

ALiS

Centralized Licensing, Inspections and Complaints System (CLICS) Primary Treatment Unit Plan Review Application - Consumer Application Instructions

The Primary/Secondary Treatment Unit Plan Review application is used for manufacturers who wish to distribute septic system components in Nevada. 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/CLICS/CLICS - Home/>. For questions specific to your application, please contact the main Carson City office.

The application system is designed to handle a wide variety of application types, and there are some unique instructions specific to this application. Please refer to these instructions if the information requested seems unclear.

The Environmental Health Section may take up to a **30 days** to process a completed application, depending on the workload of the office. Please submit your application as early as possible. Your application is not complete until all requested materials are received by EHS.

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. Select the blue "Click Here" after "Apply for a Common Business Application":

USER LOGIN

Login Name

Password

Forgot Login/Password

Password is case sensitive.

Already Licensed by NV DPBH: [Register Here](#)

NEW APPLICANTS APPLY HERE

To apply for a Common Business Application: [Click Here](#)

To apply for Temporary Food Permit: [Click Here](#)

To Search for an Environmental Health Facility Licensee: [Click Here](#)

HCQC Child Care **Environmental Health**

**ENVIRONMENTAL HEALTH SECTION
ONLINE PERMITS AND RENEWALS SYSTEM**

State of Nevada Division of Public and Behavioral Health EHS issues permits **ONLY** in these counties: CHURCHILL, ELKO, ESERALDA, EUREKA, HUMBOLT, LANDER, LINCOLN, LYON, MINERAL, NYE, PERSHING, STOREY, WHITE PINE COUNTIES AND INSTITUTIONS OF HIGHER LEARNING IN WASHOE COUNTY.

IF YOU ARE APPLYING FOR A PERMIT IN CARSON CITY, DOUGLAS COUNTY, WASHOE COUNTY OR CLARK COUNTY, PLEASE CALL THE MAIN OFFICE AT 775-687-7533 BEFORE APPLYING.

ANNUAL PERMITS

RETURN USERS: Type in your user name, password and then click on the LOGIN box.

LICENSED FACILITIES: Please log in the first time with your one time use "WEB ID" under "Already Licensed by NV DPBH: Register Here"

NEW USERS: Select "COMMON BUSINESS LICENSE APPLICATION" and follow the on-screen directions.

Select the Common Business Application on the left hand side to apply for the following annual license types:

- Food Establishment
- Food Establishment Exemption (NRS 446.870)
- Cottage Food Registration
- Institutions
 - County Jails
 - State Honor Camps
 - Public, Private and Charter

This will bring you to the Initial User Registration Page:

Initial User Registration -Environmental Health Section

Fields marked with asterisk (*) are required.

Facility Information

Nevada Business ID is issued by Secretary of State (SoS) through common business registration process using SilverFlume To find more details about common business registration process [Click Here](#) .This always begins with NV followed by 11 numbers.

Facility Name (DBA Name) * NV Business ID

Mailing Address

Country * Apt/Unit/etc.

Address *

City * State/Province * County *

Zip * Primary Phone # - Ext * Alternate Phone # - Ext.

Fax Primary-Email * Alternate E-mail

Online Account Information

Login Name *

Password * Password is case sensitive and must be at least 8 characters long including: 1 upper case letter, 1 lower case letter, 1 number, and 1 special character.

Re-type Password *

You will need to fill out the following:

- **Facility Name (DBA):** this should be the registered name of your business.
- **NV Business ID:** Only fill this out if you have a state business license that is associated with the company that is manufacturing or distributing this primary treatment unit. It would be “NV” followed by 11 numbers. If your company is not based in Nevada and you do not have a state business ID, leave this field blank.
- **Mailing Address Section:**
 - o Enter the street address or PO Box where you receive correspondence for your business
 - o City/State/County/Zip: enter the appropriate values that go with the mailing address
 - o Phone/Email: use the phone/email you wish EHS to contact you at regarding your application
- **Account Information (Login):**
 - o 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. EHS recommends not using a personal login, but something related to the business.
 - o 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. Select “Primary/Secondary Treatment Unit Plan Review” from the list of credentials. For more information on this program, click the blue “[Information](#)” link.

