

 <p>CENTRAL NEVADA HEALTH DISTRICT EST. 2022</p>	<p>CENTRAL NEVADA HEALTH DISTRICT ENVIRONMENTAL HEALTH SERVICES</p> <p><a href="https://www.centralnevadahd.org/HealthPermit@CentralNevadaHD.org">https://www.centralnevadahd.org/HealthPermit@CentralNevadaHD.org</a> (775) 867-8181</p> <p><b>APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM</b></p>	<p><b>Construction Permit #</b> _____</p>
	<p><b>CP Date Issued:</b> _____</p>	
	<p><b>Occupancy Permit #</b> _____</p>	
	<p><b>OP Date Issued:</b> _____</p>	

**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 Central Nevada Health District.**

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.)									
<b>Check One:</b> <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									
<b>Check One:</b> <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.	
Plan(s) Received:		Plan Review No.		Other Fee:	
Receipt No.					
Other Fee:					
Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application Prior to Submittal)					
Signature .....				Date	