

Permit - Subsurface Sewage Disposal



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Central District Health
707 N. Armstrong Place
Boise, ID 83704
(208) 327-7499

File # 6618



Owner's Name: Ron Manning Phone # 916-225-9167
Property Address: 1608 Bear Trail Loop
Donnelly, ID 83615

Legal Description	1/4	1/4	Section:	Township:	Range:
Subdivision:	1803 CR-3		Lot:	3A-13	
Block:					

Installation Type	Type of System (check all that apply)			Water Supply
<input checked="" type="checkbox"/> New System <input type="checkbox"/> Expansion <input type="checkbox"/> Repair <input type="checkbox"/> Tank Only	<input type="checkbox"/> Absorption Bed <input checked="" type="checkbox"/> Capping Fill <input type="checkbox"/> Central System <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Drip Distribution <input type="checkbox"/> ETPS <input type="checkbox"/> Experimental <input type="checkbox"/> Extra Drainrock <input type="checkbox"/> Evapotranspiration <input checked="" type="checkbox"/> Gravel Drainfield	<input checked="" type="checkbox"/> Gravelless Drainfield <input type="checkbox"/> Gray Water Sump <input type="checkbox"/> Gray Water System <input type="checkbox"/> Holding Tank <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Individual Lagoon <input type="checkbox"/> Intermittent SF <input type="checkbox"/> Intrench SF <input type="checkbox"/> LSAS <input type="checkbox"/> Pit Privy	<input type="checkbox"/> Pressurized DF <input type="checkbox"/> Recirculating GF <input type="checkbox"/> RV Dump Station <input type="checkbox"/> Sand Mound <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Steep Slope Drainfield <input type="checkbox"/> Two Cell Lagoon <input type="checkbox"/> Vault Privy <input type="checkbox"/> Other (see below)	Private Water <input checked="" type="checkbox"/> Well <input type="checkbox"/> Spring

Condition of Approval:

Minimum separation distance from drainfield: 100' feet from wells and 5' feet from property lines.

Orient system as depicted on approved plot plan. Access B-2 (silt loam) soils at 12" inches below original grade and install.

Dimensions: 2 (6' x 46') STD. Maximum depth of system below ground: 12" inches.

Excavation depth: 12" inches. If GTS system is used, 140 lineal feet of trench is required.

Distribution box recommended.

Minimum 100' foot separation from drainfield and future replacement area and 50' feet separation from septic tank to all wells is required.

**REQUEST FOR INSPECTION must be confirmed
with the Environmental Health Division
ONE INSPECTION by Central
District Health is**

Bedrooms :	3 Bedrooms
Non Residential :	0 Gallons Per Day
Soil Type (USDA) :	B-2
The minimum septic tank capacity is :	1000 Gallons
The minimum effective drainfield absorption area is :	556 Square Feet
The drainfield can be no closer to permanent/intermittent surface water than:	250 Feet

Note : Final approval of this permit requires inspection of the uncovered system.

This permit expires if the system is not constructed as approved within one year from the date issued. Once the system is constructed and approved by the Health District, all requirements of the approved plans and specifications, permit and permit application (including operations, maintenance, monitoring, and reporting) are applicable indefinitely and convey through transfer of property ownership unless the system is abandoned, removed, replaced or the permit is renewed. A permit may be renewed if the permit application is received on or before the expiration date of the previous permit. Prior to a transfer of property, the transferor must inform the transferee of all applicable requirements of the permit and application. Failure to satisfy the permit or application requirements may result in enforcement action.

