



# Public Health

## Idaho North Central District

**Nez Perce County**  
 215 10<sup>th</sup> Street  
 Lewiston, ID 83501  
 (208) 799-3100  
 Fax (208) 799-0349

**Latah County**  
 333 E Palouse River Drive  
 Moscow, ID 83843  
 (208) 882-7506  
 Fax (208) 882-3494

**Clearwater County**  
 105 115<sup>th</sup> Street  
 Orofino, ID 83544  
 (208) 476-7850  
 Fax (208) 476-7494

**Idaho County**  
 903 West Main  
 Grangeville, ID 83530  
 (208) 983-2842  
 Fax (208) 983-2845

**Lewis County**  
 132 N Hill Street  
 P O Box 277  
 Kamiah, ID 83536  
 (208) 935-2124  
 Fax (208) 935-0223

### MORTGAGE SURVEY REPORT

Fee:		Receipt #:
Ck #:	Date:	Jurisdiction:

**This survey in no way guarantees trouble-free operation of the water and sewer systems.**

Service being requested by (Name):		Address of Property to be evaluated:			
Mailing Address:		City:	State:	Zip:	County:
City:	State:	Zip:	Township:	Range:	Sec:
Ph:	Cell:	Owner/Contact if different than applicant			Ph:
The information provided on this application is accurate to the best of my knowledge. I hereby authorize the health authority to have access to this property for the purpose of performing the requested service. Please keep all pets restrained.  Applicant Signature: _____  Date: _____		<b>Information Requested:</b> <input type="checkbox"/> Well Only <input type="checkbox"/> Septic Only <input type="checkbox"/> Well and Septic		<b>Water Tests requested:</b> <input type="checkbox"/> Bacteriological <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Other _____ _____ _____	

#### Health Department use only:

<b>Water Supply:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Type of Source:</b>	<b># Connections:</b>
<b>Bacteriological sample collected on:</b> _____	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<b>Resample collected on:</b> _____	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<b>Nitrate/Nitrite:</b> _____ <b>mg/L</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<b>Other lab results:</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<b>Water System:</b> <input type="checkbox"/> Does <input type="checkbox"/> Does not	appear to meet recommended sanitary standards	
<b>Comments:</b>		
<b>Sewage System:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Type of System:</b>	
<b>Sewage system permitted and approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Permit #:</b>	
<b>System Appears to be in proper working order:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See comments	<b>Date:</b>	
<b>Tank last pumped and inspected on:</b> _____	*pumping report must be within last 5 years	
<b>Sewage system appears to be in substantial compliance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See comments		
<b>Comments:</b>		
<b>Attached documents:</b>		