Onsite Sewage Disposal System (OSDS) Application

Nevada Division of Environmental Protection
Bureau of Water Pollution Control

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

Printed Name of Applicant (Owner/Operator): __________________________

Signature: __________________________ Date: __________________________