



Public Health

Idaho North Central District

| | |
|---------------|-----------|
| Computer #: | Fee Paid: |
| Receipt #: | Date: |
| Jurisdiction: | |

Nez Perce County
 215 10th 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 115th 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

Speculative Site Evaluation **Preliminary Soil Analysis for Proposed Subdivision**

Property Map showing property lines required with application.

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|----------------------|---|---|--------------|-----------|---------|
| Applicant Name: | | Property Address: | | | |
| Property Owner Name: | | City: | State: | Zip: | County: |
| Mailing Address: | | Township: | Range: | Sec: | |
| City: | State: | Zip: | Subdivision: | Lot: | Block: |
| Ph: | Cell: | Proposed Usage: <input type="checkbox"/> Residential <input type="checkbox"/> Non-residential: _____ | | | |
| Parcel #: | <input type="checkbox"/> Private Water <input type="checkbox"/> Public/Shared Well | | | Lot Size: | |

I, the undersigned applicant, understand that this evaluation only indicates potential suitability of soils and site conditions for on-site sewage disposal system(s). Approval to construct a sewage disposal system(s) can only be granted by a valid septic permit. I hereby authorize the health authority to have access to this property for the purpose of performing the requested services.

Applicant Signature: _____ Date: _____ Owner Contractor Legal Agent

Refer to attached Plot Plan and/or Soil Log Sheet for additional information and test hole data.

| No. 1 Test Hole | Soil Type | No. 2 Test Hole | Soil Type | No. 3 Test Hole | Soil Type |
|-----------------|-----------|-----------------|-----------|-----------------|-----------|
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| No. 4 Test Hole | Soil Type | No. 5 Test Hole | Soil Type | No. 6 Test Hole | Soil Type |
|-----------------|-----------|-----------------|-----------|-----------------|-----------|
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Evaluation comments and/or recommendations: _____

Environmental Health Specialist: _____

Date _____