ALiS
Centralized Licensing, Inspections and Complaints System (CLICS)
Sewage Programs – Individual Sewage Disposal Systems – 
Consumer Log On Instructions

The Sewage Programs application is used for Individual Sewage Disposal Systems (ISDS). Please use this document to assist you in completing your online application. Additional support and system requirements can be found at http://dpbh.nv.gov/Reg/ISDS/Individual_Sewage_Disposal_Systems_-_Home/. For questions specific to your application, please contact your local field office.

The application system is designed to handle a wide variety of application types, and there are some unique instructions

Step 1: Initial Registration

To begin the licensing process, go to https://nvdpbh.aithent.com/login.aspx and then click on the Environmental Health tab (it will turn white). Next, select the blue “Click Here” after “Apply for a Common Business Application”:

This will bring you to the Initial User Registration Page:
You will need to fill out the following:

- **Facility Name (DBA):** this should be the registered name of your business.
  - Owner-built ISDS: use the construction address (if known) or county assessor parcel number (APN).
- **NV Business ID:** Only fill this out if you have a state business license that is associated with the permit you are applying for. It would be “NV” followed by 11 numbers.
  - Owner-built ISDS: skip this field.
- **Mailing Address Section:**
  - Enter the street address or PO Box where you receive correspondence for your business or home
  - City/State/County/Zip: enter the appropriate values that go with the mailing address
  - Phone/Email: use the phone/email you wish EHS to contact you at regarding your application and permit
- **Account Information (Login):**
  - The Login Name can be anything using A-Z and 0-9. Take note of it before submitting the form so you don’t forget.
  - Password: must conform to the text in red, for example “MyBusiness.6” contains all the elements needed. Make the password something you can remember, but not easy to guess.
- When you are done with the form, click the **Register** button.

**Step 2: Application Types**

Select “Sewage Programs” and then in the area that appears below select one option. If you are not sure which credential type you need, click the blue “Information” link for more details on the credential.

When you are finished click the **Next** button.
Step 3: Entity Information:

This screen collects information specific to your business.

- **Business Entity Information**
  - Facility Name (DBA): This will be automatically filled in from your registration, however if you mistyped you may correct it here. For owner-built ISDS, this is the construction address or APN.
  - NV Business ID: This will be automatically filled in from your registration but cannot be changed here.
  - Registered Name/Legal Business Name: this should be the exact name on your state business license, if applicable. It may be different from your DBA name. If you do not have a DBA or are not a business, skip this field.
  - Ownership Type: Select from this list. LLC, Corporation, etc. depending on the business type.
    - Owner-built ISDS: select “Sole Proprietorship”
  - Primary Contact Information: Enter the primary point of contact for your business/application, and their phone and email. Their role may be owner, manager, etc.
    - Owner-built ISDS: for “Primary Contact Role”, select “Owner”

- When you are finished filling out the form, click the Next button.

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Step 4: Address Information:

Please review Address Information for accuracy.

- **Mailing Address**
  - Country: UNITED STATES
  - Address: 727 FAIRVIEW DR.
  - City: CARSON CITY
  - State/Province: NEVADA
  - Primary Phone #: 775-667-7333
  - Primary Email: EHSCUSTOMERSERVICE
  - Count: STE D
  - Alternate Phone #: 775-667-7333
  - Alternate Email: EHSCUSTOMERSERVICE

- **Physical Address of Facility**
  - Country: UNITED STATES
  - Contact Person: 1020 RUBY VISTA DR.
  - City: ELKO
  - State/Province: NEVADA
  - Primary Phone #: 775-757-1138
  - Primary Email: EHSCUSTOMERSERVICE
  - Count: STE 103
  - Alternate Phone #: 775-757-1138
  - Alternate Email: EHSCUSTOMERSERVICE

- **Billing Address**
  - Country: UNITED STATES
  - Contact Person: 727 FAIRVIEW DR.
  - City: CARSON CITY
  - State/Province: NEVADA
  - Primary Phone #: 775-667-7333
  - Primary Email: EHSCUSTOMERSERVICE
  - Count: STE D
  - Alternate Phone #: 775-667-7333
  - Alternate Email: EHSCUSTOMERSERVICE

Reset

Update: 06/08/2017
Most of the information in the Mailing Address section will be auto-filled from the initial registration screen. Please verify this information is complete and is the address you want mail sent to.

The physical address is also required for facility inspections. If your mailing and physical addresses are the same, please use the “Copy From” function on the right side of the screen. For contractors who build multiple ISDSs, you may use your business address as the physical address.

