



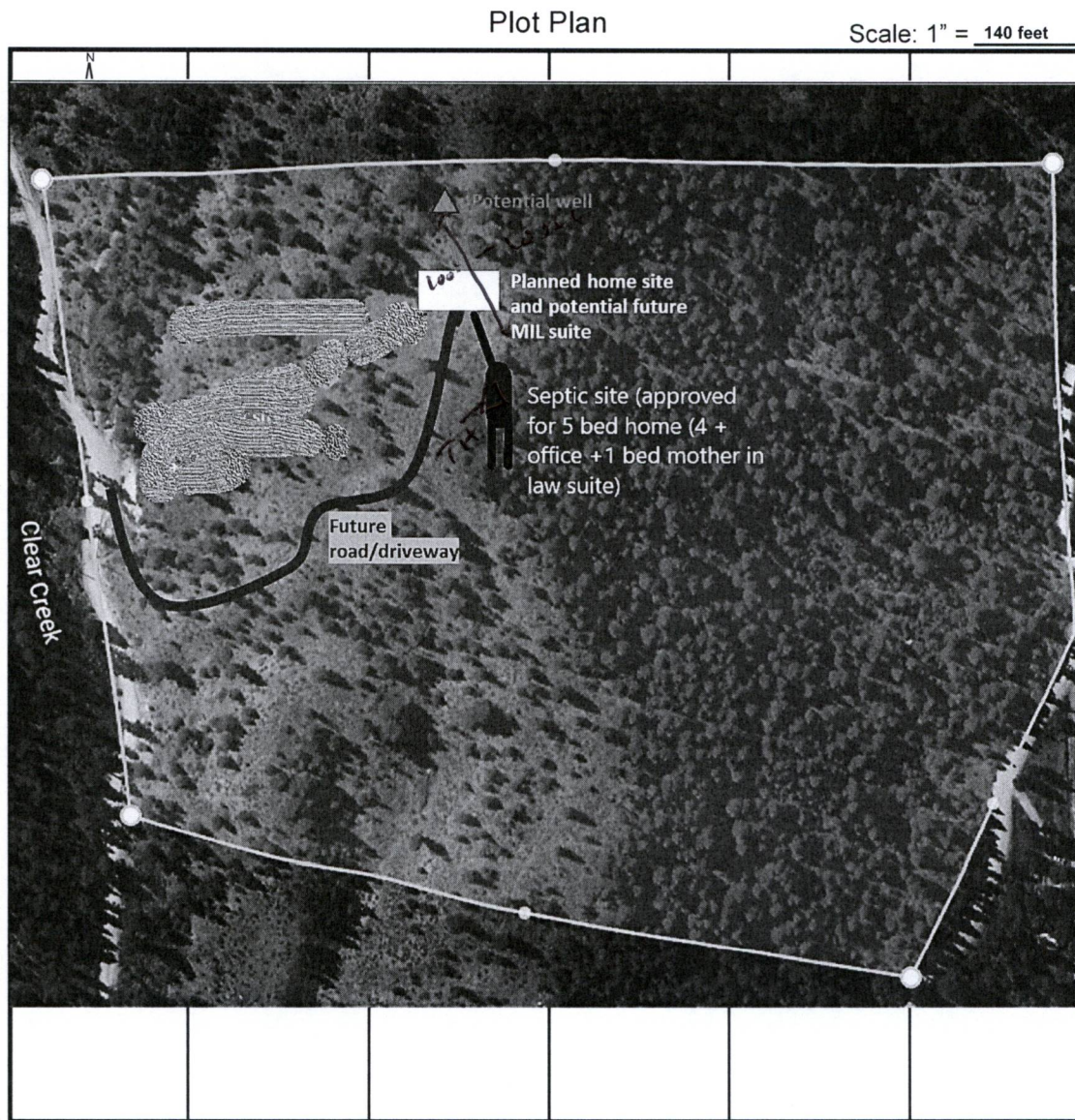




**Public Health**  
Prevent. Promote. Protect.

**Idaho Public Health Districts**

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.



Signature: \_\_\_\_\_

Date: 4/9/2021

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: 5-14-21

EHS Name: Jerry De

EHS #: 0068

Revision Date: 10/2010 NRU