



Application for Subdivision/Land Development Review

FEES:

Municipal/Central Sewer
Plats: **\$250 review fee**

On-Site Sewage Plats or
Parcel Splits: **\$390 per lot**

*See fee schedule for
Aquifer Parcels*

For Official Use Only

File # _____ Fee \$ _____ Receipt # _____ EHS _____ Clerical _____ Date _____

Name of Subdivision: _____

City, Zip: _____ County: _____

Location of Subdivision: _____

Legal Description: Township _____ Range _____ Section _____ ¼ Section _____

Parent Parcel Number of Site _____

Applicant Name: _____ Phone #: _____ Fax#: _____

Mailing Address: _____

Street/P.O. Box

City

State

Zip

E-mail address: _____

Property Owner (if different): _____ Phone #: _____ Fax#: _____

Mailing Address: _____

Street/P.O. Box

City

State

Zip

E-mail address: _____

Engineer: _____

Name

Phone

License #

Mailing Address: _____

Street/P.O. Box

City

State

Zip

E-mail address: _____ Fax#: _____

Surveyor: _____

Name

Phone

License #

E-mail address: _____

Project Description

County Project # _____

Land

Acres _____ Total # Lots _____ Buildable _____ Non-buildable _____
Minimum Lot Size in Acres _____ Average Lot Size in Acres _____

Water

Type of Water: ☐ Private Water ☐ Shared Well (Non-Public, 2-9 connections)
☐ Public Water System (**Will Serve Letter Required**)
Water Supply: ☐ Surface Water ☐ Ground Water

If Public Water System, services provided by: _____

Water System Infrastructure/ Extension Installed: ☐ Yes ☐ No
Water System Infrastructure/Extension Review Entity: ☐ DEQ ☐ QLPE

Sewer

Type of sewage disposal system:
☐ Individual Septic (**Will not serve Letter Required if project is within 2,000 feet of municipal sewer**)
☐ Municipal Sewer (**Will Serve Letter Required**)
☐ Central Septic &/or LSAS Septic (>2 dwellings or 2500gpd) (**Will Serve Letter Required**)

If Municipal, Central, or LSAS sewer, services provided by: _____

Sewer System Infrastructure/ Extension Installed: ☐ Yes ☐ No
Sewer System Infrastructure/Extension Review Entity: ☐ DEQ ☐ QLPE

Type of Plat: ☐ Residential ☐ Commercial ☐ Industrial
Location: ☐ City ☐ County ☐ Impact Zone
Directions: _____

Storm Water

Type of Disposal: ☐ Shallow Injection Wells (drywells) ☐ Grassy Swale ☐ N/A
Service for: ☐ Street Only ☐ Street and Lots ☐ Other ☐ N/A

Chemical/Hazardous Materials

(Commercial or Industrial Subdivisions Only)

Are chemicals or petroleum products likely to be stored/handled/used at these sites? ☐ Yes ☐ No ☐ N/A
If yes, please explain: _____

Panhandle Health requires that an identical paper copy of the final mylars be submitted to this office at the time of signature.

Please complete the attached checklist to expedite your process.

Applicant Signature: _____ Date: _____

Subdivision Evaluation Report Checklist (Served by Subsurface Sewage Disposal)

Instructions for subdivisions with subsurface sewage disposal systems: It is the property owner's or land developer's responsibility to furnish the Health District with the necessary information to satisfy the intent of Idaho Code Title 50 Chapter 13 for the lifting of sanitary restrictions.

Failure to complete all information as requested, or if in the opinion of the HD any aspect of the proposed development has the potential to cause increased risk to public health or degradation of the environment, shall be cause for the HD to deny the lifting of sanitary restrictions.

Steps for developing property:

1. Submit Land Development Application and fees. *

Proposal meeting requirements:

Please bring the following items to the meeting:

- The completed application form
- The appropriate Land Development fee as required on the HD fee schedule
- A map showing the proposed subdivision

At the proposal meeting the HD will:

- Go over the subdivision process
- Help determine the number and location of test holes needed on the property
- Discuss other items as needed or requested

***Note: Also contact the county or city jurisdiction where the proposed subdivision is located and begin working on their requirements simultaneously with these requirements.**

2. Dig test holes and schedule test hole inspections by the Health District. The test hole log is to be submitted to the HD as part of the final documentation.

4. Preliminary review by the Health District. After reviewing the test hole logs and the preliminary plat, the EHS will determine if more test holes or any other information will be needed.

5. Prepare and turn in a preliminary plat to the Health District. A Land Development Report may also be required by the HD based upon the information provided on the checklist below.

6. After evaluating the preliminary plat and the completed Land Development Report, the HD will send a letter stating its findings and recommendations to the developer with a copy to the City or County Planning and Zoning administrator.

Subdivision Name _____ **Date** _____

Checklist – This checklist serves as a guide for the items that may be needed for approval. As items are completed, check them on this list. If an item does not apply, check the NA box and include a short note as to why it does not apply in your submission referencing the number on the checklist.

