



Southwest District Health
13307 Miami Lane * Caldwell, ID 83607
Phone 208.455.5400 * Fax 208.455-5405

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSTALLER PERMIT APPLICATION

Date _____

Basic (\$103)

Installer #TEC (office use only) _____

Complex (\$155)

Please Print

Name of Business: _____ Phone: _____

Address: _____
Street City State Zip Code

Email Address: _____

Owner Name: _____

Partner(s) or Parent Company (if applicable): _____

Address: _____
Street City State Zip Code

Exam Taken on: _____

Name of bonding company: _____

Bond expires on: _____

I request an installer's registration permit as required by regulations pursuant to the specific section of Idaho Code, Title 39, Chapter 36, and the "Rules and Regulations for Individual and Subsurface Sewage Disposal Systems," Section 01.3006.01 through 01.3006.07.

Attached to this application is a copy of a surety bond or instrument, (Form 641-B) and the application fee. (The bond can be withdrawn by the surety on proper notice to the principal according to Idaho Code, Chapter 26, Section 41-2612.)

I understand that the permit will not be transferable and is based upon compliance with the "Rules and Regulations for Individual and Subsurface Sewage Disposal Systems of the State of Idaho," effective October 1985, and the *Technical Guidance Manual for Individual and Subsurface Sewage Disposal*, and may be suspended for violation of such regulations and standards.

Signature of Applicant _____ Date: _____

Fee \$ _____ Date _____ Receipt # _____ Initial _____

Payment Type: Cash Check Credit Card

1008 East Locust
Emmett 83617
208.365.6371
FAX 208.365.4729

1155 Third Avenue North
Payette 83661
208.642.9321
FAX 208.642.5098