

# **INSTRUCTIONS FOR COMPLETING A MORTGAGE SURVEY APPLICATION**

**Please completely fill out the form. All information is required.**

**FEES: The mortgage survey fee must be submitted with the application. FEES ARE NON-REFUNDABLE**

The inspector must have access to the entire area of the drainfield, septic tank, and/or wellhead. An additional charge may be required if this office must make additional visits to the property for any of the following reasons:

1. Animals are not properly restrained.
2. Inability to obtain a water sample for any reason (example: electricity not on).
3. Third water sample due to a contaminated well.
4. Inspector unable to locate well or septic area due to incomplete information provided

**REQUIREMENTS**

**Incomplete applications will not be accepted.** It is your responsibility to provide complete and accurate information. Please consult with one of our Environmental Health Specialists if you have questions.

1. Indicate where the results are to be sent: bank, realtor, lot owner etc. Alternatively, results can be picked-up from the district office.
2. Owner's name and property grid/street address.
3. Verification of legal description to include:
  - a. Parcel number
  - b. Township, Range, Section
  - c. Subdivision name, lot, and block if appropriate
  - d. Assigned grid or street address
 (This information can be obtained from tax papers, deeds, irrigation notices, multiple listings, homeowners insurance, or at the local courthouse.)
4. A dimensional plot plan must be drawn on the application showing the location of the septic tank, drainfield and well and any neighboring drainfield, or wells that may impact the property. Attach additional sheets as necessary.
5. Wellhead should be visible and clearly marked on the plot plan.
6. Supply the name of the property owner at the time the sewer system was installed, if possible.
7. If the septic tank has been pumped, provide a copy of the pumping receipt or a copy of your cancelled check. If it has not been pumped within the last three years, it will need to be pumped.
8. Aggressive animals must be restrained. Schedule an appointment if necessary.

**RESULTS**

Water sample test results may take up to six working days after the sample is taken. Please consult with one of our Environmental Health Specialists if you have questions.

After a second positive coliform water sample, the owner may need to contact a private plumbing or well company to resolve the contamination problems or construction deficiencies.

<p style="text-align: center;"><b>TWIN FALLS OFFICE</b></p> <p>1020 Washington St. N. Twin Falls, ID 83301-3156 734-5900 • Fax 734-9502</p>	<p style="text-align: center;"><b>BELLEVUE OFFICE</b></p> <p>117 E. Ash St. Bellevue, ID 83313 788-4335 • Fax 788-0098</p>	<p style="text-align: center;"><b>MINI-CASSIA OFFICE</b></p> <p>2311 Park Ave., Unit 4, Ste. 4 Burley, ID 83318 678-8221 • Fax 678-7465</p>
<p style="text-align: center;"><b>GOODING OFFICE</b></p> <p>255 North Canyon Dr Gooding, ID 83330 934-4477 • Fax 934-8558</p>	<p style="text-align: center;"><b>JEROME OFFICE</b></p> <p>951 East Avenue H Jerome, ID 83338 324-8838 • Fax 324-9554</p>	



# South Central Public Health District

Prevent. Promote. Protect.

## Mortgage Survey Report

NITRATE  NITRITE  LEAD

APPLICANT NAME

MAILING ADDRESS

CITY/STATE/ZIP

APPLICANT IS:  LANDOWNER  CONTRACTOR

OTHER:

SEND RESULTS TO

MAILING ADDRESS

CITY/STATE/ZIP

PHONE

CELL

EMAIL

FAX

DIRECTIONS TO PROPERTY

WELL IS ON PROPERTY (show location on plot plan) . . .  YES  NO

WELL HEAD IS VISIBLE . . . . .  YES  NO

LAST PUMPING DATE (must be within last 3 years- provide receipt) Date: \_\_\_\_\_

Owner at time of installation: \_\_\_\_\_

Year built \_\_\_\_\_

HOUSE IS CURRENTLY OCCUPIED . . . . .  YES  NO

Name: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_

REMARKS/SPECIAL INSTRUCTIONS:

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.

SIGNATURE:

DATE:

FEE:(Non refundable) \$

RECEIPT #:

RECEIVED BY:

DATE:

SURVEY #			ESTABLISHMENT #		
Twn	Rng	Sec	PARCEL #		
MAILING ADDRESS			SUBJECT PROPERTY STREET/GRID ADDRESS		COUNTY
CITY/STATE/ZIP			CITY/ST/ZIP		LOT SIZE
APPLICANT IS: <input type="checkbox"/> LANDOWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER:			SUBDIVISION		LOT BLOCK
SEND RESULTS TO			EXISTING DRAINFIELDS <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		# BDRMS
MAILING ADDRESS			FOUNDATION TYPE	BASEMENT <input type="checkbox"/>	CRAWL SPACE <input type="checkbox"/>
CITY/STATE/ZIP			PROPERTY IS LOCATED IN		CITY CITY IMPACT COUNTY
PHONE			WATER SOURCE <input type="checkbox"/> PUBLIC/SHARED WELL <input type="checkbox"/> PRIVATE WELL		
EMAIL			PLOT PLAN OF PROPERTY: (show well, septic tank, and drainfield in relation to home and lot)		
DIRECTIONS TO PROPERTY					
WELL IS ON PROPERTY (show location on plot plan) . . .			<input type="checkbox"/> YES <input type="checkbox"/> NO		
WELL HEAD IS VISIBLE . . . . .			<input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST PUMPING DATE (must be within last 3 years- provide receipt) Date: _____					
Owner at time of installation: _____					
Year built _____					
HOUSE IS CURRENTLY OCCUPIED . . . . .			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Name: _____					
Phone - Home: _____			Work: _____		