

# APPLICATION - Subsurface Sewage Disposal, Page 1



**Public Health**  
Prevent. Promote. Protect.  
**Panhandle Health District**

Permit Fee: _____	Date: _____
Application #: _____	EHS: _____
Receipt #: _____	Clerical: _____

Speculative Site Evaluation  Septic Permit

Benefitted Parcel # (Structure Location): RP46NO1W116000

Burdened Parcel # (Drainfield Location if different): \_\_\_\_\_

Property Address (if available): Philips Draw Rd Acres 36.3

Legal Description: Section S11 Township T46N Range R1W SWSW less RW City, Zip St Maries ID 83861 County Benewah

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Directions (nearest crossroad): St. Joe River Rd

Applicants Name: Mark Reimann Email: Reimmjb@outlook.com

Mailing Address: 5637 St. Joe River Rd Phone #: 208-245-2075

City: St. Maries State: ID Zip Code: 83861

Applicant is:  Landowner  Contractor  Installer  Other

Owners Name: Mark Reimann Email: reimmjb@outlook.com

Mailing Address: 5637 St. Joe River Rd Phone #: 208-245-2075

City: St. Maries, ID State: ID Zip Code: 83861

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 1

Number of Bedrooms: (residential design only) 3 Number of Bathrooms: 2

Number of People: 3 Square-Footage 2000 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: 9/30/2025

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.

\* Planning to sell property, not sure what future build will be.