

Please fill out the application completely. Be certain to include grid or street address, legal description, and parcel number. **Incomplete applications will be returned. All information is required.**

Fees: Payment must be submitted with application. For current fees, review fee schedule at phd5.idaho.gov.

- Accepted forms of payment included cash, check, and credit/debit card
- Card payments may be made over the phone
- Fees are non-refundable

REQUIREMENTS

Incomplete applications will not be accepted. It is your responsibility to provide complete and accurate information. Inaccurate or misleading information will void SCPHD comments/approval. Please consult with one of our Environmental Health Specialists if you have questions.

Submit the following:

1. Completed application
 2. Payment for fee
 3. A scaled or dimensional site plan showing, at a minimum:
 - a. All existing structures or features of concern and/or significance
 - b. Any proposed structures
 - c. All existing wells and/or septic systems on the property
 - d. Any information necessary to fully understand the application (such as proposed new property lines)
 4. Additional copies of the site plan if required by the local city or county
 5. Additional photos, maps or other information which will help to clarify the proposed action
- SCPHD records may indicate well and septic locations
 - Please contact an Environmental Health Specialist to make arrangements to examine, or obtain copies of SCPHD files
 - Online records can be searched at <https://phd5.idaho.gov/septic-records/>
 - You may email the completed application and site plan to septic@phd5.id.gov

Contact our Environmental Health staff if you have questions or need further information.

TWIN FALLS OFFICE
1020 Washington St. N
Twin Falls ID 83301
(208) 737-5900

BELLEVUE OFFICE
117 E Ash Street
Bellevue ID 83313
(208) 788-4335

HEYBURN OFFICE
485 22nd Street
Heyburn ID 83336
(208) 678-8221

GOODING OFFICE
255 N Canyon Dr.
Gooding ID 83330
(208) 934-4477

JEROME OFFICE
951 E Ave. H
Jerome ID 83338
(208) 324-8838

**PROPOSAL REVIEW FOR
PLANNING & ZONING**

Applicant Name			Parcel #	County	Parcel/Lot Size (acres)
Mailing Address			Subject Property Address		
City	State	Zip	City	State	Zip
Email			Subdivision Name		Lot Blk
Phone #			Applicant is: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Installer <input type="checkbox"/> Other		
Existing # bedrooms/est. flows:			Location of Property: <input type="checkbox"/> City <input type="checkbox"/> City Impact Area <input type="checkbox"/> County		
Structure Type: <input type="checkbox"/> Residential <input type="checkbox"/> Non-residential		Foundation Type: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Split Level <input type="checkbox"/> Other			
Water Source: <input type="checkbox"/> Private Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Public (PWS) Well <input type="checkbox"/> Municipal System <input type="checkbox"/> Other:					
Date:	Rec'd by:	Facility #:	Receipt #:	Fee: \$	

Applicant's Proposal (check applicable box and describe proposal below):

Addition of a dwelling or outbuilding. Proposed structure will be supplied with - Water: Yes No Septic: Yes No

Addition to an existing dwelling. Will this increase the number of bedrooms? Yes No Increasing # of bedrooms to: _____

Adding/replacing a house or mobile home/RV to an existing septic system.

Land Division (4 lots or less)

Other:

Proposal Description (Provide a detailed description of your proposal. Attach a site plan and any other pertinent documents for review.):

Signature: _____ **Date:** _____

By my signature, 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 comment letter rescinded. I accept responsibility to notify the Health District of any changes to the above information.

Environmental Health Specialist Evaluation

On-site visit conducted

Proposal Approved Proposal Approved with Conditions Proposal **NOT** Approved

Comments:

EHS Signature: _____ **Date:** _____