*** NOTE: Once the physical address has been entered and the application submitted, you will not be able to edit the physical address again. If you notice any errors, please contact your local field office to correct the address. ***

When you are done, click the **Next** button.

**Ownership Details:**

**Applications for an ISDS will not see this screen. Please continue to the “Additional Information” section.**

For other application types, select the **Add** button on the “Ownership Information” line to add a new owner. You will not be able to submit your application until you have entered at least one owner.

A popup will appear to enter details:

It has many fields you may complete, but only the ones marked with a red * are required:

- **First and Last Name/Business Name:** enter the full first and last name of the owner, or the name of the business as applicable
- **Role:** select Owner, Partner, Director, or Other (if other, fill in the role)
- **Mailing Address Section:** This may be the personal mailing address and contact information of the owner or for the business.

When you are done select the **OK** button. Repeat this process for any other owners. When you are finished, use the **Next** button.

Update: 06/08/2017
Additional Information:

The accuracy of this section will determine the fees charged at the end of the on-line application process.

This information is extremely important for accurate records. It has a section for each license with the same fields:

- **Establishment Name**: This is the specific name/business for each permit.
  - For ISDS applications this is the construction address or APN.
- **Responsible Person**: This is the person who owns the business, is otherwise legally responsible for the permit.
- **County**: Select the county where the business is located. If you do not know what county the business or construction location is in, contact your local field office.
- **Plan Review option**: select if your permit application requires a plan review.
  - All ISDS applications require a plan review. All new systems require a full plan review; contact your local field office before applying for a remodel plan review. Selecting the incorrect response will delay your application review.

This page contains fields that are used by other programs. You may leave them blank if they do not apply to your permit.

When you are finished entering all the information for all licenses, click the **Next** button.
Questions:

This page displays a list of questions that must be answered regarding your permit type. Below is a sample ISDS questionnaire. If you do not know how to answer a question, please contact your local field office. Incorrect or inappropriate responses will delay your application review.

Answer the questions based on the type of system that will be installed (Standard or Chambered).

**Requested Credential(s):** **INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you or anyone listed in the application now licensed or have been previously licensed for the similar business? If yes, please list the state Agency, type of license and license number. <strong>Please provide a detailed explanation</strong></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2</td>
<td>How many bedrooms does the home have?</td>
<td>✧ 4</td>
</tr>
<tr>
<td>3</td>
<td>Assessor's Parcel Number (APN)</td>
<td>123-456-78</td>
</tr>
<tr>
<td>4</td>
<td>How many acres is the property?</td>
<td>1.5</td>
</tr>
<tr>
<td>5</td>
<td>Who is installing the system? If contractor-built, provide name and contact information for contractor.</td>
<td>☐ Owner ☐ Contractor</td>
</tr>
<tr>
<td>6</td>
<td>Do you have or plan to install an accessory structure with plumbing? If yes, describe the structure and fixtures to be installed. Note: Contact your local Health office for fixture count and additional requirements.</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>7</td>
<td>Tank size: ____ gallons</td>
<td>1250</td>
</tr>
<tr>
<td>8</td>
<td>Tank manufacturer and model</td>
<td>TankPen</td>
</tr>
<tr>
<td>9</td>
<td>Water source:</td>
<td>☐ Community ☐ Private Water</td>
</tr>
<tr>
<td>10</td>
<td>Well-driller's name:</td>
<td>Deepwater Drilling</td>
</tr>
<tr>
<td>11</td>
<td>Distance from well to septic system: ____ ft</td>
<td>150</td>
</tr>
<tr>
<td>12</td>
<td>Are there any waterways, ponds, canals, water wells or other bodies of water within 500 ft of your system, on either your property or neighboring property? If yes, list the water source and distance to your system in feet. Ensure all bodies of water are clearly marked on the plot map.</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>13</td>
<td>Are you installing a leach rock system?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>22</td>
<td>Are you installing a chamber system?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>23</td>
<td>Select from one of these approved manufacturers and name the model.</td>
<td>☐ ARCO ☐ Infiltrator</td>
</tr>
<tr>
<td>24</td>
<td>Number of lines:</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total number of chambers: (NOTE: each line must have an equal number of chambers.)</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Distance between the trenches on center: ____ ft. (If T-shaped system, enter 0.)</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Total depth of trench: ____ ft</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Are you installing an engineered system? If yes, describe briefly. Note: You will upload complete design specifications at the end of this application.</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
When you are finished with the questionnaire, click the **Next** button.