CC / 042

REHS Signature / REHS #

06/17/2021 06/16/2022
Approval Date : Expiration Date :

160.0'

Well

CR-3 SUBDIVISION

LOT 13

Driveway

House

160'

TANK

306.84'

Manning Plot Plan

Accepted

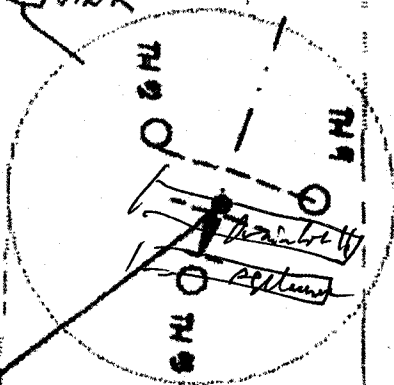
Paul M

6/7/21

Accepted
6/13/21
TW

THE APPROVAL OF THIS PLAN AND THE ISSUANCE OF THE SEWAGE PERMIT SHALL NOT BE HELD TO BE AN APPROVAL OF A VIOLATION OF ANY PROVISION OF A STATE LAW.

2166.82'



RECEIVED

JUN - 5 2000

CENTRAL DISTRICT HEALTH DEPT.

164.75'

WEST MOUNTAIN ROAD

300'

Permit - NO Test Holes

Manning #6618

APPLICATION - Subsurface Sewage Disposal



Public Health

Idaho Public Health Districts

Central District Health
Valley County
703 North 1st
McCall, ID 83638
(208) 634-7194

Permit Fee: 355 Date: 6-7-21
Receipt #: File #: 6618
(Official Use Only)

Property Address (If Available):
Street: 1608 Bear Trail Loop Acres: 1.0
City: Donnelly, ID Zip: 83615 County Parcel # RP000470000130

Legal Description 1/4 1/4 Section: Township: Range:
Subdivision: CR3 Lot: 3A-13 Block:

Directions (nearest crossroad):
WEST MOUNTAIN ROAD TO BEAR TRAIL LOOP

Applicant's Name: RON MANNING E-mail: RON.MANNING2@GMAIL.COM
Mailing Address: 2332 E ALDERHILL DR Phone #: 916-225-9167
City: EAGLE State: ID Zip Code: 83616
Applicant is: [] Landowner [] Contractor [] Installer [X] Other PROSPECTIVE BUYER

Owner's Name: SHANE & SHALEIGH KOLAR E-mail
Mailing Address: 3824 206TH PLACE NE Phone #:
City: SAMMAMISH State: WA Zip Code: 98074

Type of Septic installation: [X] New [] Upgrade/Enlargement [] Replacement [] Tank Only
Proposed Usage: [X] Residential [] Non-Residential [] Other (i.e. barn, shop, etc.)
[] Central (more than two dwellings) [] Large Soil Absorption (2,500 gal/day or ten or more dwellings) # of Units:

Is there an existing structure on this parcel? [] Yes [X] No Year Built:

Number of Bedrooms (residential only): 3 Number of Bathrooms: 2
Number of People: Square Footage: < 2500 Garbage Disposal? [] Yes [X] No

Foundation Type: [] Basement [X] Crawl Space [] Split Level [] Slab

Property is Located: [] Inside City [X] Inside County County Name: VALLEY

City sewer or central wastewater collection system 200 feet or less to structure? [] Yes [] No

Water Supply: [X] Private Well [] Shared Well [] PWS, Number: [] Other:

Signature: [Handwritten Signature] Date: 6/7/2021

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-transferable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, may be renewed if the renewal is applied for on or before the expiration date.



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Protect. Promote. Prevent.

