

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 # 167195



Owner's Name: Clay Szeliga
Property Address: 14108 Piper Place
McCall, ID 83638

Phone # 2087933733

Legal Description: 1/4 SW 1/4 Section: Township: Range:
Subdivision: 5831 Hidden Valley Lot: 1 Block:

Installation Type	Type of System (check all that apply)			Water Supply
<input type="checkbox"/> New System <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Repair <input type="checkbox"/> Tank Only	<input type="checkbox"/> Absorption Bed <input 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 :

Orient system North - South next to existing drainfield lines.
 Access silt soils at 24 inches below original grade.
 Dimensions: 1(6' x 24') STD.

Max depth of system below ground: 24 inches, Excavation depth: 24 inches.
 If GTS system is used, 35 lineal feet of trench is required.

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

Adding addition 35 LF GTS to system to accommodate a fourth bedroom for a total effective square footage of 1000 ft.
 Dwelling addition will have separated isolated plumbing and due to not being able to get gravity to original tank a grinder pump or a separate 900-gallon septic tank will need to be installed.

REQUEST FOR INSPECTION must be confirmed
 in the Environment with District
ONE INSPECTION with District
 District He
 required prior to final cover or use.

Bedrooms : 4 Bedrooms

Non Residential : 0 Gallons Per Day

Soil Type (USDA) : C-1

The minimum septic tank capacity is : 900 Gallons

The minimum effective drainfield absorption area is : 1000 Square Feet

The drainfield can be no closer to permanent/intermittent surface water than: 100 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.

40077

 REHS Signature / REHS #

10/02/2024 10/01/2026
 Approval Date : Expiration Date :

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McCall, ID 83638

Phone # 2087933733

Legal Description: 1/4 SW 1/4 Section: Township: Range:
Subdivision: 5831 Hidden Valley Lot: 1 Block:

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<input checked="" type="checkbox"/> Basic System <input type="checkbox"/> Complex System	<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

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REQUEST FOR INSPECTION must be confirmed
with the Environmental Health Division
ONE INSPECTION by Central
District Health is
required prior to final cover or use.

Bedrooms: 4 Bedrooms

Non Residential: 0 Gallons Per Day

Soil Type (USDA): C-1

The minimum septic tank capacity is: 0 Gallons

The minimum effective drainfield absorption area is: 1000 Square Feet

The drainfield can be no closer to permanent/intermittent surface water than: 100 Feet

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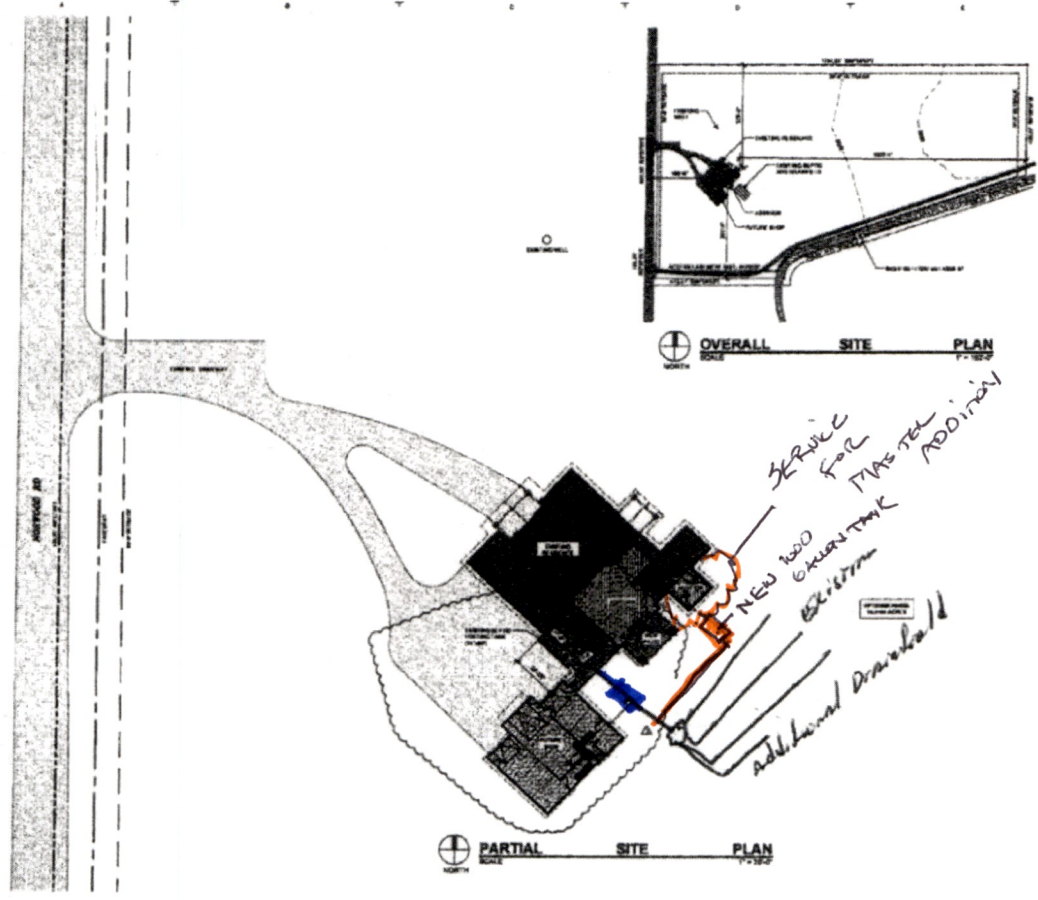
REHS Signature / REHS # 063

