Nevada State Health Division
Residential Application
For Permit To Construct
Individual Sewage Disposal System (ISDS)

FOR OFFICE USE ONLY
PERMIT#_____-ss-00_____
DATE ISSUED_____
EXPIRATION DATE _____

APPLICANT_____TELEPHONE_____

MAILING ADDRESS_____

CITY_____STATE _____ZIP_____

PROPERTY LOCATION_____ASSESSOR'S PARCEL#_____

SUBDIVISION_____UNIT_____BLOCK#_____LOT#_____

LOT SIZE _____X_____=_____SQ. FEET NUMBER OF BEDROOMS IN DWELLING___

ISDS CONTRACTOR _____ADDRESS_____

_____

WATER SUPPLY: PUBLIC_____NAME OF SYSTEM_____

PRIVATE WELL_____DIAMETER _____DEPTH_____CASING DEPTH_____SEAL_____

OTHER_____

DISTANCE TO COMMUNITY SEWER (IF APPLICABLE)_____

DISTANCE TO SURFACE WATER COURSES (IF LESS THAN 500 FEET)_____

_____

SEPTIC TANK SIZE_____GALLONS MANUFACTURER_____

DISTANCE FROM WELL_____DISTANCE FROM DWELLING_____

DISTANCE FROM NEIGHBORS WELLS (N)_____(S)_____(E)_____(W)_____

_____

LEACH FIELD/INFILTRATOR: TOTAL EFFECTIVE SQ. FT. OF LEACH FIELD_____

NUMBER OF LINES_____LENGTH OF EACH LINE_____DISTANCE BETWEEN LINES_____

AMOUNT OF ROCK UNDER LEACH PIPE_____AMOUNT OF ROCK OVER PIPE_____

TRENCH WIDTH_____ TOTAL DEPTH OF TRENCH_____

DISTANCE FROM: WELL_____DWELLING_____PUBLIC WATER MAIN_____

DISTANCE FROM NEIGHBORS WELLS (N)_____, (S)_____, (E)_____, (W)_____

COVER MATERIAL: UNTREATED BUILDING PAPER_____ STRAW_____ OTHER_____

SIGNATURE OF APPLICANT: _____

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Fees: Permit / plan review / initial inspection $100 + Mileage Re-inspection $50 + Mileage each visit
Special Inspection Re-Certify Septic $100 + Mileage

Paid by: check#_____ Cash___ Receipt # _____ Approved Disapproved
Re-inspection: Paid by check#_____ Cash_____ Approved Disapproved
Re-inspection: Paid by check#_____ Cash_____ Approved Disapproved
Occupancy Permit Issued _____ _____
Signature of Inspector