Idaho Public Health Districts

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

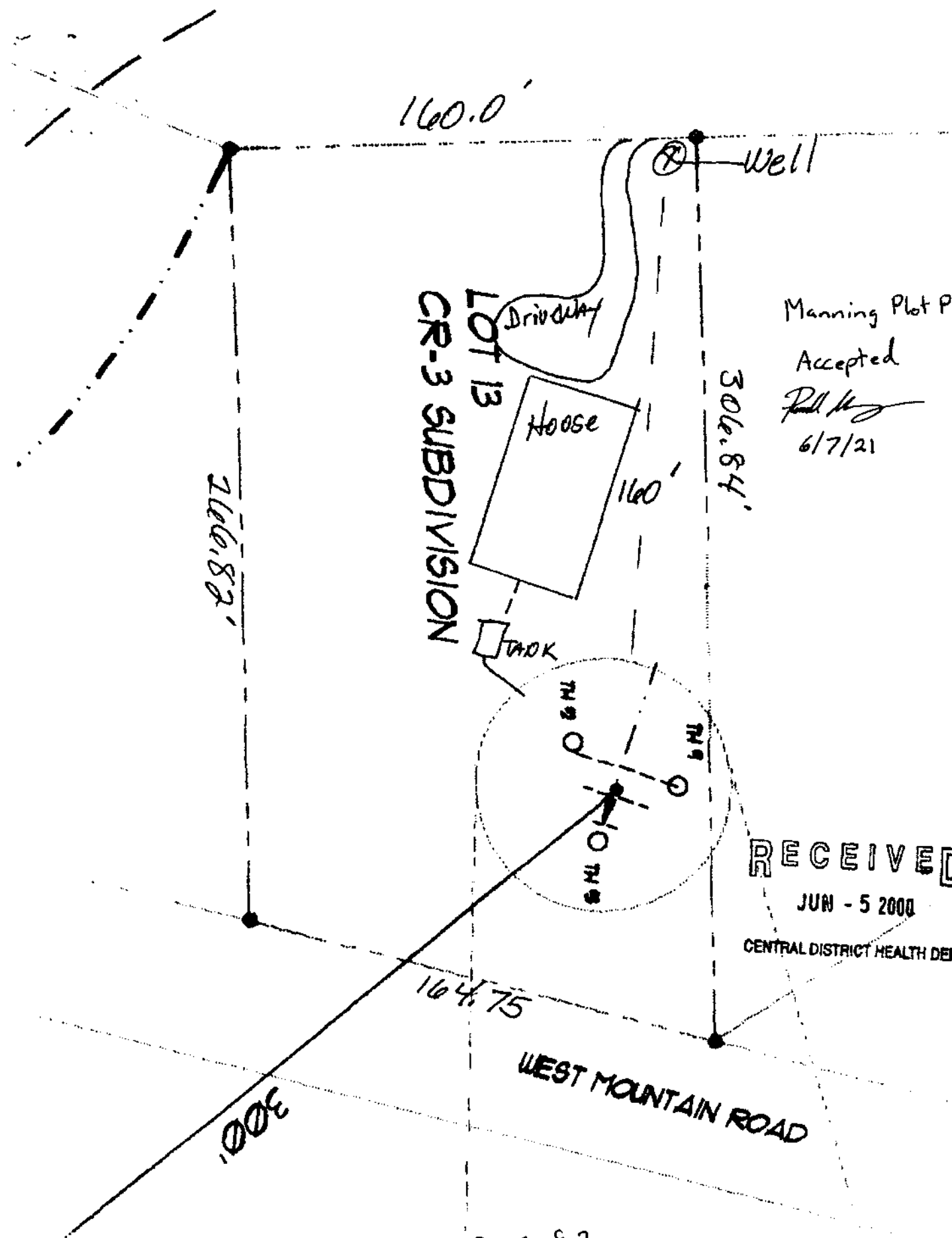
Scale: 1" = _____'

	SEE ATTACHMENT <i>(to be provided)</i>				

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 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 #: _____
Revision Date: 10/2010 NRU		



Manning Plot Plan
 Accepted
Phil King
 6/7/21

RECEIVED
 JUN - 5 2000
 CENTRAL DISTRICT HEALTH DEPT.

BEAR TR. LP

160.0'

Accepted
Paul H. J.
6/7/21

RECEIVED

JUN - 5 2000

CENTRAL DISTRICT HEALTH DEPT.

LOT 13 CR-3

268.82'

BUILDING AREA

DRAINAGE AREA

306.84'

146'

WELL

7.5'

20'

140.84'

20'

5'

28'

69'

86'

98'

164.75'

W. MTN. RD

SC. 1" = 40'

Parcel Approval for
Central District Health

Information Sheet

Return form to:
Valley County Planning & Zoning
PO Box 1350, Cascade, ID 83611
Phone: 208-382-7115 Fax: 208-382-7119
Email: cherrick@co.valley.id.us

This form does not apply to property located within the boundaries of the City of McCall, the City of McCall Impact Area, the City of Donnelly, or the City of Cascade.