10/2/24 10/1/26
Approval Date: Expiration Date:

updated
Plot Map.

12-9-24

[Signature]
Koon
12/9/24



SHEET INDEX	
001	GENERAL
002	FOUNDATION
003	ROOF FLOOR/CEILING
004	WALL
005	EXTERIOR
006	MECHANICAL
007	ELECTRICAL
008	PLUMBING
009	MECHANICAL, HEATING
010	MECHANICAL, COOLING
011	MECHANICAL, VENT
012	MECHANICAL, EXHAUST
013	MECHANICAL, EXHAUST
014	MECHANICAL, EXHAUST
015	MECHANICAL, EXHAUST
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097	MECHANICAL, EXHAUST
098	MECHANICAL, EXHAUST
099	MECHANICAL, EXHAUST
100	MECHANICAL, EXHAUST

PROJECT INFORMATION	
PROJECT NUMBER	11188
OWNER	CLAY SZELIGA
DATE	12/9/24
TITLE	MECHANICAL
SCALE	1/8" = 1'-0"
DATE	12/9/24
BY	CLAY SZELIGA
CHECKED	CLAY SZELIGA
DATE	12/9/24

SITE NOTES	
1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL, ELECTRICAL AND PLUMBING CODES (IMC, NEC, IPC).	
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5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL, ELECTRICAL AND PLUMBING CODES (IMC, NEC, IPC).	

GENERAL NOTES	
1. CONTRACTOR SHALL VERIFY ALL CONDITIONS.	
2. MECHANICAL AND ELECTRICAL, TYP.	

APPLICABLE CODES	
INTERNATIONAL MECHANICAL CODE	
INTERNATIONAL ELECTRICAL CODE	
INTERNATIONAL PLUMBING CODE	
VALLEY COUNTY ORDINANCES	

SITE LIGHTING LEGEND	
EXISTING LIGHTING	(Symbol)
NEW LIGHTING	(Symbol)

VICINITY MAP	
(Map showing site location)	

DESIGNED BY	CLAY SZELIGA
CHECKED BY	CLAY SZELIGA
DATE	12/9/24
SCALE	1/8" = 1'-0"
TITLE	MECHANICAL
PROJECT NUMBER	11188
OWNER	CLAY SZELIGA
DATE	12/9/24
BY	CLAY SZELIGA
CHECKED	CLAY SZELIGA
DATE	12/9/24

Blue is EXISTING

ORANGE is NEW

REMODEL / ADDITON FOR:
CLAY SZELIGA
 14108 NORWOOD RD, MC CALL, ID 83638

DATE: 12/19/24
 DRAWING AND DESIGN SERVICES
M3 Designs LLC
 2024
 SHEET NO. 1
 TOTAL SHEETS: 1
 PROJECT NO. 24-001
 CLIENT: CLAY SZELIGA
 ADDRESS: 14108 NORWOOD RD, MC CALL, ID 83638
 PHONE: (208) 338-1234
 EMAIL: info@m3designs.com
A-1.1
 FOUNDATION PLAN

GENERAL NOTES

1. CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE THAT APPLY TO THIS PROJECT.
2. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND LOCATIONS ARE FROM FACE OF FOUNDATION OUTSIDE FACE OF FOUNDATION UNLESS NOTED OTHERWISE.
3. VERIFY ALL FOUNDATION AND FOOTING DIMENSIONS FROM EXISTING FOUNDATION UNLESS NOTED OTHERWISE AND APPROVED BY THE ARCHITECT.
4. PROVIDE WALL BRACING IN WALLS AS REQUIRED FOR ALL WALLS TO BE BUILT IN ACCORDANCE WITH THE 2018 IRC.

