

**PANHANDLE HEALTH DISTRICT 1  
COMMERCIAL/INDUSTRIAL APPLICATION**

8500 N. Atlas  
Hayden, ID 83835  
(208) 415-5220

C/I Review Fee: \$75.00    Date: _____ Receipt # _____ Entered by: _____ Facility ID Number: _____	CMCC Review Fee: \$200    Date: _____ (if CMCC is required) Receipt # _____ Entered by: _____
--	---

(Please fill completely. Lack of information may cause the application to be returned.)

Business Owner _____	Phone _____
Name of Business _____	Phone _____
Mailing Address _____	
Type of Business _____	
Street Address and directions to site _____	
Contact Name _____	Phone _____

**PROPERTY AND FACILITY DESCRIPTION**

Parcel Number _____	Size of lot or parcel _____
Property Owner _____	Phone _____
Mailing Address _____	
Structure: <input type="checkbox"/> New <input type="checkbox"/> Existing	

**SEWAGE DISPOSAL**

Type:	<input type="checkbox"/> Individual Septic      Septic Permit # _____	
	Total number of employees _____	Number of shifts _____
	Will facilities be used for large gatherings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will public restrooms be available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Community Drainfield      System Name _____	
	<input type="checkbox"/> Municipal Sewer              System Name _____	
	Will there be any floor drains? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will there be any wastewater besides domestic sewage? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This includes but is not limited to vehicle washing, steam cleaning, floor washing, process wastewater etc. Non-domestic wastewater cannot be disposed on or into the ground.)</i>	
	If yes, explain how the wastewater stream will be handled:	
	Non-discharging (Closed Loop/Recycling System) _____	
	Evaporation System _____	
	Municipal Sewer _____	
	Other _____	

**STORMWATER MANAGEMENT**

Which of the following stormwater management systems will be or are being utilized?

- Grassed infiltration areas with injection wells\* - Location: \_\_\_\_\_
- Injection wells\* with no pre-treatment - Location: \_\_\_\_\_
- Other or None. Describe: \_\_\_\_\_

*\*Note: All new injection wells must be registered. If new injection wells will be constructed please complete and return a registration form and \$75.00 per injection well*

**CRITICAL MATERIALS USE**

Are there any liquid, semi-liquid, flowable or water-soluble chemicals (including fuel, oil and paint) stored and/or used on the premises? If yes, please fill out the following Critical Materials Reporting form. The type and quantity of chemicals reported will determine the need for secondary containment of chemicals. If secondary containment is required, then containment plans and site plan must be submitted with an additional \$200 review and inspection fee.

**Critical Materials Reporting**

**Chemical Name:** \_\_\_\_\_ **0 Solid** **0 Liquid**  
**Maximum Quantity:** \_\_\_\_\_ **Pounds** **Gallons** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Number of Containers:**  
Above Ground tanks: \_\_\_\_\_ Below ground tanks: \_\_\_\_\_ 55 gal. Drums: \_\_\_\_\_ 5 gallons or less: \_\_\_\_\_ Other: \_\_\_\_\_

**Chemical Name:** \_\_\_\_\_ **0 Solid** **0 Liquid**  
**Maximum Quantity:** \_\_\_\_\_ **Pounds** **Gallons** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Number of Containers:**  
Above Ground tanks: \_\_\_\_\_ Below ground tanks: \_\_\_\_\_ 55 gal. Drums: \_\_\_\_\_ 5 gallons or less: \_\_\_\_\_ Other: \_\_\_\_\_

**Chemical Name:** \_\_\_\_\_ **0 Solid** **0 Liquid**  
**Maximum Quantity:** \_\_\_\_\_ **Pounds** **Gallons** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Number of Containers:**  
Above Ground tanks: \_\_\_\_\_ Below ground tanks: \_\_\_\_\_ 55 gal. Drums: \_\_\_\_\_ 5 gallons or less: \_\_\_\_\_ Other: \_\_\_\_\_

**Chemical Name:** \_\_\_\_\_ **0 Solid** **0 Liquid**  
**Maximum Quantity:** \_\_\_\_\_ **Pounds** **Gallons** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Number of Containers:**  
Above Ground tanks: \_\_\_\_\_ Below ground tanks: \_\_\_\_\_ 55 gal. Drums: \_\_\_\_\_ 5 gallons or less: \_\_\_\_\_ Other: \_\_\_\_\_

**Chemical Name:** \_\_\_\_\_ **0 Solid** **0 Liquid**  
**Maximum Quantity:** \_\_\_\_\_ **Pounds** **Gallons** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Number of Containers:**  
Above Ground tanks: \_\_\_\_\_ Below ground tanks: \_\_\_\_\_ 55 gal. Drums: \_\_\_\_\_ 5 gallons or less: \_\_\_\_\_ Other: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**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 accept the responsibility to notify Panhandle Health District of any changes in the type, quantity, location or use of my chemicals.