Onsite Sewage Disposal System Application

General Permit No. GNEVOSDS09

Note: Please consult with local or state agency to confirm whether the proposed method of sewage disposal at your location is acceptable; some restrictions may apply. The OSDS must be designed and submitted as per **NAC 445A.950** through **NAC 445A.9706**. All documents must be signed and stamped by a Nevada licensed engineer in accordance with NAC 445A.9608.

Important: Each item listed below must be a separate document submitted in the following order and properly labeled. A fee must also be submitted along with documentation for an application to be complete. Please refer to the NDEP website for the associated application fees.

Checklist of application requirements:

- ☐ **Completed Onsite Sewage Disposal System Application form**
- ☐ **Engineering Report**

  Must include the following

  1. Occupational flow analysis and septic tank capacity pursuant to NAC 445A.9656.
     a. If using drainage fixture units, cite the Uniform Plumbing Code and provide list of fixtures and type.
  2. The required absorption area with calculations and design plans pursuant to NAC 445A.9674.
  3. If required per NAC 445A.9664, dosing tank sizing calculations.

- ☐ **Percolation rates**

  Must be on a separate document which includes data from a minimum of two test pits and the depth to groundwater pursuant to NAC 445A.961. A minimum separation of four feet between the bottom of the absorption area and the seasonal high groundwater table is required per NAC 445A.9676(3).

- ☐ **Site plan (11” × 17”)**

  Must include the following pursuant to NAC 445A.9612:

  1. Two plan sets drawn to scale.

2. Title and date of the plot plan.
3. Setbacks shown and in accordance with NAC 445A.965.
4. A map of the area where the proposed OSDS will be located including any roads, streets, structures, paved areas, driveways, trees, patios, and the dimensions of the lot.
5. The location and depth of each proposed or existing well within 150 feet of the proposed OSDS.
6. The location of any water supply lines, sewer lines, or any other underground utilities.
7. The location of the test pits within the proposed absorption area.
8. All OSDS components shown with applicable dimensions and trench detail.
9. The location and dimensions of the proposed backup effluent absorption area.

A copy of the permit will be mailed to you along with your discharge authorization.
Send completed form with attachments to:

OSDS Program Coordinator
Nevada Division of Environmental Protection
Bureau of Water Pollution Control
901 S. Stewart St., Ste. 4001
Carson City, Nevada 89701

Applicant: (Agency/Person responsible for the OSDO system)

Name

Telephone Email

Address

City State Zip code

Site location: (If more than one, please attach a legal description of each site)

Project name

Project address

City State County Zip code

Latitude (decimal degrees) Longitude (decimal degrees)

Township Range Section

Engineering firm information:

Name Telephone

Contact person Email

Address

City State Zip code

General site information:

Business description (church, school, etc.)

Assessor's Parcel Number (APN)

Property area (acres)

Distance to public sewer, if any (ft)

Water supply Choose one Well: Depth (ft) Seal, if any (ft)

Depth to seasonal high groundwater

Is the proposed location with 100 year or 50-year flood zone? Choose one

OSDS information:

Is this a major modification to an existing system? Choose one

If yes, list existing NDEP permit number (if any)

For existing systems, was the OSDS constructed prior to 2008? Choose one

Number of proposed OSDS septic tanks

Size of proposed OSDS system (gallons)

Tank model Distribution box model

Is this a denitrifying, mechanical, or aerobic OSDS system?

Type of absorption system (trenches, chambers, mounds, etc.)

Total OSDS absorption area (ft^2)

Total absorption trench area (ft)

Number and length of trenches

Depth to the bottom of the trench or absorption bed (ft)

List any other OSDS systems in the property including capacity (gallons)

Certification

"I confirm that records will be maintained at the project site from the start of activities, and that the site will be compliant. Discharge of the OSDS will be domestic waste only. I am familiar with the information submitted and to the best of my knowledge and belief, it is true, accurate, and compete, and that I have the authority to sign and execute the application."

Printed name of applicant (owner/operator)

Signature Date