MIN. INSULATION & FENESTRATION REQ. BY COMPONENT PER IECC 2018

CLIMATE ZONE: 4
 FENESTRATION U-FACOR: 0.30
 FLOOR ASSEMBLY R-VALUE: R-5
 ROOF ASSEMBLY R-VALUE: R-30
 MASS R-VALUE SUPPLEMENTED: R-5, 1.7" - 1.1" ROOF R-11

Handwritten: 2024
 12/19/24

WALL LEGEND

- 1. EXISTING WALL
- 2. NEW WALL - 8" CMU WITH STONE VENEER
- 3. NEW WALL - 8" CMU WITH STONE VENEER (OUTSIDE FACE)
- 4. NEW WALL - 8" CMU WITH STONE VENEER (INTERIOR FACE)
- 5. NEW WALL - 8" CMU WITH STONE VENEER (BOTH SIDES)
- 6. NEW WALL - 8" CMU WITH STONE VENEER (BOTH SIDES) WITH INTERIOR BRICK
- 7. EXISTING INTERIOR BRICK WALL
- 8. EXISTING EXT. BRICK WALL
- 9. EXISTING EXT. BRICK WALL WITH STONE VENEER
- 10. EXISTING EXT. WALL

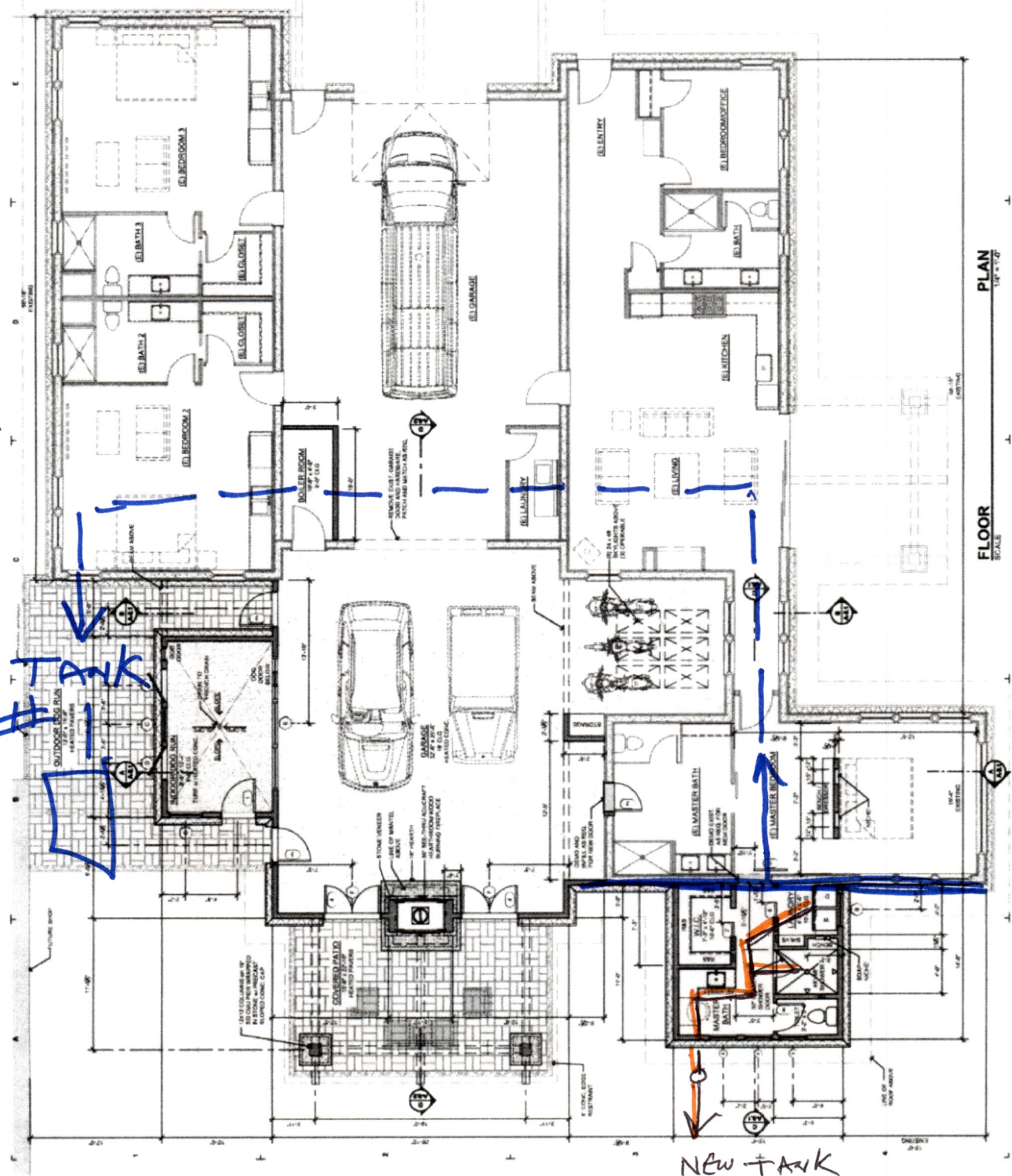
SYMBOL LEGEND

- 1. WALLING SECTION DESIGNATION
- 2. CENTER LINE
- 3. EXISTING
- 4. FOUNDATION DESIGNATION

AREAS

EXIST LIVING	2,635 S.F.
EXIST KITCHEN	1,035 S.F.
EXIST GARAGE	1,000 S.F.
NEW GARAGE	1,100 S.F.
DOG RUN	163 S.F.
TOTAL	5,148 S.F.

Handwritten: updated 12-9-24



PLAN
 1/8" = 1'-0"

FLOOR
 SCALE

APPLICATION - Subsurface Sewage Disposal



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

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

Permit Fee: ~~438.00~~ Date: 10/1/24
Receipt #: 66414 File #: 167195
(Official Use Only)

Property Address (If Available):
Street: McCa11 14108 Piper Place Acres: 20.00
City: McCa11 Zip: 83638 County Parcel #: RP18N03E2840SS
Property is Located: Inside City Inside County - County Name: valley

Legal Description: $\frac{1}{4}$ SW $\frac{1}{4}$ NW Section: 28 Township: 18N Range: 03E