### Attestation and Electronic Signature:

Read the legal statements and agree by checking the box to the left. Enter your full name (this is your digital signature) and the current date. When you are done, select “Submit Application”.

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**Requested Credential(s): INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

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**Attestation**

You must check the following:

- [ ] The act of affixing and executing the following signature is made with the present intent to identify myself as the authorized person signing this document and with the present intent to authenticate my signature as such.
- [ ] I am declaring, under penalty of perjury, that the information I am about to submit to the Nevada Division of Public and Behavioral Health is true and correct, and is not submitted for any improper purpose, and that I am authorized to submit the information.
- [ ] I understand it is unlawful to submit any illegal, unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by state and federal law, to the Nevada Division of Public and Behavioral Health; and agree to indemnify the Nevada Division of Public and Behavioral Health, and any other persons entitled thereto, for any damages incurred for any unlawful, unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by the federal and state law, submitted to the Nevada Division of Public and Behavioral Health by any use of this electronic filing system.
- [ ] I further understand that I may be subject to criminal and/or civil penalties for submitting any unlawful unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by federal and state law.
- [ ] I understand and agree that all information submitted is the property of the Nevada Division of Public and Behavioral Health, and may be monitored for all lawful purposes.
- [ ] I further understand that during such monitoring, all information, including personal information placed on this system, may be examined, copied, and used for any authorized purpose.
- [ ] I understand that I am responsible for any errors or omissions in the input of information and that I am also responsible for reviewing all information for completeness and correctness prior to submission.
- [ ] I declare under penalty of perjury that the foregoing is true and correct.

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**Name** [ ] **How Contractor** [ ] **Date** 06/21/2017 [ ]

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Update: 06/08/2017
Fees:

“Fee Details” explains what fees are being charged for this credential type. Please review these charges and contact your local field office if you see an error or do not understand the charges before you pay.

When ready, select Pay Now to continue.

| Plan Review Fee (INoIDUVAL SEwAGE DISPOSAL SYSTEM) | $498.00 |
| Total Fee                                             | $498.00 |

Do NOT push the "Pay Now" button more than once.
Do not push the go back arrow using your browser. To review or update your application information click on "Edit Application". Failure to comply with these instructions may result in multiple charges.

You will be redirected to the secure payment gateway.

Select your payment method:

![Payment Methods]

Fill out the form (which depends on the selected payment method) and submit when completed.

**IMPORTANT NOTICE: YOU ARE NOT DONE YET**

Checklist: Applications and Documentation

After the payment has been processed, you will see one of the following checklists. You must add each requested document before your application can be processed. Note your transaction number in bold. Your receipt will have been emailed, but you may also view or print it from this page. You may also save a copy of the application summary for your records.

Some checklist items may be optional depending on your situation. Click the “Documents” link in the View/Attach column on the right side to upload a document for staff review. When you do this, a popup will appear with directions on how to upload your document(s).
Sample ISDS Checklist:

When all required items are uploaded and have been reviewed by EHS staff, your application will be processed.

Forms can be accessed by using the following link:
http://dpbh.nv.gov/Reg/ISDS/dta/Forms/Individual_Sewage_Disposal_Systems - Forms/

Returning to your account:

To return to your account to complete an application or manage your licenses, go to https://nvdpbh.aithent.com/login.aspx, enter your user name and password and then click the Login button:
You will see a menu on the left side:

Select what action you would like to take now that you’re logged in. With most sewage program permits you will likely use:

- **View Pending Online Application**: to continue the application
- **Renew**: to renew an existing annual permit (septic pumpers only)
- **Apply for a new license**: to apply for a new permit under the same contractor’s license (**ISDS only**)
- **Print Receipt**: to review receipts
- **Pay Invoice(s)**: to pay invoices EHS has assessed, other than renewals
- **View Credential(s)**: to view a list of all permits under this account
- **Change Password**: to change your password

Contact your local field office for instructions before selecting the other options.

To complete pending applications, select “View Pending Online Application(s)”. You will see a list of applications for review. To continue an application you started **but have not submitted or paid for**, select “Continue Application”. To add documents to an incomplete checklist, select “View Details”:

Follow the instructions elsewhere in this document to complete your application.

For instructions on how to complete a renewal application or pay an invoice, see the applicable guidance documents on [http://dpbh.nv.gov/Reg/CLICS/dta/FAQ/CLICS-FAQs/](http://dpbh.nv.gov/Reg/CLICS/dta/FAQ/CLICS-FAQs/).