

Re: CUP 22-54 Solar Panels - Staff Report

David/Jackie Haney [REDACTED]

Mon 1/9/2023 10:29 AM

To: Lori Hunter <lhunter@co.valley.id.us>

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The only item that I see that has any question is the septic and it is located on the back side of the cabin 150' or more from the solar panels. CDH file # 6137 shows the as built. Is there any other problems that you see?

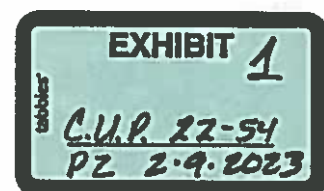
Thanks
David Haney

On Thursday, January 5, 2023 at 04:14:52 PM MST, Lori Hunter <lhunter@co.valley.id.us> wrote:

See attached. A hard copy was also mailed.

Lori Hunter
Valley County Planning & Zoning Assistant Planner
208-382-7115
219 N. Main Street • P.O. Box 1350
Cascade, ID 83611

Service **T**ransparent **A**ccountable **R**esponsive



Permit - Subsurface Sewage Disposal



Public Health

Idaho Public Health Districts

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

File # 6137



Owner's Name: David Haney
Property Address: 1504 Crown Point Parkway
Cascade, ID 83611

Phone #

Legal Description 1/4 1/4 Section: Township: Range:
Subdivision: 45 Alberta Estates Lot: 6 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 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 is 100'ft from wells and 5'ft from property lines.

Orient system East-West parallel to contour of slope near test hole #2.

Access B-2 (silt loam) soils at 24" in below original grade and install. Dimensions 2 (6'ft x 28'ft) STD. Max depth of system below ground is 24" in and excavation depth is 24" in. If GTS system is used, 84 lineal feet of trench is required.

Distribution box recommended. Minimum 100'ft separation from drainfield and future replacement area and 50'ft separation from septic tank to all wells is required.

If unable to gravity flow, a 300 gallon pump chamber will be required. If a pump chamber is required then the State Electrical Inspector must inspect all electrical work and system must be installed by a complex licensed installer.

Replacement may be located near test hole #1 (sized at B-2; 24" in max install).

Bedrooms :	REQUEST FOR INSPECTION must be confirmed	1 Bedrooms
Non Residential :	with the Environmental Health Division	0 Gallons Per Day
Soil Type (USDA) :	ONE INSPECTION by Central District Health is	B-2
The minimum septic tank capacity is :	required prior to final cover or use.	1000 Gallons
The minimum effective drainfield absorption area is :		333 Square Feet
The drainfield can be no closer to permanent/intermittent surface water than:		200 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.

5/21/2021

REHS Signature / REHS #

40042 Tom White

05/21/2021

Approval Date :

05/20/2022

Expiration Date :

LD603WD Revision Date: 9/25/20 EMC

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" = 30'

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.

Signature: [Signature] Date: 5/21/21

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: 5/29/21 EHS Name: EC EHS #: 042