When you are finished click the **Next** button.

Preliminary Step

Fields marked with asterisk (*) are required.

Application Type *

Which application would you like to apply?

- Food Establishment
- Cottage Food Registration
- Food Establishment Exemption
- Shellfish Distributor
- Bottled Water Distributor
- Certificates of Free Sale
- Farm to Fork Registration
- Public Bathing Place
- Public Accommodations
- Drug/Cosmetic Manufacturer
- Camping and Recreational Vehicle Park
- Institutions
- Sewage Programs

Credential

- | | | |
|---|-------------|-----|
| <input type="checkbox"/> INDIVIDUAL SEWAGE DISPOSAL SYSTEM INFORMATION | Endorsement | N/A |
| <input type="checkbox"/> SEPTIC TANK PUMPING CONTRACTOR INFORMATION | Endorsement | N/A |
| <input type="checkbox"/> SEPTIC TANK LOAN CERTIFICATIONS INFORMATION | Endorsement | N/A |
| <input checked="" type="checkbox"/> PRIMARY TREATMENT UNIT PLAN REVIEW - INFORMATION | Endorsement | N/A |

Reset

Next

Step 3: Entity Information:

This screen collects information specific to your business.

- **Business Entity Information**

- o **Facility Name (DBA):** This will be automatically filled in from your registration, however if you mistyped you may correct it here.
- o **NV Business ID:** This will be automatically filled in from your registration but cannot be changed here.
- o **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.
- o **Ownership Type:** Select from this list. LLC, Corporation, etc. depending on the business type.
- o **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.

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

Please review information for accuracy.

<< Back

Next >>

Business Entity Information

Nevada Business ID is issued by Secretary of State (SoS) through common business registration process using SilverFlume. To find more details about common business registration process [Click Here](#). This always begins with NV followed by 11 numbers.

| | | | |
|---|------------------------|-----------------------------|---------------------|
| Facility Name (DBA Name) * | CHADWICK ENTERPRISE | NV Business ID | |
| Registered Name with Secretary of State (Legal/Business Name) | | Ownership Type * | Sole Proprietorship |
| Primary Contact First Name * | Edwin | Primary Contact Middle Name | |
| Primary Contact Last Name * | Chadwick | Primary Contact Role * | Owner |
| Primary Contact Email * | rservice@health.nv.gov | Primary Contact Phone * | 775-687-7533 |

Reset

<< Back

Next >>

Step 4: Address Information:

Requested Credential(s) : **PRIMARY/SECONDARY TREATMENT UNIT PLAN REVIEW**

Entity Information — **Address Information** — Ownership Details — Additional Information — Questions — Attestation

Please review Address Information for accuracy. << Back Next >>

Mailing Address Copy From [v]

Country * UNITED STATES [v]
 Address * 727 FAIRVIEW DR.
 City * CARSON CITY State/Province * NEVADA [v] Apt/Unit/etc. STE D
 County * CARSON CITY [v]
 Zip * 89701 Primary Phone # - Ext * 775-687-7533 Alternate Phone # - Ext. [] []
 Fax Primary-E-mail * EHCUSTOMERSERVICE Alternate E-mail [] []

Physical Address of Facility Copy From [v]

Country UNITED STATES [v]
 Contact Person []
 Address * 727 FAIRVIEW DR.
 City CARSON CITY State/Province NEVADA [v] Apt/Unit/etc. STE D
 County * CARSON CITY [v]
 Zip 89701 Primary Phone # - Ext 775-687-7533 Alternate Phone # - Ext. [] []
 Fax Primary-E-mail EHCUSTOMERSERVICE Alternate E-mail [] []

Reset << Back **Next >>**

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 can be your business headquarters or manufacturing location. If your mailing and physical addresses are the same, please use the “Copy From” function on the right side of the screen.