Parcel Number RP000470000130 Size of Property 1.0 Sq. Ft. or Acres
Subdivision Name CR-3 Lot No. 3A-13 Block No. _____
Physical Address of Parcel 1608 Bear Trail Loop, Donnelly ID 83615
Original Date of Parcel _____ Document Referenced: _____

Contact Person _____ Phone # _____
Name of Owner Ron Manning Phone # 916-225-9167
Mailing Address 2332 E Alderhill Drive
City, State, Zip Code Eagle, Id. 83616

Name of Applicant (if Different) _____ Phone # _____
Mailing Address _____
City, State, Zip Code _____

What improvements or structures currently exist on the property? _____

Number of bedrooms? _____

What improvements or structures are proposed on the property? septic tank, house water

Number of bedrooms? 3

Is there a septic system already located on the property? YES NO

This application is for a: new system replacement system second system privy

Of the above improvements, which will be served by the proposed septic system? _____

To Be Completed by P&Z Department: Located in floodplain? YES NO Panel # _____

____ Planning & Zoning does NOT authorize approval of a septic tank permit for the following reasons:

Planning & Zoning approves this parcel for a septic tank permit. ADU C.U.P.

[Signature] Signed: Valley County Planning & Zoning Staff Dated 6/8/2021

The Administrator may, in writing, suspend or revoke this approval if it is found that the parcel does not meet local, state, or federal regulation, code, or ordinance. Approval is for the subject parcel and proposed land use only. A division of the parcel or a change in land use may void this approval. The proposed land use may also be subject to provisions of restrictive covenants, the Valley County Building Ordinances, the Valley County Land Use & Development Ordinance, or other regulations, codes, or ordinances.

June 7, 2021

Central District Health – Valley County
703 N 1st St.
McCall, ID 83638

RE: Subsurface Sewage Disposal

To whom it may concern,

I am submitting this permit for your review. I am currently under contract the purchase the parcel shown in the application below. We are one week into our three-week due diligence period of the purchase, and time is of essence.

Ultimately, the big question we need a definitive answer to is: ***“Is a sewage disposal system permissible on this lot”***. Our proposed plan is to not change anything from the previous permit. The dimensions locations and layouts will remain exactly as shown in the expired permit.

From my review of the previous application and a brief conversation with Tom White through an associate, I believe the county should be able to issue a permit, but I really need official confirmation before we purchase the parcel.

I greatly appreciate your assistance through this. Please feel free to contact me with any questions you may have.

Sincerely,

Ron Manning, P.E.

Enclosed:

- 1) Current completed permit application
- 2) Previous permit from 2000 (owner still current, permit expired)
- 3) Plat map (Parcel of interest highlighted in red)

April 27, 2022

RON MANNING
2332 E ALDERHILL DRIVE
EAGLE, ID 83616

RE: On-Site Sewage System Installation File #6618

Good Afternoon,

Your *Sewage System Installation Permit* for Lot 3A-13 Blk CR-3, identified as 1608 Bear Trail Loop, will expire on June 16, 2022. If the permit expires, a new application and a new fee of **\$680** will be required. As the applicant, it is your responsibility to ensure that this permit does not expire.

To prevent the Permit's expiration, the following options are available to you:

- (1) Renew the permit for another twelve months, or
- (2) Complete the installation of the system before the expiration date.

In order to renew the permit, a **renewal fee of \$85** must be paid by June 16, 2022.

If you feel that you have received this letter in error, please contact your septic installer or Health Inspector to verify that your septic system has been signed off approved. If it has not been approved and you ignore this letter, your septic installation permit will expire and you will have to pay a fee to reinstate your permit.

Renewal fees can be paid in the following ways:

- By phone
- In person at the CDH office nearest you
- By mail to the CDH office nearest you
- Online – <https://www.cdh.idaho.gov/online-payment.php>

The following are citations from the Idaho Department of Environmental Quality's Rules, IDAPA 58.01.03, Individual/Subsurface Sewage Disposal Rules:

IDAPA 58.01.03.005.08. Application and Permit Valid for One (1) Year. And
IDAPA 58.01.03.005.09. *Permit Renewal.*

If you have any questions, please call us at 208-630-8001.