Revision Date: 10/2010 NRU

Final/AS-BUILT-Subsurface Sewage Disposal



Public Health

Idaho Public Health Districts

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

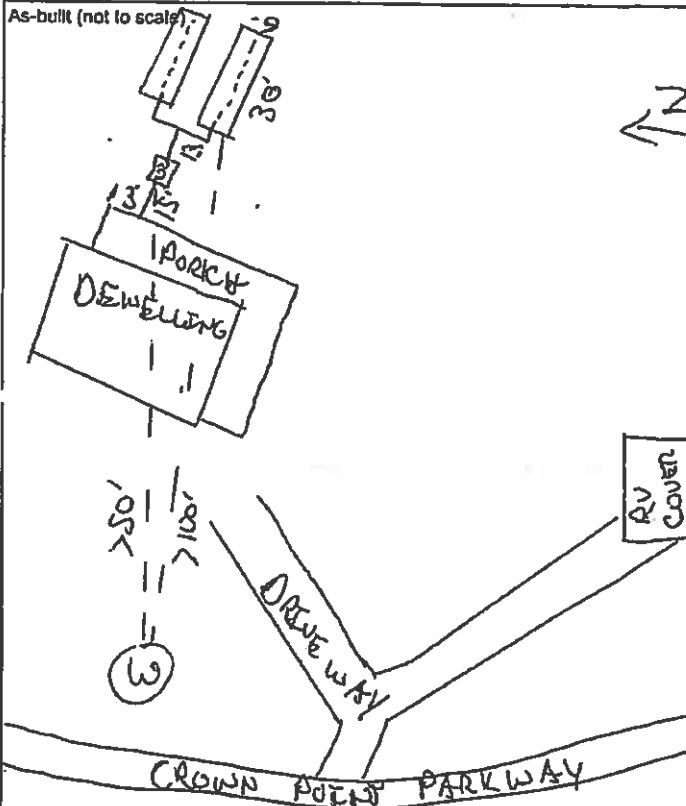
File # 6137



Owner's Name: David Haney
Property Address: 1504 Crown Point Parkway
Cascade, ID 83611

Phone # 208-861-9357

Legal Description: 1/4	1/4	Section:	Township:	Range:
Subdivision: 45 Alberta Estates		Lot: 6	Block:	Size(acres) 1.51



System Type: <u>DRAIN FIELD STANDARD SYSTEM</u>	Gravel (yards): <u>18</u>
System Mfg: <u>N/A</u>	Sand (yards): <u>N/A</u>
Septic/Trash Tank (Gal): <u>1000</u>	System Depth (inches): <u>36</u>
Septic/Trash Mfr: <u>INFILTRATOR</u>	Rock Under Pipe (inches): <u>6</u>
Depth to Manhole Lid (inches): <u>AT GRADE</u>	Date System Installed: <u>8/10/22</u>
Standpipe/Riser (inches): <u>27</u>	Drainfield Latitude: <u>N. 44.33.208</u>
Pump Tank (Gal): <u>N/A</u>	Drainfield Longitude: <u>W. 116.03.382</u>
Pump Tank Mfg: <u>N/A</u>	Well Installed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drainfield Width (ft): <u>6</u>	Distance to Tank (ft): <u>> 50</u>
Drainfield Length (ft): <u>60</u>	Distance to Drainfield (ft): <u>> 100</u>
Drainfield Area (sq ft): <u>360</u> (Installed sq ft): <u>360</u> (Effective sq ft): <u>360</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"/> <u>N/A</u>	
Number of Bedrooms: <u>1</u>	Gallons Per Day: <u>150</u>

Well: N. 44.33.207 W. 116.03.433

Notes/Conditions of Approval:

On-site wastewater systems installation approved: ☐

Installer Name: FITZGERALD MECHANICAL
Installer Phone: [REDACTED]
Installer Number: 2-44637

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: 400.77 Date: 10/18/22

LD007 Revision Date: 12/10/2019 EMC

C.U.P. 22-54

From: Lisa Mohler [REDACTED]
Sent: Tuesday, January 31, 2023 9:32 AM
To: Cynda Herrick <cherrick@co.valley.id.us>
Subject: C.U.P. 22-54

Lisa Mohler
47 Johnson Lane
McCall ID 83638

Jan. 31, 2023

**C.U.P. 22-54
Haney Solar Panels**

To C. Herrick P & Z Director
Planning & Zoning Commissioners:
Katlin Caldwell Ken Roberts
Sasha Childs Scott Freeman
Gary Swain

DENY this Application until County has a specific Application to deal with Solar Panels

My reason for this request,

1. Once you approve these applications they never get changed.
2. Since these Panels are on the ground and can be seen from the road NOBODY wants to look at them and surrounding property values go down. Since there is bare property to be sold and developed, the owners are not going to be able to sell and get a decent price. I realize they applicants purchased the property this way, but before the deal was done they should have taken care of the problem then.
3. Solar Panels should be placed on the roof of the house to get better sun and so nobody has to look at them.
4. The application does not include any plans on what they will be doing to hide this unsightly placement.

P & Z Commissioners have to change applications to keep up with all the new technologies and protect surrounding property.

Thank You for your Time,

Lisa Mohler

Lake Fork