***** 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 the Carson City office to correct the address. *******

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

Ownership Details:

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.

Requested Credential(s) : **PRIMARY/SECONDARY TREATMENT UNIT PLAN REVIEW**

Entity Information — Address Information — **Ownership Details** — Additional Information — Questions — Attestation

<< Back Next >>

Ownership Information **Add**

You must add atleast one owner. Please click ADD link to add an owner.

| Name | Role | % age Share | Address | Primary Email | Primary Phone | Documents |
|-----------------|-------|-------------|--|---------------------------------|---------------|---------------|
| CHADWICK, EDWIN | Owner | 0.00 | 727 FAIRVIEW DR. CARSON CITY, NV 89701 | EHCUSTOMERSERVICE@HEALTH.NV.GOV | 775-687-7533 | Documents (0) |

Corporation & LLC Information Add

Please click 'Add' to add a new row.

Reset << Back **Next >>**

A popup will appear to enter details:

Ownership Detail

Ownership Detail

| | | | |
|-------------------------------------|---|----------------------------------|---|
| Last Name/ Business Name * | <input type="text" value="Chadwick"/> | First Name | <input type="text" value="Edwin"/> |
| DOB | <input type="text"/> | SSN | <input type="text"/> |
| % age Share | <input type="text"/> | Is Current | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Comments | <input type="text"/> | | |
| Check all roles that are applicable | | | |
| Role * | <input checked="" type="checkbox"/> Owner | <input type="checkbox"/> Partner | <input type="checkbox"/> Director |
| | <input type="checkbox"/> Other | | |

Mailing Address

| | | | |
|-----------|---|--------------------------|--|
| Country * | <input type="text" value="UNITED STATES"/> | Apt/Unit/etc. | <input type="text" value="STE D"/> |
| Address * | <input type="text" value="727 Fairview Dr."/> | County * | <input type="text" value="CARSON CITY"/> |
| City * | <input type="text" value="Carson City"/> | State/Province * | <input type="text" value="NEVADA"/> |
| Zip * | <input type="text" value="89701"/> | Primary Phone # - Ext * | <input type="text" value="775-687-7533"/> |
| Fax | <input type="text"/> | Primary-E-mail * | <input type="text" value="erservice@health.nv.gov"/> |
| | | Alternate Phone # - Ext. | <input type="text"/> |
| | | Alternate E-mail | <input type="text"/> |

Close

Save

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. This may be different from the facility addresses entered earlier

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

Additional Information:

Requested Credential(s) : **PRIMARY/SECONDARY TREATMENT UNIT PLAN REVIEW**



Additional Information - PRIMARY/SECONDARY TREATMENT UNIT PLAN REVIEW

Complete the information that is applicable to your permit type. Leave blank if it not applicable.

| | | | |
|--|---|------------------------------|----------------------|
| Establishment Name * | <input type="text" value="SDS1500 precast tank"/> | FDA Certification # | <input type="text"/> |
| Responsible Entity Name * | <input type="text" value="Chadwick Enterprises"/> | Facility area in square feet | <input type="text"/> |
| Number of seats including outside seating area | <input type="text"/> | Label count | <input type="text"/> |
| Number of drive up windows | <input type="text"/> | Total number of rooms | <input type="text"/> |
| Camping spaces | <input type="text"/> | Total number of vehicle | <input type="text"/> |
| Total number of workers | <input type="text"/> | Close Date | <input type="text"/> |
| Open Date | <input type="text"/> | | |

For which county you would like to register your business? *

Most of the new businesses require a plan review. Please [click here](#) to understand plan review requirements or give us a call at (775) 687-7533

Does your new business require a plan review? If you are not sure, please give us a call at (775) 687-7533 * Yes No