Sincerely,



Suzanne Mack
Office Services Supervisor

Final/AS-BUILT-Subsurface Sewage Disposal



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Idaho Public Health Districts

Central District Health
707 N. Armstrong Place
Boise, ID 83704
(208) 327-7499

File # 6618



Owner's Name: Ron Manning Phone # 916-225-9167
Property Address: 1608 Bear Trail Loop
Donnelly, ID 83615

Legal Description: <u>1/4</u> <u>1/4</u>	Section:	Township:	Range:
Subdivision: <u>1803 CR-3</u>	Lot: <u>3A-13</u>	Block:	Size(acres) <u>1.00</u>

As-built (not to scale)

⊗
well
site

Dwellina
site



WEST MT RD

NV

System Type : <u>Standard</u>	Gravel (yards) : <u>25</u>
System Mfg : <u>NA</u>	Sand (yards) : <u>NA</u>
Septic/Trash Tank (Gal) : <u>1000</u>	System Depth (inches) : <u>12"</u>
Septic/Trash Mfr : <u>intellivator</u>	Rock Under Pipe (inches) : <u>6"</u>
Depth to Manhole Lid (inches) : <u>at grade</u>	Date System Installed : <u>10/12/22</u>
Standpipe/Riser (inches) : <u>NA</u>	Drainfield Latitude : <u>N. 44.2651.5</u>
Pump Tank (Gal) : <u>NA</u>	Drainfield Longitude : <u>W. 116.08.28.9</u>
Pump Tank Mfg : <u>NA</u>	Well Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drainfield Width (ft) : <u>6</u>	Distance to Tank (ft) :
Drainfield Length (ft) : <u>110</u>	Distance to Drainfield (ft) :
Drainfield Area (sq ft) : <u>660</u> (Installed sq ft): <u>660</u> (Effective sq ft): <u>660</u>	Valve : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Dist-Box : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drop-Box : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Technical Allowance Granted: <input type="checkbox"/>	
Number of Bedrooms: <u>3</u>	Gallons Per Day: <u>250</u>

Well: N. _____ W. _____

Notes/Conditions of Approval: _____

On-site wastewater systems installation approved:

Installer Name: owner self
Installer Phone: _____
Installer Number: _____

Signature: _____
Date: _____

By signing above, I certify that all answers and statements on this Final/As-Built are true and complete to the best of my knowledge.

Official Use Only

- As-Built provided by EHS
- As-Built provided by Installer

EHS Final Inspection Signature EHS

Code: 0 63 Date: 10/25/22

PROGRAM ACTIVITY TIME LOG SHEET



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Central District Health
707 N. Armstrong Place
Boise, ID 83704
(208) 327-7499

File # 6618



Owner's Name: Ron Manning
Property Address: 1608 Bear Trail Loop
Donnelly, ID 83615

Phone # 916-225-9167

Legal Description	1/4	1/4	Section:	Township:	Range:
Subdivision:	1803 CR-3		Lot: 3A-13	Block:	Size(acres) 1.00

ACT	EHS	DATE	TT	IT	Notes
20	012	6-7-21		20	Process permit - no test hole application. Jim Frank spoke with Tom White - Using old septic data to issue permits
116	042	6/17/21	-	30	write permit
20	012	4.27.22		10	Renewal letter sent
		6.6.22			Renewal fee provided
01	63	10/14/22	30	30	Tank set 1000 infiltrator Two trenches 6' wide 55' long 1W @ 12" 660ft gravel line OK Gravel
					*Need to change pipe writing tank to schedule 40 finish gravel over top of pipe told to send pictures
20	63	10/25/22	-	15	received email & pictures pipe out of tank replaced w/ schedule 40 all gravel & fabric placed. System capped w/ 12"-15" soil

