

Prior # 95-09-48448

APPLICATION - Subsurface Sewage Disposal, Page 1



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Panhandle Health District

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APR 16 2021

PHD

Permit Fee: 950.00	Date: 4/16/2021
Application #: 21-09-148316	EHS: Amanda Cerise
Receipt #: 60495	Clerical: AP
Speculative Site Evaluation ☐	Septic Permit ☒
Benefitted Parcel # (Structure Location): R956N02W046611A	(Parent)
Burdened Parcel # (Drainfield Location if different):	
Acres: 4.95	

Property Address (if available): NKP, Spades Rd
City, Zip: Sage 83860
Legal Description: Section 04 Township 56N Range 2W County Bonner
Subdivision: — Lot — Block —
Directions (nearest crossroad): —

Applicants Name: Jeff & Ann Calhoun Email: Jcalhoun98@gmail.com
Mailing Address: P.O. Box 9915 Phone #: 971-219-1926
City: Sage State: ID Zip Code: 83860
Applicant is: ☐ Landowner ☐ Contractor ☐ Installer ☒ Other

Owners Name: Wanita Willinger Email: —
Mailing Address: 837 Spades Rd Phone #: 971-219-7037
City: Sage State: ID Zip Code: 83860

Type of Septic Installation: ☒ New ☐ Expansion ☐ Repair ☐ Tank Only
Proposed Usage: ☒ Residential ☐ Non-Residential ☐ Other (i.e. barn shop, etc.)
☐ Central (more than two buildings under separate ownership) ☐ Large soil Absorption (2,500 gal/day or more)

Is there an existing structure on this parcel? ☐ No ☒ Yes Year Built: — # of Units system will serve: house/shop
Number of Bedrooms (residential design only): 310 Number of Bathrooms: 211
Number of People: 2 Square Footage: 1500 Garbage Disposal? ☐ Yes ☒ No

Non-Residential Flow Design: Average: (gallons per day, gpd) Peak: (gpd)
Foundation Type: ☐ Basement ☒ Crawl Space ☐ Split Level ☐ Slab
Property is located: ☐ Inside City ☒ Inside County
Zoning certificate or other county documentation submitted? ☐ Yes ☐ No ☒ N/A

Is city sewer or central wastewater collection system 200 feet or less to structure? ☐ Yes ☒ No

Water Supply: ☒ Private Well ☐ Shared Well (non-public) ☐ Public Water System Name: —

Signature: [Signature] Date: 3/16/2021

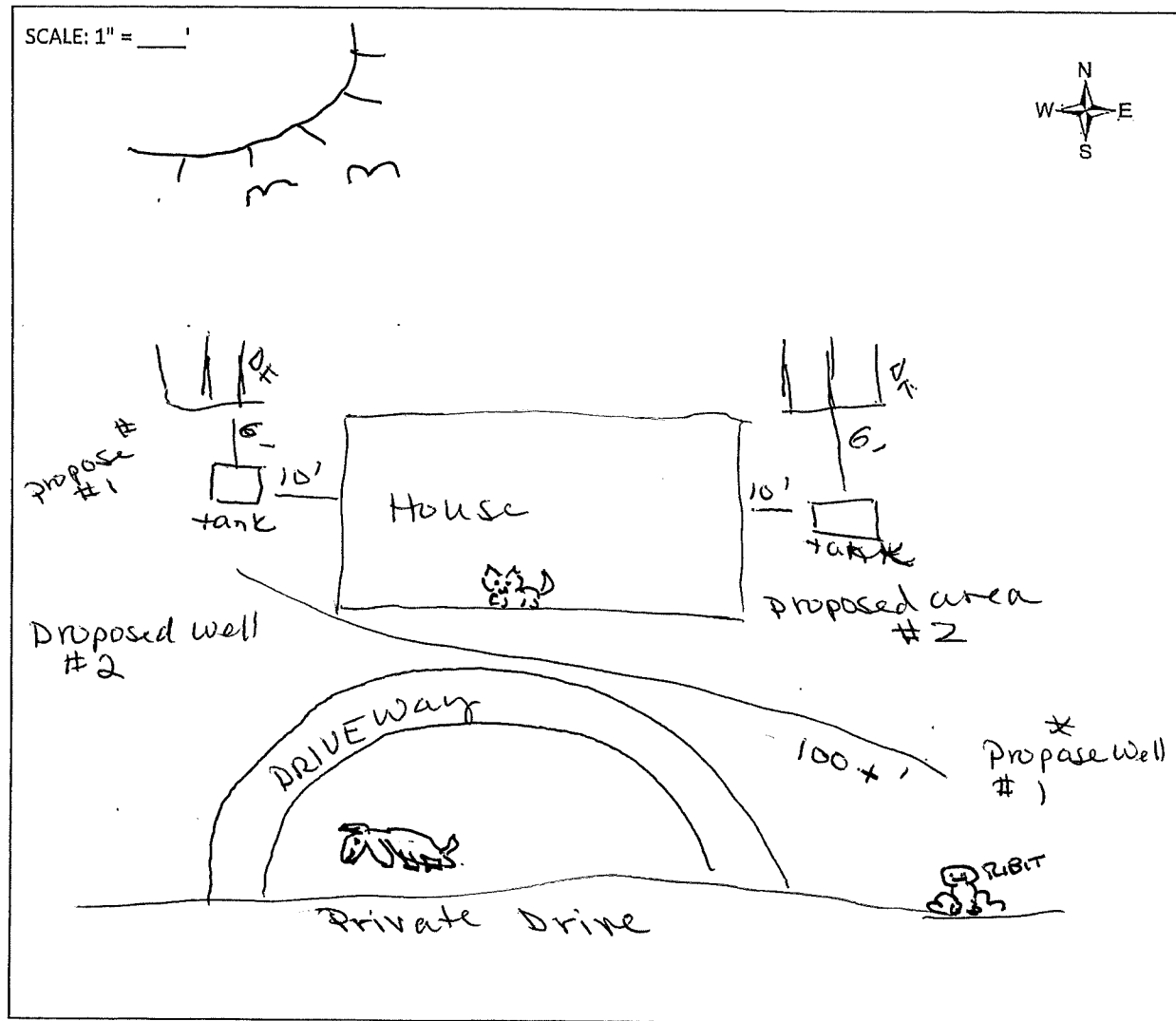
By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected, or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site evaluation. I understand that this application and the subsequent permit is non-transferrable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, when issued, may be renewed, if the renewal is applied for on or before the expiration date.



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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.

PLOT PLAN



SIGNATURE: _____

DATE: 3/16/2021

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: _____

EHS Name: _____

EHS #: _____



Panhandle Health District I

2101 W PINE ST- SANDPOINT, ID 83864- (208) 265-6384

SEPTIC PROGRAM RECEIPT

Owner:

WANITA WILLINGER
837 SPADES RD
SAGLE, ID 83860

Applicant:

JEFF & ANN CALHOUN
PO BOX 995
SAGLE, ID 83860

Permit Number: 21-09-148316

Parcel Number: RP56N02W046611A

Receipt Number: 60495

Check Number: 1029

Date	Service(s)	Charges	Payments
04/16/21	Septic Permit Application Fee	950.00	
			-950.00

Comment: Pd by: Jeff & Ann Calhoun