

**EASTERN IDAHO PUBLIC HEALTH DISTRICT
APPLICATION TO CONNECT TO AN EXISTING SYSTEM
(VESTED RIGHTS/NON-CONFORMING USES)**

Note *Individuals requesting to repair, replace, make changes to an existing structure or dwelling, such as remodeling or connecting to an abandoned system must follow the State's guidelines found on page 30 of the State's Technical Guidance Manual (TGM).

Applicant's Name: _____ Phone: _____

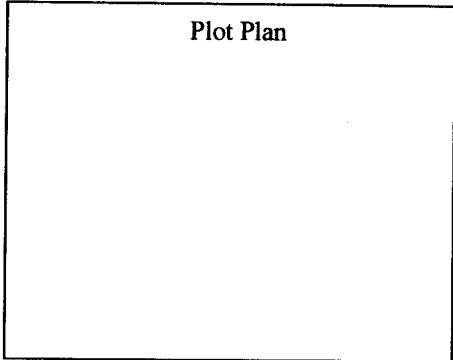
Mailing Address: _____ City: _____ State: _____ Zip: _____

Location of System: (Address) _____ City: _____

Legal Description: Township: _____ Range: _____ Section: _____ ¼ Section: _____ County: _____

Subdivision Name: (If applicable) _____ Division: _____ Lot: _____ Block: _____

Please explain nature of request: _____



Present # of Bedrooms: _____ Future # of Bedrooms: _____

Disclaimer: I understand if approval is given and if this causes the existing septic to fail or violate the intent of the rules that I agree to correct the problem immediately in accordance with current rules. (Includes obtaining a permit.)

Signature: _____ Date: _____

For Official Use Only

Permit on File: Yes No System Approved: Yes No Permit Number: _____

Name of original permit holder: _____ Installed by: _____

If no permit exists or system disapproved, on-site evaluation will be required.

Fee Paid: _____ Receipt Number: _____ Date: _____

AUTHORIZED TO CONNECT TO EXISTING SYSTEM:	GRANTED _____	DENIED _____
AUTHORIZED TO CONNECT TO ABANDONED SYSTEM:	GRANTED _____	DENIED _____
AUTHORIZED TO ADD ADDITION OR ALTERATIONS:	GRANTED _____	DENIED _____

CONDITIONS and/or COMMENTS: _____

By: _____ Date: _____
REHS Signature

Travel Time: ____/____ Inspection Time: ____/____ Processing Time: ____/____ 09/25/07