NEW APPLICATION

6618

SEWAGE SYSTEM INSTALLATION PERMIT
Environmental Health Division

CDP #	99985
FOR OFFICE USE ONLY	
Permit No.	00-127 222840
Receipt No.	
Date of Receipt	6/5/00
Received By	SA

ACT	EHS	Date	TT	IT

- Single Family New
 Commercial Replacement
 Multiple Family
 Other

01-76

THIS PERMIT IS ONLY VALID FOR ONE YEAR FROM DATE OF ISSUE

Name	Shane Shaligh Kolar	Daytime Phone	208 658-8411	Property Address	Street	City		
Mailing Address	2076 Mumbaro Ave			Acres	# Bedrooms	<input type="checkbox"/> Crawl Space <input type="checkbox"/> Split Level <input type="checkbox"/> Basement <input type="checkbox"/> Slab		
City	Borse	State	Id	Zip	83713	1/4 1/4 Section Township Range		
Agent's Name		Daytime Phone		Lot	SA-13	Block	Subdivision	CR 3
Sewer within 1000 ft.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Applicant's / Agent's Signature: I hereby certify that the system will be installed as per the rules and hereby authorize the health authority access to this property for purposes of inspecting this sewage system until final approval of this system has been granted by the health authority.						
Water Supply	Public <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/>	X	Date	/	/			

SEWAGE SYSTEM MINIMUM SPECIFICATIONS

Installation shall comply with all requirements of Health District and/or State of Idaho Sewage Disposal Rules, Regulations, and Standards

Tank Size (Gal)	1000	Disp. Sq. Ft.	556	**Max. Depth Below Ground	12"	**Depth of Excavation	12"	Disposal System Type	Capping Fill	Dimensions	2 3' x 62' Rock
-----------------	------	---------------	-----	---------------------------	-----	-----------------------	-----	----------------------	--------------	------------	-----------------

All Wells ≥ 100ft.	Y/N	Stream, Lake, Ditch, Canal etc.	100 - see direction of flow study		
Issued by	40-47	Date	6/9/00	Approved Plot Plan Submitted	Y/N

COMMENTS:	renewed 5/18/01 & 2 Expires 6/5/02	<input type="checkbox"/> Applicant's / Agents Signature	<input checked="" type="checkbox"/> Refer to Application for Signature
** Maximum depth of system and excavation is from original grade.	Date	/	/

OFFICIAL USE	
T-Code	
Type System	
Soil Type	
G. water	
Time of Year	
Bedrock Depth	
Bedrock Type	S L O
Rock outcrop	Y / N
Applicant	L C I
On-site conducted?	Y / N
Approved	Y / N
EHS 40	

INSPECTION

The Health Department shall be Notified of Installation 48 hours prior to installation

Septic Tank Size (Gal)	Standpipe Y / N	Manhole Depth	Depth Below Ground	Disposal Area
Minimum Distances as per Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Installer Name	Installer permit No.	Average Depth to top of System

INSPECTION:	<input type="checkbox"/> Installation in Compliance <input type="checkbox"/> Fails to Comply	SELF-INSPECTION:	<input type="checkbox"/> Form indicates Compliance <input type="checkbox"/> Fails to Comply
-------------	---	------------------	--

Inspected by:	EHS 40	/ Reviewed by 40	Date	/	/
---------------	--------	------------------	------	---	---

DIAGRAM

Note: As Built diagram distances may not be fully accurate due to on-site conditions and some modifications by contractor after inspection. Copies of this report are provided as a convenience to the homeowner to aid in locating their installation.

EXPIRED
PER IDAPA 16.01.8005.03.-03.



