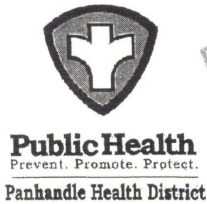


# APPLICATION - Subsurface Sewage Disposal, Page 1



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Permit Fee: <u>550.00</u>	Date: <u>4-19-22</u>
Application #: <u>21-09-151024</u>	EHS: <u>A Naylor</u>
Receipt #: <u>65932</u>	Clerical: <u>[Signature]</u>
Speculative Site Evaluation <input type="checkbox"/>	Septic Permit <input checked="" type="checkbox"/>
Benefitted Parcel # (Structure Location): <u>1021 Al's Welding Rd</u>	
Burdened Parcel # (Drainfield Location if different): <u>RP54N05W2423COA</u>	

Property Address (if available): 1021 Al's Welding Rd Spirit Lake City, Zip 83869  
 Legal Description: Section 24 Township 54N Range 5W County Bonner  
 Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
 Directions (nearest crossroad): Clagstone & Al's Welding Rd

Applicants Name: Stephen Doty Email: Stephenjdoty@gmail.com  
 Mailing Address: 18599 N. Elk Run Ln Phone #: 208-262-1985  
 City: Rathdrum State: ID Zip Code: 83859  
 Applicant is: ☒ Landowner ☐ Contractor ☐ Installer ☐ Other

Owners Name: Idaho Land LLC Email: \_\_\_\_\_  
 Mailing Address: Same Phone #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Septic Installation: ☒ New ☐ Expansion ☐ Repair ☐ Tank Only  
 Proposed Usage: ☐ Residential ☒ Non-Residential ☐ Other (i.e. barn shop, etc.) \_\_\_\_\_  
☐ Central (more than two buildings under separate ownership) ☐ Large soil Absorption (2,500 gal/day or more)

Is there an existing structure on this parcel? ☒ No ☐ Yes Year Built: \_\_\_\_\_ # of Units system will serve 20 RVs 19 RVs SD

Number of Bedrooms: (residential design only) \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_  
 Number of People: \_\_\_\_\_ Square-Footage: \_\_\_\_\_ Garbage Disposal? ☐ Yes ☒ No

Non-Residential Flow Design: \_\_\_\_\_ Average: (gallons per day (gpd)) 2400 Peak: (gpd) \_\_\_\_\_

Foundation Type: ☐ Basement ☐ Crawl Space ☐ Split Level ☐ Slab

Property is located: ☐ Inside City ☐ Inside County

Zoning certificate or other county documentation submitted? ☐ Yes ☐ No ☒ N/A

Is city sewer or central wastewater collection system 200 feet or less to structure? ☐ Yes ☒ No

Water Supply: ☒ Private well ☐ Shared Well (non-public) ☐ Public Water System Name: \_\_\_\_\_

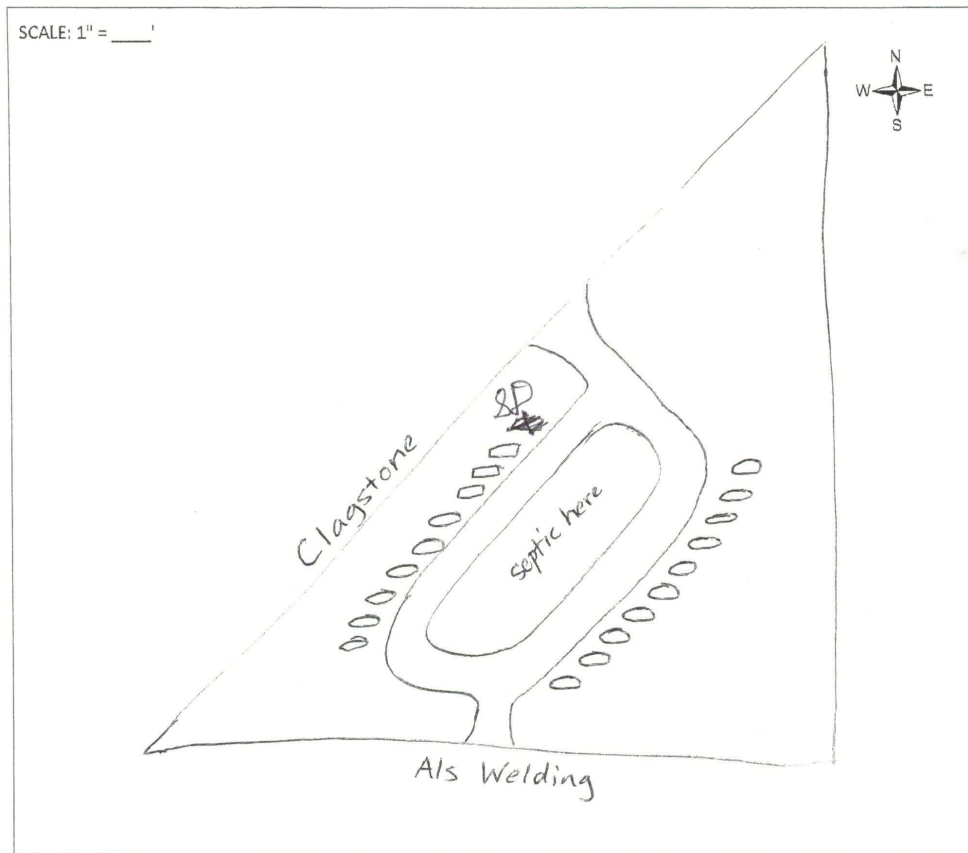
Signature: Stephen Doty Date: 4-19-22

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 accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. 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 and the subsequent permit is non-transferrable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, when issued, may be renewed, if the renewal is applied for on or before the expiration date.



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



SIGNATURE: Stephen Doty DATE: 4-19-22

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: \_\_\_\_\_