

APPLICATION – Speculative Site Evaluation



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Central District Health

Ada & Boise Counties 707 N. Armstrong Pl Boise, ID 83704 208-327-7499	Elmore County 520 E 8 th St. N Mtn. Home, ID 83647 208-587-4407	Valley County 703 1 st St McCall, ID 83638 208-634-7194
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Permit Fee: _____ Date: _____

Receipt #: _____ File #: _____

For Office Use Only

Property Address (If Available): _____ Acres: _____
 Street: _____
 City: _____ Zip: _____ County Parcel #: _____
 Property is Located: Inside City Inside County – County Name: _____

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

Subdivision: _____ Lot: _____ Block: _____

Directions (nearest crossroad): _____

Applicant's Name: _____ Email: _____
 Mailing Address: _____ Phone #: _____
 City: _____ State: _____ Zip Code: _____
 Applicant is: Buyer Contractor Installer Owner Realtor

Owner's Name: _____ Email: _____
 Mailing Address: _____ Phone #: _____
 City: _____ State: _____ Zip Code: _____

Proposed Usage: Residential Accessory Dwelling Unit Other with plumbing (barn, shop, etc.) Non-Residential

Is there an existing structure on this parcel? Yes OR No Type of Structure: _____ Year Built: _____

Number of Bedrooms: (Residence) _____ and/or (Accessory Dwelling Unit) _____ Number of Bathrooms: _____

Number of People: _____ Square Footage: _____ RV Connection: Yes OR No

Foundation Type: Basement Crawl Space Split Level Slab

City sewer or central wastewater collection system 200 feet or less to structure? Yes OR No

Water Supply: Private Well Shared Well Public Water Other: _____

Signature: _____ Date: _____

By my signature above, I certify that the speculative site evaluation only indicates potential suitability of soils for on-site sewage disposal. Approval to construct a sewage disposal system can only be granted by a valid septic permit. 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 is non-transferable between property owners and/or project sites. I understand that the fee is non-refundable once the inspector has conducted the on-site evaluation. I understand that the application will expire two (2) years from date of purchase.



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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" = _____'

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)

Plot Plan Approval Date: _____ EHS Name: _____ EHS #: _____