



Nevada Division of Environmental Protection
Bureau of Water Pollution Control
Underground Injection Control Program
 901 South Stewart Street, Suite 4001
 Carson City, Nevada 89701-5249
 Ph: 775-687-9418



Biennial Large-Capacity Septic System Evaluation Report
 For all Systems covered by General Permit GU9201 or GNEVOSDS09

Form Due by June 30, 2009

Permit Number: _____

This form is being sent to collect information that will help 1) you report required information on your system(s) and 2) maintain your septic system(s) to prevent system failure. **Failure to check your system on a regular basis will lead to system failure, public health hazards, enforcement action, and very costly repairs.** Your system may require checking more frequently than once every two (2) years. The Underground Injection Control Program assumed regulatory responsibility for large-capacity septic systems (LCSS) program in 2002.

Facility Name _____ Contact Person _____

Address _____

City/Zip Code _____ Facility Phone _____

Number Tanks _____; Size of each Tank: _____ Total Volume: _____ gal.

Does the system have a grease trap/interceptor? **Yes No** Does the system have a sand oil separator? **Yes No**

Year system installed: _____ System designed by: _____

Type and number facilities, persons or units served: _____
 (i.e. mobile home park – number of sites; school – number of students & staff)

Please complete a separate form for each septic tank/system for the information below.

Level of	Date measured	By whom	Depth(s)	Method(s) used	Tank must be pumped if: Total of scum and sludge depths are equal to or greater than 50% of the liquid depth Scum _____ + Sludge _____ = _____ $(S_{Total} / L_{Total}) \times 100 = \text{_____} \%$
Scum:					
Sludge:					
Total Liquid:					

Leach/Drain field conditions (circle one each): Winter: Dry Damp Wet Summer: Dry Damp Wet
 (If field is Damp, field may be failing. If field is Wet, you must contact an engineer to evaluate system, and our office immediately)

Date septic tank last pumped: _____ Volume of septage pumped: _____ Name of pumping company: _____

Dates and types of maintenance performed on any components of system (grease traps and sand oil separators require routine maintenance, and should be pumped as necessary, but pumping must occur every six (6) months) :

Are Monitoring Wells present at location? Yes No
 If yes, number present _____ If Yes, attach copy of laboratory analysis.

Are piezometers present within the drain field area? Yes No
 If yes, number present: _____ Readings and dates of reading: _____

PLEASE NOTE: ATTACH THE ON-SITE MAINTENANCE LOG WHEN RETURNING THIS FORM

Please print your name, sign and date below:

Print Name _____	Signature _____	Date _____
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