



Public Health
Prevent. Promote. Protect.
Panhandle Health District

Panhandle Health District

Healthy People in Healthy Communities



Site Number: _____ EHS: _____ Clerical : _____ Date: _____

(Please fill out 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** _____
Email _____

PROPERTY AND FACILITY DESCRIPTION

Parcel Number _____ **Size of lot or parcel** _____
Property Owner _____ **Phone** _____
Mailing Address _____
Structure: **New** **Existing**

SEWAGE DISPOSAL

Type: **Individual Septic** **Septic Permit #** _____
 Total number of employees _____ **Number of shifts** _____
 Will facilities be used for large gatherings? **Yes** **No**
 Will public restrooms be available? **Yes** **No**
 Community Drainfield **System Name** _____
 Municipal Sewer **System Name** _____

Will there be any floor drains? **Yes** **No** *(if yes, please submit plumbing plans with application)*
Will there be any wastewater besides domestic sewage? **Yes** **No** *(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.)*

If yes, explain how the wastewater stream will be handled:
Non-discharging (Closed Loop/Recycling System) _____
Evaporation System _____
Municipal Sewer _____
Other _____

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

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

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

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 and include secondary containment plans and a site plan with the application.

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: _____		
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: _____		

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.