Subdivision: Hidden Valley Sub Lot: 1 Block: N/A

Directions (nearest crossroad): off of Norwood RD. between Johnson Ln. and Moonridge Dr.

Applicant's Name: Bond Campbell/BC Builders Email: bcbuilders@gmail.com
Mailing Address: PO Box 330 Phone #: 2086312663
City: Donnelly State: ID Zip Code: 83615
Applicant is: Buyer Contractor Installer Owner Realtor

Owner's Name: Clay szeliga Email: N/A
Mailing Address: N/A Phone #: 2087933733
City: N/A State: N/A Zip Code: N/A

Type of Septic Installation: New Upgrade/Enlargement Replacement Tank Only Vault Privy

Proposed Usage: Residential Accessory Dwelling Unit Other with plumbing (barn, shop, etc.) Non-Residential
 Central (more than two dwellings) Large Soil Absorption (2,500 gal/day or ten or more dwellings)

Is there an existing structure on this parcel? Yes OR No Type of Structure: Residence-House Year Built: 2021

Number of Bedrooms: (Residence) 4.00 and/or (Accessory Dwelling Unit) 0.00 Number of Bathrooms: 4.00
Number of People: 4.00 Square Footage: 2,850.00 RV Connection: Yes OR No

Foundation Type: Basement Crawl Space Split Level Slab

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

Water Supply: Private Well Shared Well Public Water Other: Private well

Signed by: Bond Campbell Date: 9/30/2024
Signature: _____
22C03C88334B44A...

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 two (2) years from date of purchase. The permit/application may be renewed if the renewal is applied for on or before the expiration date.

