



CENTRAL NEVADA HEALTH DISTRICT
ENVIRONMENTAL HEALTH SERVICES

<https://www.centralnevadahd.org/>

HealthPermit@CentralNevadaHD.org

(775) 867-8181

INFORMATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Please reference Nevada Administrative Code 444.7962-444.7972 for complete instructions

Project		
Test Specifications		
Technician		Date:

Test Pit # _____

Depth in Feet	Description of Soil

Test Pit Information Required	
Depth to Water?	
Seasonal High Groundwater?	
Was Bedrock Encountered?	
If so depth to bedrock was (Ft/In)?	
Total Depth of Test Pit (Ft/In)?	

NOTE: Except as otherwise provided by a specific statute or regulation, a minimum of two test pits must be excavated and the date of those tests must be logged. The soil profile from the test pits and the percolation results must be included as part of the plans submitted for review. A soil profile to a depth that is at least 5 feet below the bottom of the absorption trench must be provided in the appropriate space in the log for the profile of the soil.

I certify that I am the legal owner of the property or an authorized representative of the property owner and that the information on this application is true and correct.

Signature of Representative	Print Name	Date