

Board of Public Works
Waste Water Service Manual Rules

Private Septic System Application Permit

Application Form Must be completed for Any New or Replacement System

Date: _____ Form Completed by: _____

Owner Name: _____

Street Address: _____ Type of System: New Replacement

Installer Name: _____ DEQ License #: _____

Company Name: _____

Company Address: _____

City, State: _____

Nearest location of City Sewer: _____

Total Size of Property: _____

Area Available for Drain Field: _____

Drawing of Property shall include all buildings, structures and dimension:

Applicant shall complete and submit a copy of the DEQ Form B "Application for Construction / Operating Permit for a Septic Tank" shall accompany this application

_____ Approved _____ Denied Comments: _____

City Official: _____

Date: _____



Form B

FOR NDEQ USE ONLY
 PERMIT NUMBER: _____
 APPROVED BY: _____
 DATE APPROVED: _____

Ver. Aug. 2007

Application for Construction/Operating Permit For An Onsite Wastewater Treatment System
 (PLEASE PRINT OR TYPE)

A. Owner Information:
 Owner: _____
 Name _____ Street, P.O. Box, or Route _____ City _____
 Owner: _____
 Signature _____ State _____ Zip _____ Phone (Home) _____ (Work) _____

B. Engineer Information:
 Designer: _____
 Name _____ Firm _____ Phone (Work) _____

C. System Location:
 Legal Description of Lot: _____
 Section Township Range 1/4 1/4 Subdivision Block Lot#
 County: _____ Have you checked on the need for a Local Permit? Yes No
 Check here if system mailing address is not the same as the owners and complete mailing information
 System mailing Address: _____
 Street, P.O. Box, or Route _____ City _____ State _____ Zip _____

D. This System Will Serve A:

<input type="checkbox"/> Dwelling Number of Bedrooms: _____ Is There a Whirlpool Bathtub: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Establishment (Name) _____ Design Flow in Gallons per day: _____ Type of Wastewater: <input type="checkbox"/> Domestic <input type="checkbox"/> Non-Domestic
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E. Septic Tanks:
 Number of Tanks in Series: _____ Tank Size (gallons) _____
 1st 2nd 3rd 4th 5th

F. Absorption system:
 Percolation Rate: _____ (min. per inch) Soil Type: _____ Land Slope: _____ %
 Type of Absorption System: Trench Bed Other _____
 Total Square Feet of Field Required: _____ (ft. sq.) Square Feet Proposed: _____ (ft. sq.)
 Type of Lateral: Half-Moon Perforated Pipe Gravel Other Lateral Material: _____

G. Setbacks: Check the Boxes Below If the Required Setback Has Been Satisfied: Ch. 5, Title 124

Distance From	Private Well	Public Well 500 1000	Surface Water	Ground Water	Pressure Water lines	Property Lines	Foundations	CLASS I
Tank (ft)	50 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	50 <input type="checkbox"/>	NA <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	Yours <input type="checkbox"/>	CLASS II <input type="checkbox"/>
Field (ft)	100 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	50 <input type="checkbox"/>	4 <input type="checkbox"/>	25 <input type="checkbox"/>	5 <input type="checkbox"/>	Neighbors <input type="checkbox"/>	CLASS III <input type="checkbox"/>

COMPLETE SECTIONS H & I

H.

Complete Adjacent Lot Worksheet for All Wells and Water Lines Within The Reporting Distance in Chapter 5 of Title 124.

NORTHWEST DISTANCE IN FEET FROM: TANK FIELD WELL: _____ WATER LINES: _____	NORTH DISTANCE IN FEET FROM: TANK FIELD WELL: _____ WATER LINES: _____	NORTHEAST DISTANCE IN FEET FROM: TANK FIELD WELL: _____ WATER LINES: _____
WEST DISTANCE IN FEET FROM: TANK FIELD WELL: _____ WATER LINES: _____	↙ ↑ ↘ PROPOSED SEPTIC SYSTEM INSTALLATION ↙ ↓ ↘	EAST DISTANCE IN FEET FROM: TANK FIELD WELL: _____ WATER LINES: _____
SOUTHWEST DISTANCE IN FEET FROM: TANK FIELD WELL: _____ WATER LINES: _____	SOUTH DISTANCE IN FEET FROM: TANK FIELD WELL: _____ WATER LINES: _____	SOUTHEAST DISTANCE IN FEET FROM: TANK FIELD WELL: _____ WATER LINES: _____

Submit:

- * Completed Form B application
- * Application Fee (see Fee Schedule)
- * Directions to the location with site map
- * Dimensioned plot plan and lot survey
- * Completed percolation test data
- * Log from soil boring or excavation noting soil type and seasonal high water table if present
- * Dimensioned drawing showing profile view of septic system and slope of terrain
- * For other than septic systems include appropriate system design information
- * Show applicant's name, address and phone number on each submitted page

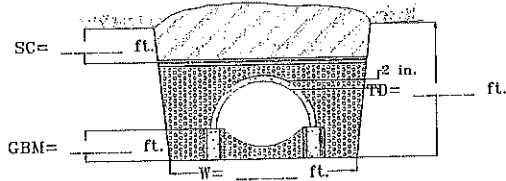
Other information may be required by the Department as needed to allow adequate review of the proposed system.

- * **Send or Deliver Documents to:**
 Department of Environmental Quality
 On-site Wastewater Unit
 1200 N Street, Suite 400
 P.O. Box 98922
 Lincoln, Nebraska 68509-8922

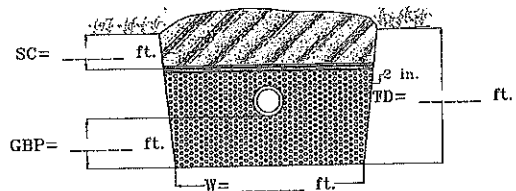
I.

CHECK THE BOX FOR THE APPROPRIATE ABSORPTION FIELD AND COMPLETE THE BLANKS

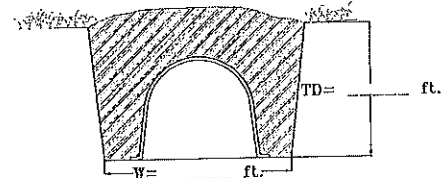
HALF-MOON IN GRAVEL



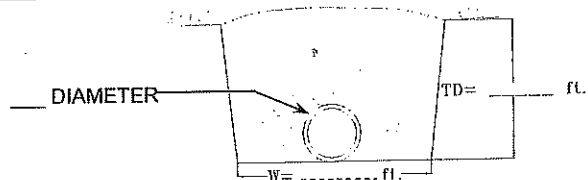
PIPE IN GRAVEL



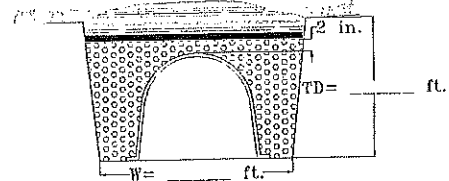
GRAVELLESS CHAMBER IN SOIL



GRAVELLESS PIPE IN SOIL



GRAVELLESS CHAMBER IN GRAVEL



OTHER: Include Drawing

KEY

SC= SOIL COVER, TD= TRENCH DEPTH,
 W= WIDTH, GBM= GRAVEL BELOW HALF MOON,
 GBP = GRAVEL BELOW PIPE