Adding 70' of DF



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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

Scale: 1" = _____

		<p>500 </p>			

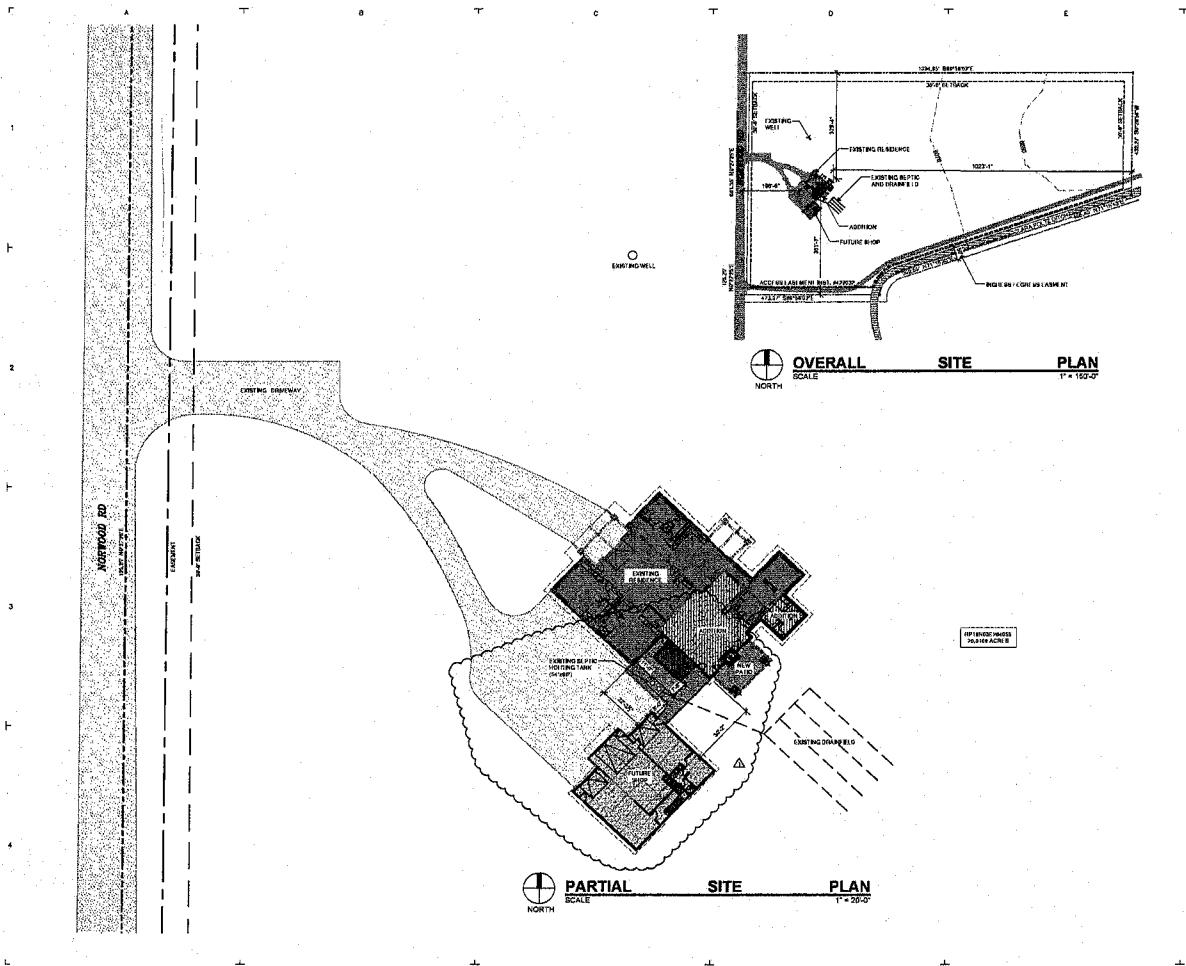
Signature: Date: 9/30/24

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



SHEET INDEX	
A-0.1	SITE PLAN
A-1.1	FLOOR PLANS
A-1.2	ROOF PLAN AND ROOF ELEVATION
A-2.1	ELEVATIONS
A-2.2	BUILDING SECTIONS
A-3.1	GENERAL STRUCTURAL NOTES
A-3.2	STANDARD DETAILS AND SCHEDULES
B1	FOUNDATION PLAN
B2	FOUNDATION PLAN
B3	FOUNDATION PLAN
B4	FOUNDATION PLAN
B5	FOUNDATION PLAN
B6	FOUNDATION PLAN
B7	FOUNDATION PLAN
B8	FOUNDATION PLAN
B9	FOUNDATION PLAN
B10	FOUNDATION PLAN
B11	FOUNDATION PLAN
B12	FOUNDATION PLAN
B13	FOUNDATION PLAN
B14	FOUNDATION PLAN
B15	FOUNDATION PLAN
B16	FOUNDATION PLAN
B17	FOUNDATION PLAN
B18	FOUNDATION PLAN
B19	FOUNDATION PLAN
B20	FOUNDATION PLAN

