



Panhandle Health District

Healthy People in Healthy Communities

Public Health
Prevent. Promote. Protect.

Panhandle Health District



PANHANDLE HEALTH DISTRICT I

Kootenai County	8500 N. Atlas Rd, Hayden 83835	(208) 415-5200
Benewah County	137 N. 8th St., St. Maries 83861	(208) 245-4556
Bonner County	2101 W. Pine St., Sandpoint 83864	(208) 265-6384
Boundary County	7402 Caribou St, Bonners Ferry 83805	(208) 267-5558
Shoshone County	35 Wildcat Way, Suite A, Kellogg 83837	(208) 783-0707

SEWAGE SYSTEM PERMIT APPLICATION AND INSTALLATION GUIDELINES

GENERAL NOTES

- Check with local Health District official for regulations and forms. Some building permit applications require a valid Sewage Permit prior to Health District sign-off.
- No approvals for sewage disposal systems can be given unless an application has been received. No verbal approvals will be given.
- Installation of a septic system on the Rathdrum Aquifer requires a minimum parcel size of five (5) acres, or must be a parcel created before December 20, 1977, or must be within the boundaries of a municipal sewage management area that has been approved by the Board of Health.
- Any person who constructs, alters, or extends an individual sewage disposal system must hold a valid permit from the Panhandle Health District. Any person who contracts to do such work must be licensed by the Health District.

APPLICATION PROCEDURE REQUIREMENTS

- Submit a completed application for desired permit and pay fee(s). New site assessments may be required for repair/replacement systems.
- Submit a dimensional or scaled site plan showing all current and proposed buildings, and the minimum horizontal setbacks shown on the attached table.
- Include accurate directions to the site, names of roads, mileage, signs, etc.

FEES:

Subsurface Sewage Permit	\$950
Expansion Permit – Existing drainfield expanded greater than 10%	\$400
Septic Tank, Vault Privy, or Pit Privy Permit	\$250
Repair Permit (Replacement of failing system)	\$300
Permit Renewal – Must apply for renewal prior to expiration date	\$100

Hayden –
Kootenai County
8500 N. Atlas Rd.
Hayden, ID
83835
208.415.5100

Sandpoint –
Bonner County
2101 W. Pine St.
Sandpoint, ID
83864
208.263.5159

Kellogg –
Shoshone County
35 Wildcat Way
Kellogg, ID
83837
208.786.7474

Bonners Ferry –
Boundary County
7402 Caribou St.
Bonners Ferry, ID
83805
208.267.5558

St. Maries –
Benewah County
137 N. 8th St.
St. Maries, ID
83861
208.245.4556

NOTE: PERMITS MAY TAKE UP TO 10 WORKING DAYS AFTER WE HAVE BEEN CONTACTED REGARDING TESTHOLE COMPLETION OR SCHEDULED APPOINTMENTS - NOT FROM THE TIME OF APPLICATION.

Guidelines for Digging Test Holes:

- **Applicant is responsible for excavation of test holes.** Call Environmental Health Specialist (EHS) prior to digging test holes and/or schedule appointment to have test holes reviewed at time of dig.
- System size is determined by soil type.
- Soil type is determined by an eight-foot deep testhole.
- Testhole(s) must be at least three feet wide and sloped on one side to allow a person to walk into.
- Start with a testhole at the center of the proposed drainfield area. Dig another testhole approximately 75 feet away. If soils are not suitable, move to another area and repeat process.
- Slope in the area of the proposed drainfield cannot exceed 20 percent. (Slope in excess of 20 percent may be considered depending on site.)
- Drainfield must be in excess of 100 to 300 feet from streams, lakes and ponds. (Distance will vary depending on soil types.)
- Do not dig in draws, fill areas, wet areas, near springs, wells or surface water.
- A replacement area is required that meets the same standards as the initial drainfield.
- *Please note: Garden-type backhoes cannot be used as they cannot dig adequate testholes. Testholes should be covered as soon as possible after the inspection is completed. Uncovered holes present a hazard to livestock, wildlife, and children.

If Testholes are Acceptable:

- Application and site plan are updated, if necessary, to reflect actual site conditions.
- Permit application is reviewed for compliance with State regulation. Permit is then distributed or prepared for pick-up if approved.
- After permit has been issued, install system according to approved plans. Health District Environmental Health Specialist must inspect system after components are connected and before covering. **DO NOT COVER ANY PORTION OF THE SYSTEM WITHOUT PRIOR APPROVAL FROM THIS OFFICE.**
- An inspection tag will be left on site after inspection. (Green for approved and Red for disapproved). After approval, cover with good soil. No road, parking lot or structure can be built over the drainfield.
- Note: Applicant needs to contact the State Plumbing Bureau through the State of Idaho Division of Building and Safety to have the water and septic lines from the residence to the septic tank inspected.