What type of plan review fee do you own for new business? * Full Plan Review Remodel Plan Review

Next >>

***** 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 of the product you are applying to have reviewed:
 - o Example: 1500 gallon pre-cast concrete septic tank or Super DeNite10000 nitrogen removal unit
- **Responsible Person:** This is the business name
- **County:** Select ALL from the drop-down list.
 - o NOTE: approval for All Counties does not include Washoe County (Reno/Sparks), Clark County (Las Vegas) or Carson City and Douglas County (Lake Tahoe/Minden/Gardnerville). You may need to apply separately to the local health authority for your product to be installed in those counties.
- **Plan Review option:** select "Yes" and "Full Plan Review"

This page contains fields that are used by other programs. Leave all fields except the ones just listed blank.

When you have completed this page, click the **Next** button.

Questions:

This page displays a list of questions that must be answered regarding your permit type. At this time, there are no additional questions for this application. Click **Next**.

Requested Credential(s) : **PRIMARY TREATMENT UNIT PLAN REVIEW**

The screenshot shows a navigation bar with five steps: Entity Information, Address Information, Additional Information, Questions, and Attestation. The 'Questions' step is currently selected and highlighted. Below the navigation bar, there are '<< Back' and 'Next >>' buttons. The main content area is titled 'Questions' and contains a table with two columns: '# Question' and 'Response'. The table has one row with the number '1' in the first column and the text 'Answer all questions. If no questions are listed, please click "Next".' in the second column. At the bottom of the form, there is a 'Reset' button on the left and '<< Back' and 'Next >>' buttons on the right.

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**".



<< Back

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, 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 parties 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 my 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.
- I hereby attest that the above information is true and correct. I have read, understand and agree to comply with the rules and regulations pertaining the the specific statutory type of entity for which this licensure application is made.
- Fees paid will not be refunded for failure to obtain approval, voluntary withdrawal or cancellation of the event.

Name * Date *

<< Back

Submit Application

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.

| Fee Details | |
|--|-----------------|
| Licensing fee (140-PRIMARY TREATMENT UNIT PLAN REIVEW) | \$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.

Edit Application **Pay Now**

You will be redirected to the secure payment gateway.

Select your payment method:

How would you like to pay?

| | |
|---|---|
| Card PAY BY VISA MASTERCARD | eCheck PAY WITH echeck |
|---|---|

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

Update: 06/08/2017

IMPORTANT NOTICE: YOU ARE NOT DONE YET

Checklist: Applications and Documentation

After the payment has been processed, you will see the following checklist. 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.

Checklist items are not optional. If more than one checklist item is contained in a single document, please upload the document only once under "Additional Supporting Documents". 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).

Sewage Programs Submitted

Confirmation

YOUR APPLICATION IS NOT COMPLETE AND A PERMIT CANNOT BE ISSUED UNTIL THE APPLICATION AND OTHER REQUESTED DOCUMENTS ARE ATTACHED BELOW.

IF THERE IS NO CHECKLIST OR DOCUMENTS ATTACHMENT SECTION HERE YOU ARE NOT REQUIRED TO ATTACH A DOCUMENT.

Thank you for using our online services. Your **Sewage Programs** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **183555**. If we need any additional information; we will contact you.

The payment receipt has been sent to: EHSCUSTOMERSERVICE@HEALTH.NV.GOV

If you would like to print your payment receipt: [click here](#)

To view the application summary: [click here](#)

Checklist

If you have scanned copy of supporting documents, please click on the Documents link to upload.

| Item # | Credential Type | Item | View/Attach | Item Status |
|--------|--|--|-------------------------------|-------------|
| 1 | All | Additional supporting documents | Documents (0) | N/A |
| 2 | PRIMARY/SECONDARY TREATMENT UNIT PLAN REVIEW | Design plans (must be stamped by a Nevada-licensed PE) | Documents (0) | Pending |
| 3 | PRIMARY/SECONDARY TREATMENT UNIT PLAN REVIEW | Design Calculations | Documents (0) | Pending |
| 4 | PRIMARY/SECONDARY TREATMENT UNIT PLAN REVIEW | Performance Specifications | Documents (0) | Pending |

[Return to Home](#)

[Logout](#)

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

Returning to your account:

To return to your account to complete an application or manage your licenses, go to

<https://nvdph.athent.com/login.aspx>, enter your user name and password and then click the **Login** button:

USER LOGIN

Login Name

Password

Forgot Login/Password

Password is case sensitive.