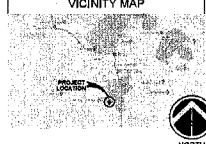
PROJECT INFORMATION	
PROPERTY ADDRESS:	14108 NORWOOD RD, MC CALL, ID 83638
PARCEL NUMBER:	RP 180224008
TOTAL ACRES:	26.2109
LEGAL DESCRIPTION:	2.62 ACRES MORE OR LESS IN THE SW 1/4 OF SEC 37, T28N, R10E, S1E, BLM
NEEDS-NOOR-000:	19880 LAKE FRONT OUL

- SITE NOTES**
- CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE LOCATION OF UTILITIES PRIOR TO CONSTRUCTION. PROTECTING ALL EXISTING UTILITIES AND REPAIRING ANY DAMAGE DONE IS THE CONTRACTOR'S RESPONSIBILITY.
 - CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING ALL DIMENSIONS AND SQUARES FOR THE SITE LAYOUT PRIOR TO DETERMINING THE EXTENT OF THE EXCAVATION REQUIRED TO RECEIVE THE APPROXIMATE.
 - CONTRACTOR SHALL COORDINATE ALL WORK WITH THE OWNER.

- GENERAL NOTES**
- CONTRACTOR SHALL FIELD VERIFY ALL DIMENSIONS.
 - DIMENSIONS ARE APPROXIMATE, TYP.

- APPLICABLE CODES**
- 2018 INTERNATIONAL RESIDENTIAL CODE
 - 2018 INTERNATIONAL BUILDING CODE
 - 2018 INTERNATIONAL ENERGY CONSERVATION CODE
 - VALLEY COUNTY ORDINANCES

- SITE LIGHTING LEGEND**
- ⊛ EXISTOR WELL, HOUNDED FEATURE. SEE ELECTRICAL PLANS AND LAYOUT FOR MORE INFORMATION. DARK SKY COMPLIANT.



REVISIONS	
DATE	BY

REMODEL / ADDITION FOR
CLAY SZELIGA
 14108 NORWOOD RD, MC CALL, ID 83638

CCP180817
 2024

MS Design LLC
 BRUNNEN/ANTHONY/STEVENS
 1000 W. 10TH ST. SUITE 100
 BOZEMAN, MT 59717
 (406) 552-1111
 www.msdesign.com