TECHNICAL INFORMATION

- From septic tank to drainfield, a heavy-grade pipe is required--3033 PVC, 3034 PVC, Schedule 40 PVC, Schedule 40 ABS.
- Drainfields must follow the contour of the hillside and maintain level.
- Drainrock must be a washed, ½ inch to 2 ½ inches in diameter and must be clean.
- Drainrock systems must be covered throughout with untreated building paper, a synthetic filter fabric (geotextile), a three-inch layer of straw or other acceptable permeable material.
- Precast or PVC inlet and outlet sanitary tees will be required on all septic tanks and must extend into liquid layer.
- There are several gravelless systems on the market now (see diagram regarding 10" gravelless and domed gravelless).

MINIMUM SEPTIC TANK REQUIREMENTS ARE AS FOLLOWS:

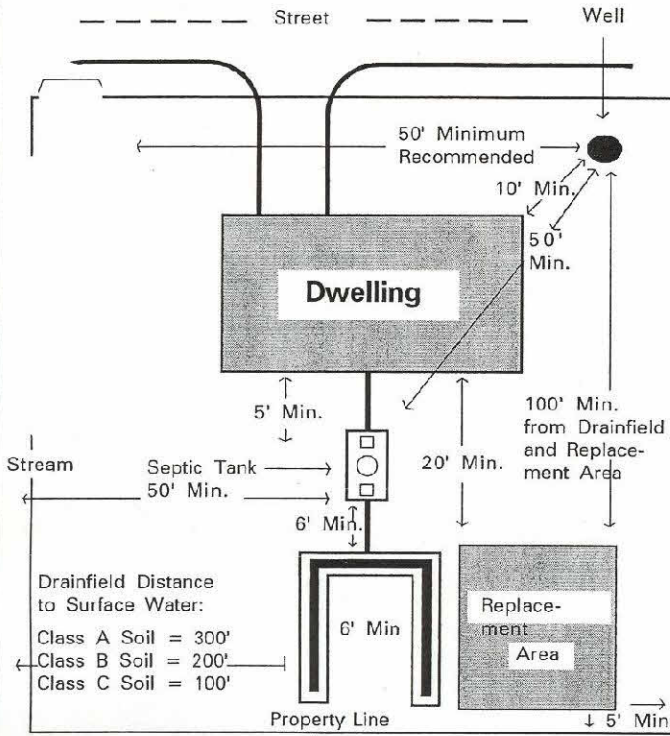
1. Minimum Size (One to Four Bedroom Home) is 1000 gallons.
2. Each additional bedroom requires 250 gallons additional volume.

MINIMUM HORIZONTAL SETBACKS, IN FEET

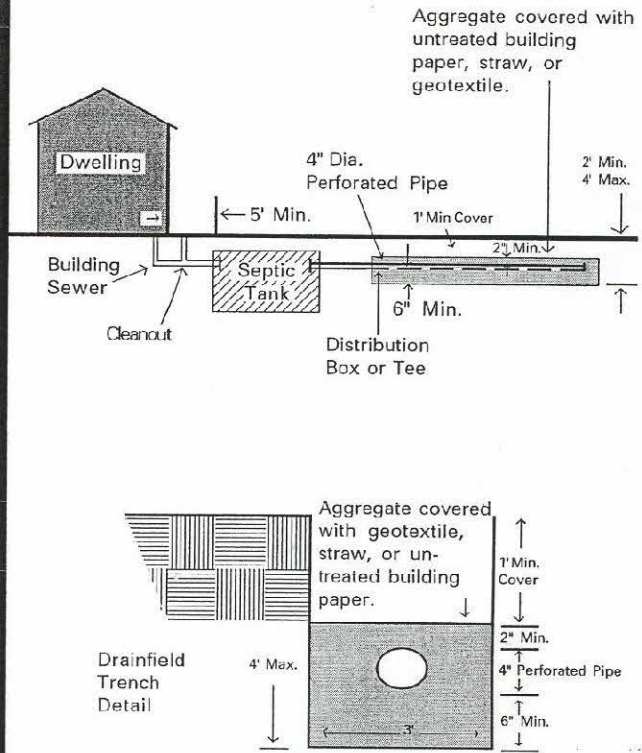
Component of System	Well or Suction Line	Water Line Pressure	Body of Water* or Stream	Dwelling Foundation	Property Line
Building Sewer	Public 100 Private 50	10	--	--	--
Septic Tank	Public 100 Private 50	Public 25 Private 10	50	5	5
Drainfield or Abs. Bed	100	25	100-300	Basement - 20 Slab or Crawl Space - 10	5

*Distance measured to high water mark. Exact distance depends on soil type.

