



CENTRAL NEVADA HEALTH DISTRICT  
ENVIRONMENTAL HEALTH SERVICES

<https://www.centralnevadahd.org/>  
[HealthPermit@CentralNevadaHD.org](mailto:HealthPermit@CentralNevadaHD.org)

(775) 867-8181

**APPLICATION FOR SEPTIC TANK LOAN CERTIFICATION**

Date of Request	
Requested By	
Real Estate or Loan Office Name	
House Condition (Occupied or Vacant)	

Owners Name	
Owners Phone	
Owners Address	

Property Address	
County of Property	
Assessor's Parcel Number	
Location Description (Please provide directions to the house location if it is rural or not on a marked street)	
Property Description (Provide a description of the house especially if it does not have address numbers on it)	
When was the last time the system was pumped?	
Installation Date (If known)	
Installer's Name (If known)	
Tank Size	_____ (gal)   No. of Leach lines & length   _____
A copy of the occupancy permit has been attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Describe or draw approximate location of where individual sewage disposal system is located on the lot.**

**NOTE: If there are unsociable pets on the property that prevent the inspector from entering the yard of the house or otherwise impede the inspection, no inspection will be performed. If the pets are not receptive to a stranger in their yard, please have your client lock them up until after the inspection is completed.**

Signature of Applicant	Print Name	Date