



Ada & Boise County
707 N Armstrong Pl.
Boise, ID 83704
208-375-5211

Elmore County
520 E 8th N.
Mountain Home, ID 83647
208-587-4407

Valley County
703 1st Street
McCall, ID 83638
208-634-7194

FOR OFFICE USE ONLY	
Parcel I.D. #	
Fee	Receipt No.
Fee	Receipt No.
<input type="checkbox"/> WELL ONLY <input type="checkbox"/> WELL-SEPTIC ONLY <input type="checkbox"/> SEPTIC ONLY	

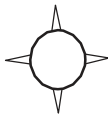
Act.	EHS	Date	Travel Time / Insp. Time

Applicant's Name:	Property Address	Street	City	Zip Code
Applicant's Address:	Legal Description of Property: Section _____ Township _____ Range _____ OR Subdivision _____ Lot _____ Block _____			
Phone #:	Location: <input type="checkbox"/> Inside City <input type="checkbox"/> In County County Name: _____			
Email:	County Parcel #:			

	Yes	No
Well head is visible & accessible	<input type="checkbox"/>	<input type="checkbox"/>
The well is on the property	<input type="checkbox"/>	<input type="checkbox"/>
The house is currently occupied	<input type="checkbox"/>	<input type="checkbox"/>
Will dogs be restrained	<input type="checkbox"/>	<input type="checkbox"/>
Has sewage system failed, been replaced or repaired in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
The septic system is functioning properly	<input type="checkbox"/>	<input type="checkbox"/>
The septic system has been pumped within the last 3 years	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when was it pumped _____		
Year home was built _____		

PLOT PLAN FOR PROPERTY

Please draw house, well, septic location and lot lines where applicable.
* NOTE: The septic will be located in relationship to the well.



Directions to Property

I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate.
Applicant/Agent's Signature _____ Date _____
X

REFUND POLICY: Requests for refunds must be made within one year of date of payment. Refunds will be made for the amount of fee received less the cost of staff time spent on the application up to the date of request for refund. If the cost of staff time exceeds the amount of fee paid, no refund will be made.

SURVEY RESULTS

1. Our survey indicates the water supply is:

Public _____ Individual Well _____ Community Well _____ Other _____

a. Well is located _____ feet from the _____ of the house foundation.

b. The well casing is _____ inches above below grade floor in pit buried well

c. Water sample collected on _____ and tested for Intestinal bacteria. Resample Date _____

d. Intestinal bacteria were were not found in the water sample.

e. Well head appears to be acceptable. Well head is not acceptable.

f. Field sample results for Nitrate _____ mg/l (EPA Maximum Contaminate Level (MCL) is 10 mg/l) Sample Date: _____

g. Field sample results for Nitrite _____ mg/l (EPA Maximum Contaminate Level (MCL) is 1.0 mg/l) Sample Date: _____

GPS Readings	Well: N _____ . _____ . _____
	W _____ . _____ . _____

2. Our survey indicates the sewage system is:

Public _____ Private Ind. _____ Community _____ Other _____

a. Sewage disposal system permit issued by Health Authority on _____ and inspected/accepted on _____

b. Sewage disposal is _____ feet from the well and appears to be located on the _____ of the house.

c. Visual evidence of malfunction was was not present when surveyed on _____.

Comments or Special Instructions (NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)

EHS signature _____ Date _____

MORTGAGE SURVEY



INSPECTION FEES:

Well Only \$148.00
(survey \$129.00 + \$19.00 lab fee)

Septic Only \$129.00

Well & Septic \$148.00
(survey \$129.00 + \$19.00 lab fee)

1st Resample (lab fee) \$19.00

2nd Resample \$148.00
(revisit fee \$129.00 + \$19.00 lab fee)

The inspector must have access to the entire area of the drainfield, septic tank, and/or well head.

A Revisit Fee of \$129.00 plus \$19.00 lab fee will be required if this office must make a third visit to the property for the following reasons.