	Item	YES	NA	For HD use
1	Application – Complete*	<input type="checkbox"/>	<input type="checkbox"/>	
2	Fees Paid *	<input type="checkbox"/>	<input type="checkbox"/>	
3	Preliminary Plat Map *	<input type="checkbox"/>	<input type="checkbox"/>	
	Informational Plat Map			
4	Topographic - showing 5 ft. contours	<input type="checkbox"/>	<input type="checkbox"/>	
5	Proposed lot lines shown*	<input type="checkbox"/>	<input type="checkbox"/>	
6	All easements and proposed encroachments shown*	<input type="checkbox"/>	<input type="checkbox"/>	
7	All underground pipelines or utilities*	<input type="checkbox"/>	<input type="checkbox"/>	
8	Drainage or run-off areas, flood ways/plain, or problem drainage areas*	<input type="checkbox"/>	<input type="checkbox"/>	
9	Proposed location of wells and septic systems marked on map *	<input type="checkbox"/>	<input type="checkbox"/>	
10	Existing wells on and within 100 feet of the development shown*	<input type="checkbox"/>	<input type="checkbox"/>	
11	Existing drainfields on and within 100 feet of the development shown*	<input type="checkbox"/>	<input type="checkbox"/>	
12	Surface water, streams, lakes, ponds within 300 ft. of development shown*	<input type="checkbox"/>	<input type="checkbox"/>	
13	Test hole locations shown	<input type="checkbox"/>	<input type="checkbox"/>	
14	Ditches and canals within 50ft. of development shown*	<input type="checkbox"/>	<input type="checkbox"/>	
15	Spring discharges shown*	<input type="checkbox"/>	<input type="checkbox"/>	
16	Locations of any injection wells, underground seepage tunnels, tiles, irrigation lines, or similar features on the property (Check with ID Dept of Water Resources and Canal Companies)*	<input type="checkbox"/>	<input type="checkbox"/>	
17	Rock outcrops and scarps shown*	<input type="checkbox"/>	<input type="checkbox"/>	
18	Areas exceeding 20% slope color coded (Other slopes may be specified)	<input type="checkbox"/>	<input type="checkbox"/>	
19	Copy of final Mylar plat*	<input type="checkbox"/>	<input type="checkbox"/>	
	Test Holes			
20	Depth logs and soil profiles*	<input type="checkbox"/>	<input type="checkbox"/>	
21	Soil types recorded*	<input type="checkbox"/>	<input type="checkbox"/>	
22	NRCS soil map included	<input type="checkbox"/>	<input type="checkbox"/>	
23	NRCS soil descriptions included	<input type="checkbox"/>	<input type="checkbox"/>	
24	Determine the level and duration of the normal high groundwater.	<input type="checkbox"/>	<input type="checkbox"/>	
	Subsurface Sewage Disposal Systems (individual)			
25	Type of systems proposed for each lot	<input type="checkbox"/>	<input type="checkbox"/>	
26	Adequate approved area for primary and replacement systems	<input type="checkbox"/>	<input type="checkbox"/>	
	Community or Central Subsurface Sewage Disposal System			
27	State type of system*	<input type="checkbox"/>	<input type="checkbox"/>	
28	Provide the DEQ letter of approval of the engineered design *	<input type="checkbox"/>	<input type="checkbox"/>	
29	Provide a letter of a contractual agreement with the responsible management entity*	<input type="checkbox"/>	<input type="checkbox"/>	
	Public Water Systems (community and non-community)			
30	If served by a shared well, shared well checklist is provided	<input type="checkbox"/>	<input type="checkbox"/>	

	Item	YES	NA	For HD use
31	Approval of the system by the Health District or provide a letter of approval of the engineered design by DEQ*	<input type="checkbox"/>	<input type="checkbox"/>	
32	Provide a letter from the entity providing water to the development stating that they will service the development*	<input type="checkbox"/>	<input type="checkbox"/>	
33	All correspondence relating to the subdivision*	<input type="checkbox"/>	<input type="checkbox"/>	
	Other Items, as needed:			
34		<input type="checkbox"/>	<input type="checkbox"/>	
35		<input type="checkbox"/>	<input type="checkbox"/>	
36		<input type="checkbox"/>	<input type="checkbox"/>	
	Final Plat*			
37	Correct Health Certificate with sanitary restriction wording	<input type="checkbox"/>	<input type="checkbox"/>	
38	Place any applicable plat notes on the plat	<input type="checkbox"/>	<input type="checkbox"/>	

*Items required for subdivision review and approval

Attached to this check-list is the completed application report for the above named subdivision.

Developer Signature: _____ Date _____

and/or

Engineer Signature _____ Date _____

Health Certificates - Idaho Code Section 50-1326 states in part: "**All plats to bear a sanitary restriction...** Any plat of a subdivision filed in accordance with Chapter 13, Title 50, Idaho code... shall be subject to the sanitary restriction." To satisfy this requirement, section 2.17 of the Statewide Land Development SOP provides the language to be placed on the face of the plat.