


STATE OF NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH COMMUNITY SERVICES ENVIRONMENTAL HEALTH SECTION www.dpbh.nv.gov APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM		Construction Permit #	
		CP Date Issued:	
		Occupancy Permit #	
		OP Date Issued:	

General Instructions: Please fill out the application in full. Incomplete applications may cause your application to be rejected or delayed. Two (2) percolation tests are required for each system. The permit will not be issued without a complete soil profile or percolation test data. Plan review fee is \$498.00. Fees are due upon submission. Please make your check payable to the Division of Public and Behavioral Health.

General Information					
Applicant Name		Phone			
Mailing Address		City		Zip	
Construction Location		City		Zip	
Acreage of lot		APN			
Number of Bedrooms		E-Mail			
Installer Information					
Installer Name		Phone			
Installer Address		City			
Water Source (Include copy of well driller's cert.)					
Check One: <input type="checkbox"/> Private Well [<input type="checkbox"/> New or <input type="checkbox"/> Existing] <input type="checkbox"/> Shared Well <input type="checkbox"/> Community Public Water System Name: _____					
Name of Driller		Well Diameter			
Phone of Driller		Well Depth			
Address of Driller		Casing Depth			
Individual Sewage Disposal System					
Septic Tank					
Date of Install (Approximate)		Number of Bedrooms			
Size of Tank		Manufacturer			
Distance Well to Tank		Distance to Property Line			
Distance to Surrounding Wells		Distance from Foundation to Tank			
Leach Field					
Check One: <input type="checkbox"/> Standard System <input type="checkbox"/> Chambered System <input type="checkbox"/> Engineered System Type: _____					
Number of Lines		Length of each Line			
Number of Chambers		Width	Length	Model No.	
Chamber Manufacturer					
Distance: Residence Well to Leach Field		Distance: Surrounding Wells to Leach Field		Distance: Property Line to Leach field	
Trench Detail					
Distance Between Lines		Trench Width			
Trench Depth		Depth of Rock (Under Pipe)			
Leach Rock Size		Amount of Rock Ordered			
Cover Material					
<input type="checkbox"/> Untreated Building Paper	<input type="checkbox"/> Straw	<input type="checkbox"/> Geotextile	<input type="checkbox"/> Other: _____		

Signature of Applicant		Print Name		Date	
FOR OFFICIAL USE ONLY					
Plan Review Fee:		Date Paid:		Check No.	Receipt No.
Plan(s) Received:		Plan Review No.		Other Fee:	Other Fee:
Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal)					
Signature				Date	