- A. All major and minor well repairs, including re-inspection of repairs such as a well cap and electrical conduit that is not properly fastened to the casing and/or not water tight.
- B. Revisit because we were unable to obtain a water sample for any reason.
- C. Second water resample due to a contaminated well.
- D. Dogs were not properly restrained.
- E. Roof on well house is too heavy.

PROCESSING:

The following items must be submitted at the time of application. Any incomplete surveys will not be processed until all the information has been submitted.

1. **Verification of legal description.** This can be obtained from tax notice, deeds, irrigation notices, multiple listings, or homeowners insurance.
(e.g. Lot 5 Bk 1 Mack's Sub or NE4 SW4 Sec10 T4N R1E)
2. **A plot plan** must be drawn on the application showing the location of the septic tank, any drainfields, and any domestic wells in relationship to the house.
3. If the septic tank has been or will be pumped, we will need a copy of the **pumping receipt**.

QUESTIONS:

You will be required to answer the following questions:

1. Is the well head visible? If the well head is in the pump house or there is anything covering the well head, it must be either indicated on the application or removed so the inspector has access to the well head. If the well cap is loose, it must be tightened firmly. Cracked well heads may require replacement. If missing, one must be installed before completion of the survey.
2. Is the well on the property? The location of the well must be indicated on the application.

RESULTS:

Septic Only results will be available within two working days. Any survey with water sample test results will be available 3-5 days after the sample is taken.

We will email you your results as soon as the survey is complete.



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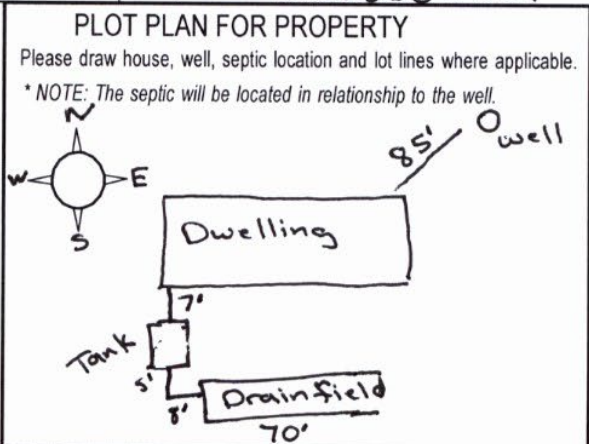
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Fee	Receipt No.
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<input type="checkbox"/> WELL ONLY <input type="checkbox"/> WELL-SEPTIC ONLY <input type="checkbox"/> SEPTIC ONLY	

Act.	EHS	Date	Travel Time / Insp. Time

EXAMPLE

Applicant's Name: <u>Joe Common</u>	Property Address: <u>707 N. Armstrong</u>	Street: <u>Boise</u>	City: <u>Boise</u>	Zip Code: <u>83704</u>
Applicant's Address: <u>707 N. Armstrong</u>	City: <u>Boise</u>	Zip Code: <u>83704</u>	Legal Description of Property: Section _____ Township _____ Range _____	OR Subdivision: <u>Corporate Center #2</u> Lot <u>10</u> Block <u>3</u>
Phone #: <u>208-375-5211</u>	Location: <input type="checkbox"/> Inside City <input checked="" type="checkbox"/> In County	County Name: <u>Ada</u>	County Parcel #: <u>R1573680331</u>	
Email: <u>Ehapps@cdh.idaho.gov</u>				

	Yes	No
Well head is visible & accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The well is on the property	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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The septic system is functioning properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The septic system has been pumped within the last 3 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, when was it pumped	<u>7/18/21</u>	
Year home was built	<u>1998</u>	



Directions to Property

Between
Five Mile +
Mitchell off
of Emerald

I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate.

Applicant/Agent's Signature: Joe Common Date: 12-13-21

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Public Private Ind. Community Other

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GPS Readings	Well: N _____
	W _____

Comments or Special Instructions (NOTE: This survey does not guarantee trouble-free operation of the sewage disposal or water system.)

EHS signature _____ Date _____