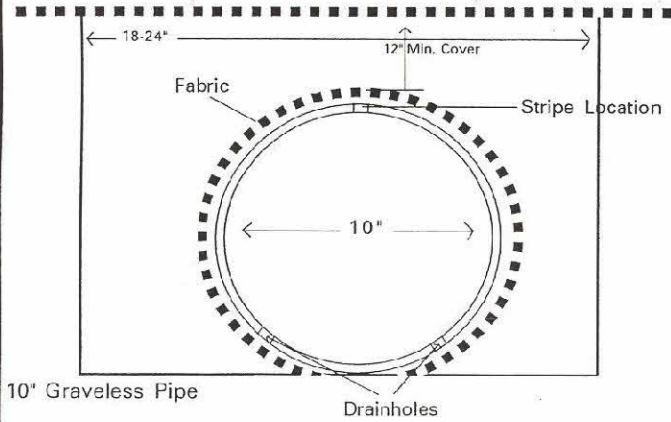
Example Plot Plan



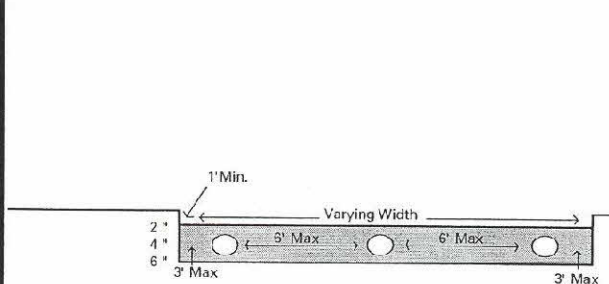
Cross Sectional View of a Standard Drainfield



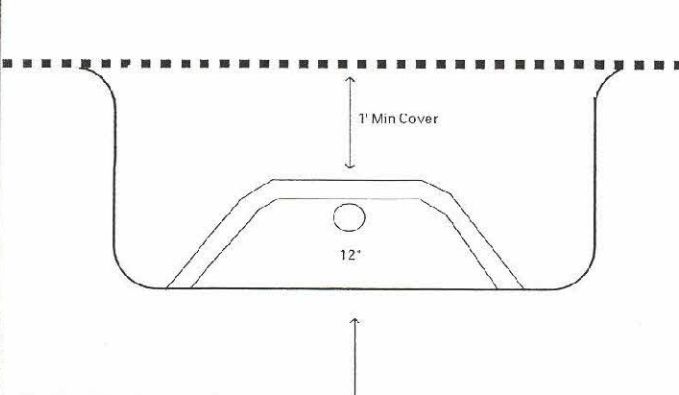
Cross Section of Typical Graveless Drainfield Trenches



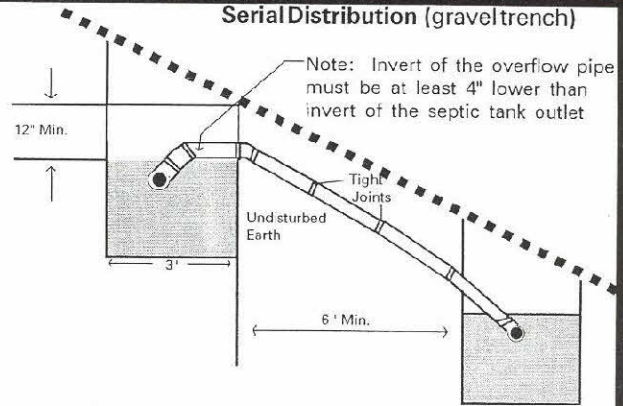
Cross-Sectional View of a Standard Absorbent Bed



Graveless Chamber (Dome) Pipe



Serial Distribution (gravel trench)



APPLICATION - Subsurface Sewage Disposal, Page 1



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Permit Fee: _____	Date: _____
Application #: _____	EHS: _____
Receipt #: _____	(Official Use Only)
Speculative Site Evaluation <input type="checkbox"/>	Septic Permit <input type="checkbox"/>
Benefitted Parcel # (Structure Location): _____	
Burdened Parcel # (Drainfield Location if different): _____	
Acres _____	

Property Address (if available): _____ City, Zip _____

Legal Description: Section Township Range County

Subdivision: Lot Block

Directions (nearest crossroad): _____

Applicants Name: _____ Email: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Applicant is: Landowner Contractor Installer Other

Owners Name: _____ Email: _____

Mailing Address: _____ 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 _____

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)) _____ 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: _____ **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 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.**




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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 # : _____