



Pershing County Planning and Building Department

398 Main Street
P.O. Box 1656
Lovelock, NV 89419
Phone: (775) 273-2700
Fax: (775) 273-3617
Email: planbld@pershingcounty.net
Website: www.pershingcounty.net

Septic System Permit Application

For Office Use Only

Application received by _____ Permit No. _____

Application must be filled in completely, incomplete applications will not be accepted.

Application Date _____

Project Location

Project Address _____

Assessor's Parcel No. _____ Location in County _____

Manufactured Home Park _____ Space No. _____

Applicant

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Property Owner

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Project Information

Provide a detailed description of the project _____

Lot Size (acres or sq. ft.) _____

Use of system:

Construction will be done by:

Dimensions of Lot _____

Residential

Applicant/Property owner

Commercial / Industrial

Contractor

Number of bedrooms in dwelling _____ Number of people the septic system will serve _____

Distance from site to nearest waterway _____

Distance from site to nearest public sewer system _____

Name and phase of subdivision that property is located in (if applicable) _____

Are you required to install a denitrification septic system? Yes No

If yes, provide information for the maintenance contractor below and attach a copy of your maintenance agreement to this application.

Denitrification septic system maintenance contractor

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Septic Tank

Manufacturer _____ Model _____

Size _____

Leach field

Distance from well(s) _____ Number of lines _____ Length of each line _____

Distance between lines (if applicable) _____ Trench width _____

Depth of trench before leach rock is added _____ Cover material:

Amount of leach rock to be added under leach pipe _____ Untreated building paperAmount of leach rock to be added over leach pipe _____ Straw**Septic System Contractor**

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

State License No. _____ County License No. _____

Provide information for all contractors involved with the project. Please attach second sheet with any additional contractors.

Water source of residence: Private well Public water system Name of system _____ Community well**Well Information** (if applicable)

Diameter _____ Depth _____ Casing depth _____

Type of pump: Jet Horsepower of pump motor _____ Submersible**Well Driller Information**

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Applicant Signature

I hereby state that the information provided in this application is correct and true to the best of my knowledge. I agree to comply with all applicable state laws and Pershing County ordinances and adopted codes.

X _____ Date _____

Two sets of construction plans and one copy of site plan are required to be submitted with each application.

Site Plan

A site plan is required to be submitted with each application. The site plan may be drawn on the following page. Nevada Administrative Code 444.784 requires the following items to be shown on the site plan:

- A. The title and date of the plan and the signature of the owner or representative.
- B. The direction of north clearly indicated.
- C. The scale to which the plan is drawn (i.e. 1 inch = 50 feet)
- D. The number of bedrooms in the single-family dwelling or, if the request for approval is for a commercial system, the calculations used by the engineer to determine the minimum capacity of the commercial system.
- E. The capacity of the septic tank.
- F. The dimensions of the lot.
- G. Each component of the individual sewage disposal system, which must be properly marked and located at specified distances.
- H. The depth, length, width and spacing of any absorption trenches.
- I. The maximum slope across the absorption system area.
- J. The location and depth of each proposed or actual well, including the depth of casing or surface grout seal.
- K. The distance of each well and soil absorption system to the property line.
- L. The location of the water supply lines, building sewer lines and other underground utilities.
- M. The location of the source of water to be used by the individual sewage disposal system, including wells, public water service connections or other approved sources.
- N. The location of each percolation test hole and boring test hole.
- O. The location of structures, paved areas, driveways, trees and patios.
- P. The location of the reserve absorption area, which must be of a size not less than the size of the primary absorption area.
- Q. The location and distance to any watercourses within 500 feet (i.e. ponds, rivers, streams). If there are no watercourses, the plot plan must so indicate.
- R. A map of the area in which the individual sewage disposal system will be located that shows the location of roads.
- S. The distance to any public sewer systems. If there are none, the site plan must so indicate.
- T. The location and distance to wells and sewage disposal systems on surrounding lots. If the lots are vacant, the plan must so indicate.

Additional Information

Soil characteristics, depth to water table and bedrock, percolation test results and design specifications must accompany the site plan.

Site Plan

Name	_____
Date	_____
Scale	_____

Percolation Testing

Two percolation tests are required for each absorption area. Follow the instructions attached to this application and enter the information in the tables below. The last reading is to be used to determine the percolation rate. Percolation rate is calculated by dividing the time interval by the water level drop.

Test hole no. _____ Date of Test _____ Percolation test performed by _____

Location _____

Depth of hole (inches) _____ Diameter of hole (inches) _____

Number of hours that soil was presoaked (if applicable) _____

Presoak start time _____ Presoak end time _____

Percolation Test Data

Time	Depth to water (inches)	Time Interval (minutes)	Water level drop (inches)	Percolation Rate: minutes per inch (min/inch)

Percolation Rate: _____ Minutes/Inch

Test hole no. _____ Date of Test _____ Percolation test performed by _____

Location _____

Depth of hole (inches) _____ Diameter of hole (inches) _____

Number of hours that soil was presoaked (if applicable) _____

Presoak start time _____ Presoak end time _____

Percolation Test Data

Time	Depth to water (inches)	Time Interval (minutes)	Water level drop (inches)	Percolation Rate: minutes per inch (min/inch)

Percolation Rate: _____ Minutes/Inch