Already Licensed?

NEW APPLICANTS APPLY HERE

To apply for a Common Business Application: [Click Here](#)

To apply for Temporary Food Permit: [Click Here](#)

To Search for an Environmental Health Facility License: [Click Here](#)

**ENVIRONMENTAL HEALTH SECTION
ONLINE PERMITS AND RENEWALS SYSTEM**

State of Nevada Division of Public and Behavioral Health EHS issues permits **ONLY** in these counties: CHURCHILL, ELKO, ESERALDA, EUREKA, HUMBOLT, LANDER, LINCOLN, MINERAL, NYE, PERSHING, STOREY, WHITE PINE COUNTIES AND INSTITUTIONS OF HIGHER LEARNING IN WASHOE COUNTY.

IF YOU ARE APPLYING FOR A PERMIT IN CARSON CITY, DOUGLAS COUNTY, WASHOE COUNTY OR CLARK COUNTY, PLEASE CALL THE MAIN OFFICE AT 775-687-7533 BEFORE APPLYING.

ANNUAL PERMITS

RETURN USERS: Type in your user name, password and then click on the LOGIN box.

LICENSED FACILITIES: Please log in the first time with your one time use "WEB ID" under "Already Licensed by NV DPBH: Register Here"

NEW USERS: Select "COMMON BUSINESS LICENSE APPLICATION" and follow the on-screen directions.

Select the **Common Business Application** on the left hand side to apply for the following annual license types:

- Food Establishment
- Food Establishment Exemption (NRS 446.870)
- Cottage Food Registration
- Institutions
 - County Jails
 - State Honor Camps
 - Public, Private and Charter

You will see a menu on the left side:

Contact Information

Name: CONSTRUCTION PERMIT
727 FAIRVIEW DR.
STE D
CARSON CITY NV 89701
Phone #: 775-687-7533
Email: EHSCUSTOMERSERVICE@HEALTH.NV

WHAT DO YOU WANT TO DO?

- View Pending Online Application(s)
- Renew
- Apply for New License
- Print Receipt
- Statement of Deficiency/OOC
- Pay Invoice(s)
- Remodel
- Change Contact Information
- View Credential(s)
- Change Password

Select what action you would like to take now that you're logged in. You may use:

- **View Pending Online Application:** to continue the application
- **Apply for a new license:** to apply for a new plan review under the same profile. Use this if you have multiple tank/unit sizes or designs needing approval.
- **Print Receipt:** to review receipts
- **Pay Invoice(s):** to pay invoices EHS has assessed
- **View Credential(s):** to view a list of all plan reviews submitted by this account
- **Change Password:** to change your password

Contact the Carson City 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 submitted application with an incomplete checklist, select “View Details”:

| Pending / Incomplete Online Application(s) | | | | | | |
|--|---------------|------------|-----------------|-------------------------------------|--------------------------------------|--------------------------|
| Application Type | Transaction # | Date | Current Step | Application Summary | View Details | Action |
| Sewage Programs | 175219 | 06/08/2017 | Review by State | Application Summary | View Details | Withdraw |
| Sewage Programs | 175237 | | | | Continue Application | Withdraw |

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

In the event that you are misbilled, EHS generate an invoice and request you pay it through the application system. For more information see the invoice guidance document on <http://dpbh.nv.gov/Reg/CLICS/dta/FAQ/CLICS-FAQs/>.