



Nevada Division of Environmental Protection

Bureau of Water Pollution Control

Onsite Sewage Disposal System (OSDS) Application

General Permit No. GNEVOSDS09

Note: Please consult with local or state agency to confirm the proposed method of sewage disposal at your location is acceptable; some restrictions may apply. Please refer to NRS 445A & NAC 445A.

APPLICANT: (Agency/Person responsible for the OSDS System)

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

SITE LOCATION(S): If more than one, please attach a legal description of each site.

Project Name _____

Project Address: _____

City: _____ County: _____ State _____ Zip: _____

Latitude: _____ / _____ / _____ Longitude: _____ / _____ / _____
Deg. Min. Sec. Deg. Min. Sec.

Township _____ Range _____ Section _____

ENGINEERING FIRM INFORMATION

Name: _____ Phone: _____ Fax _____

Contact Person: _____ email : _____

Address: _____

City: _____ State: _____ Zip: _____

THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THE APPLICATION:

GENERAL SITE INFORMATION:

_____ Business Description (church, school etc.): _____

_____ Assessor's Parcel Number (APN): _____

_____ Property Area (in acres): _____

_____ Distance to Public Sewer (if any): _____

_____ Water Supply (city or well): _____ Well: Depth: _____ (ft) Seal (if any) _____ (ft)

_____ Is proposed location within 100 year or 50 year flood zone?: _____

OSDS INFORMATION:

_____ Number of proposed OSDS Tanks: _____

_____ Size of Proposed OSDS System(s): _____ (gallons)

_____ Tank Model(s): _____ Distribution Box Model(s): _____

_____ Is this a denitrifying, mechanical or aerobic OSDS System _____

_____ Existing OSDS Systems (if any): Total Tanks _____ Total Volume: _____ (gallons)

_____ NDEP Permit (if any) : _____

_____ Total volume of OSDS systems in this property : _____ (gallons)

SITE PLAN:

_____ Site plan drawn to scale – 2 sets needed

_____ Setbacks shown and in accordance with NAC 445A

_____ Location of test pits within proposed absorption area

_____ Please verify that OSDS system will only treat Domestic sewage.

OSDS CALCULATIONS:

_____ Calculations Submitted

_____ OSDS Size based on Occupational Flow: _____

_____ OSDS Size based on Fixture Unit Count: _____

_____ Percolation rate/absorption rate: _____(min/in) – Design rate/absorption rate: _____(min/in)

_____ Depth to Seasonal High Groundwater: _____(ft)

_____ Type of absorption system (trenches, chambers mound etc): _____

_____ Total OSDS Absorption area: _____(ft²)

_____ Total Absorption trench length: _____(ft)

_____ Number and length of trenches: _____ Trench Separation _____

_____ Dosing Tank information – (if required): _____

CERTIFICATION:

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a holding tank designed to assure that it complies with Nevada Division of Environmental Protection regulations. I also confirm that records will be maintained at the project site from the start of activities, and that the site will be compliant. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines for knowing violations.”

Printed Name of Applicant (Owner/Operator): _____

Signature: _____ Date: _____

A copy of the permit will be mailed to you along with your discharge authorization.

Send completed form to:

**OSDS Program Coordinator
Nevada Division of Environmental Protection
Bureau of Water Pollution Control
901 S. Stewart Street, Suite 4001
Carson City, Nevada 89701-5249**