Central District Health Department
APPLICATION FOR ON-SITE SEWAGE PERMIT OR SITE EVALUATION

**Central District Health
 Valley County Office
 Box 1448**

Ada County
 1455 N. Orchard
 Boise, ID 83706
 375-5230

Boise County
 1455 N. Orchard
 Boise, ID 83706
 375-5230

Elmore County
 Court House Annex
 190 S. 4th East
 Mountain Home, ID 83647
 587-9225

McCall, Idaho 83638
 Villa Plaza
 212 3rd Street, Suite 4
 McCall, ID 83638
 834-7194

This application is for a:

- Site Survey New Residential
 Conventional System Replacement Commercial
 Alternative Design System Community

FOR OFFICE USE ONLY	
Application No. 00-127	Fee/Receipt No. 222840
Date 6/5/00	Received By JA

RE: INSTALLATION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM*
 *(Refer to 01.3005 - 01.3009, State Sewage Regulations)

Permit

2000085

Owner/Applicant's Name Shane & Shaleigh Kolar		Home Phone 658-8411	Work Phone
CURRENT MAILING	Street Address 2076 MUMBARTO AVE	City BOISE	State IDAHO
	Zip 83713		
LEGAL DESCRIPTION OF PROPERTY	1/4	1/4	Section
	Lot 13	Block	Subdivision CR3 SUBDIVISION
Type of Dwelling <input type="checkbox"/> Crawl Space <input type="checkbox"/> Split Level <input type="checkbox"/> Basement			

Directions To Property Attach directions to property to this form. Attach Plot Plan to this form (see back for details)
 Note: Be sure your legal description is accurate - an inaccurate legal description may result in rejection of your application.

Lot Size 1 Acre	Number of Bedrooms 3	Water Supply <input checked="" type="checkbox"/> Own Well <input type="checkbox"/> Other
---------------------------	--------------------------------	---

Any building site may require an individual determination of soil absorption capability (Testhole).
 A check for the proper amount is enclosed. The system will be installed in accordance with "Regulations for Individual and Subsurface Sewage Disposal Systems, October 1985, D.O.E. IDHW."
 I hereby certify that all information contained in the application is accurate and complete and authorize the health authority access to this property to determine if a sewage system can be installed.

Applicant's Signature <i>Shane Kolar for Applicant</i>	Date 6-3-00
Address (if not above)	Phone

HAVE YOU SUBMITTED A PLOT PLAN?
 SEE THE BACK OF THIS SHEET FOR HOW TO DRAW THE PLOT PLAN.

STAFF FIELD NOTES ON SITE INVESTIGATION

RECEIVED
 JUN - 5 2000
 CENTRAL DISTRICT HEALTH DEPT.

1003'

WEST MOUNTAIN ROAD

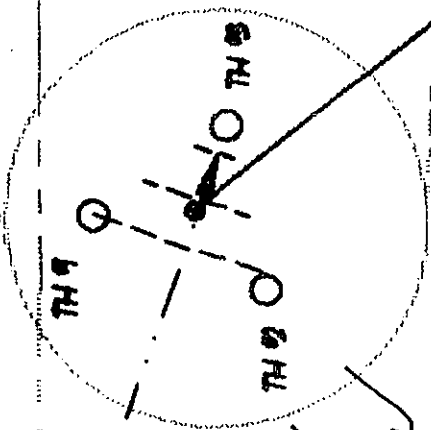
164.75'

CENTRAL DISTRICT HEALTH DEPT.

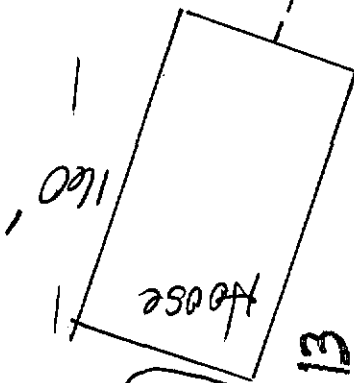
JUN - 5 2000

RECEIVED

Accepted
of 6/19/00
Use pipe 2
Amendment



306.84'



LOT 13

CR-3 SUBDIVISION

266.82'

Well

160.0'

Kolar Plot Plan

BEAR TR. LP

160.0'

Page 2

WELL

Accepted 6/5/00

RECEIVED

JUN - 5 2000

CENTRAL DISTRICT HEALTH DEPT.

LOT 13 CR-3

268.82'

BUILDING AREA

DRAINAGE AREA

20'

7.5'

140.84'

306.84'

20'

146'

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28'

W. MTN. RD

SC: 1" = 40'