DESIGNED BY: MS
 CHECKED BY: MS
 DATE: 02/20/24
 SHEET NO.: A-0.1
 PROJECT NO.: 2024-001

Final/AS-BUILT-Subsurface Sewage Disposal



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File # 167195

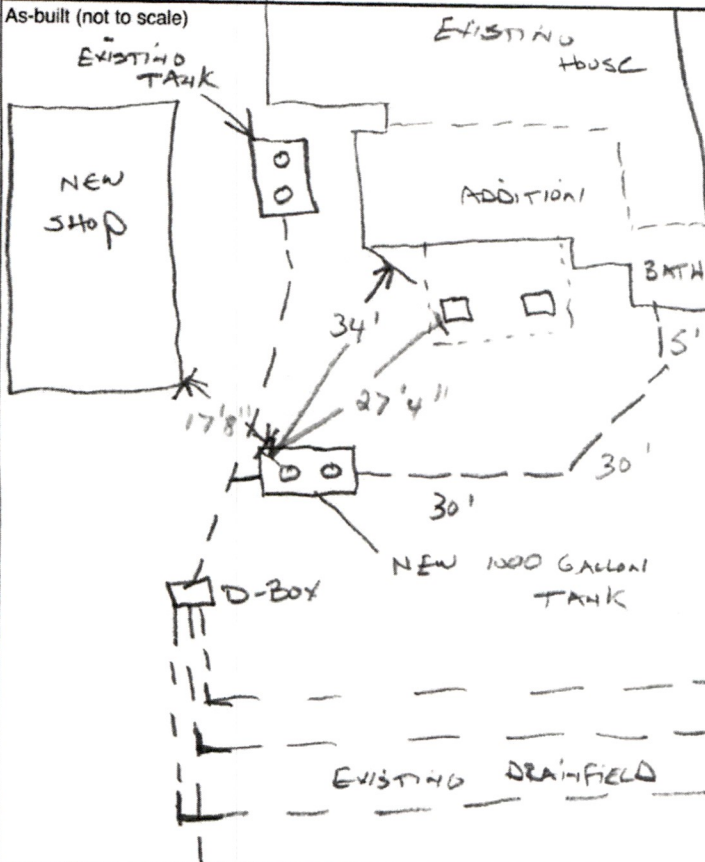


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McCall, ID 83638

Phone # 2087933733

Legal Description: 1/4 SW 1/4 Section: _____ Township: _____ Range: _____
Subdivision: 5831 Hidden Valley Lot: 1 Block: _____ Size(acres) 20.00



System Type : <u>N/A</u>	Gravel (yards) : <u>N/A</u>
System Mfg : <u>N/A</u>	Sand (yards) : <u>N/A</u>
Septic/Trash Tank (Gal) : <u>2ND TANK 1000 GALLON CXT</u>	System Depth (inches) : _____
Septic/Trash Mfr : <u>CXT</u>	Rock Under Pipe (inches) : <u>N/A</u>
Depth to Manhole Lid (inches) : _____	Date System Installed : <u>N/A</u>
Standpipe/Riser (inches) : _____	Drainfield Latitude : N. _____
Pump Tank (Gal) : <u>N/A</u>	Drainfield Longitude : W. _____
Pump Tank Mfg : <u>N/A</u>	Well Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Drainfield Width (ft) : <u>N/A</u>	Distance to Tank (ft) : _____
Drainfield Length (ft) : <u>N/A</u>	Distance to Drainfield (ft) : _____
Drainfield Area (sq ft) : _____	Valve : <input type="checkbox"/> Yes <input type="checkbox"/> No
(Installed sq ft) : <u>N/A</u>	Dist-Box : <input type="checkbox"/> Yes <input type="checkbox"/> No
(Effective sq ft) : _____	Drop-Box : <input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Allowance Granted: <input type="checkbox"/> <u>N/A</u>	
Number of Bedrooms: <u>4</u>	Gallons Per Day: <u>300</u>

Well: N. _____ W. _____

Notes/Conditions of Approval: TANK INSTALLED BY BONO CAMPBELL FOR 1 BOR ON SEPARATE FLOWS. EXPANSION COMPLETED BY CASEY DECKENSON

On-site wastewater systems installation approved: TANK ONLY APPROVED

Installer Name: BONO CAMPBELL
Installer Phone: 208-631-2663
Installer Number: 45789

Signature: [Signature]
Date: 12/13/24

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

[Signature]
EHS Final Inspection Signature EHS
Code: 40077 Date: 1/2/25

PROGRAM ACTIVITY TIME LOG SHEET



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707 N. Armstrong Place
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File # 167195



Owner's Name: Clay Szeniga
Property Address: 14108 Piper Place
McCall, ID 83638

Phone # 2087933733

Legal Description	1/4 SW	1/4	Section:	Township:	Range:
Subdivision:	5831 Hidden Valley		Lot: 1	Block:	Size(acres) 20.00

ACT	EHS	DATE	TT	IT	Notes
✓ 20	118	10-2-24		20	Application See correction sheet to transfer \$94 for denied accessory.
✓ 16	63	10/2/24	-	20	Application to add additional bedroom according to plot plan add. Lon will meet tank setbacks, wrote permit to add additional 35 LFGS TO accommodate 4 TH bedroom on to system
✓ 20	102	10/2/24	-	10	email permit to owner + app
✓ 16	077	12/9/24	0	20	INSTALLER INFORMED ME THAT ADD ON WILL HAVE SEPARATE PLUMBING AND DUE TO NOT BEING ABLE TO GET GRAVITY TO ORIGINAL TANK WOULD LIKE TO INSTALL A SEPARATE TANK. NEED PLANS SHOWING PLUMBING IS ISOLATED AND NOT COMBINED TO ORIGINAL PLUMBING AND UPDATED PLOT MAP SHOWING WHERE ADDITIONAL TANK WILL BE INSTALLED AND TIE IN. ORIGINAL PERMIT VOIDED
✓ 20	077	12/9/24	0	10	WASTE PERMIT
✓ 20	119	12-9-24		10	Mail Permit to owner/Applicant