township	Range
	Lot	Block	Subdivision		

*Note: Be sure your legal description is accurate - an inaccurate legal description may result in rejection of your application*

Location	<input type="checkbox"/> Inside City <input type="checkbox"/> In County	Parcel # _____
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Narrative description of your project with dimensions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list current number of bedrooms in the home \_\_\_\_\_ Number of bedrooms to be added \_\_\_\_\_ Total number of bedrooms \_\_\_\_\_

Year Septic System was installed & approved: \_\_\_\_\_ File No: \_\_\_\_\_ Year home was built: \_\_\_\_\_

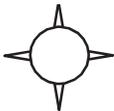
*NOTE: SHOULD THIS DEPARTMENT HAVE NO RECORD OF YOUR SEPTIC SYSTEM, YOU MUST HAVE YOUR SEPTIC TANK SIZED OR PUMPED AND BRING THE RECEIPT TO THIS OFFICE.*

**PLOT PLAN:** Please provide a copy of your building plans, and draw an aerial view of the property showing:

(Indicate Directions)

- The outline of the buildings, well locations(s) and water lines,
- location of septic tank, drainfield, and drainfield replacement area,
- location of, ditches and streams, and
- location of street or road.

• Indicate dimensions and separation distances of each of the above from the septic tank and drainfield. (See example on back of sheet.)



*I hereby certify that all information contained in this application is accurate and complete and I authorize the health authority access to this property. I also understand that any modifications, repairs or construction of a replacement or new individual or subsurface sewage disposal system requires that I obtain a permit to do so from the Central District Health.*

Applicant's/Agent's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (if different from above) \_\_\_\_\_ Phone \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Proposed use is:     Approved     Approved per conditions     Denied (see attached)

\_\_\_\_\_

By \_\_\_\_\_ EHS 40 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1/20

### 3 Standard Subsurface Disposal System Design

#### 3.1 Dimensional Requirements

Revision: July 18, 2013

Figure 3-1 shows the major horizontal separation distance requirements for a standard drainfield. Figure 3-2 shows the major horizontal separation distance requirements for a septic tank.

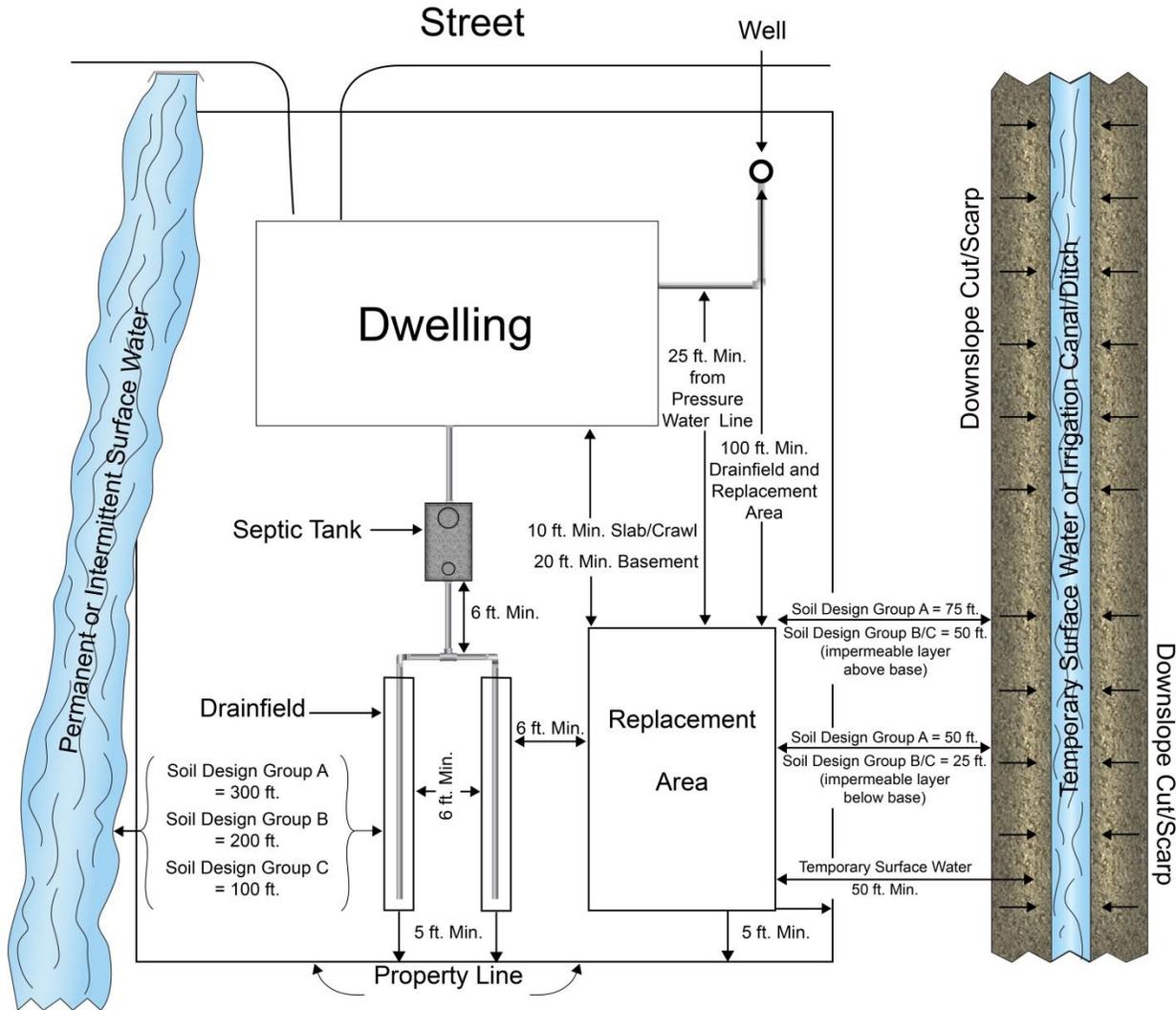


Figure 3-1. Horizontal separation distance requirements for a standard drainfield (IDAPA 58.01.03.008.02.d and 58.01.03.008.04).