

**Lander County
Building & Planning
Department**



ISDS APPLICATION

FEE: \$250.00

PERMIT NO. _____

DATE ISSUED _____

RECEIPT # _____

CHECK # _____

LANDER COUNTY BUILDING DEPARTMENT REQUIRES NEVADA LICENSED CONTRACTORS PERFORM INSTALLATION OR REPAIR OF ALL ISDS SYSTEMS

Name _____ Telephone # _____

Mailing Address _____

Construction Address _____

Subdivision: _____ Tract/Unit _____ Block _____ Lot _____

Lot Size: _____ (acres) APN: _____ No. Bedrooms _____

WATER SUPPLY: Public (Name) _____ OR
Private _____ (provide copy of Well Drillers Report)

SEPTIC TANK: Manufacturer _____ Size (gallons) _____

Distance from Well: _____ Distance to Neighboring Wells: _____

Distance from Dwelling: _____ Distance to Property Line _____

LEACH FIELD: Percolation Test Results _____ minutes/inch.

Type of System: Leach Rock _____ Chamber _____ Type of Chamber _____

No. of Lines _____ Length of Line(s) _____ (rock) OR No. of Sections (if Chambers) _____

Distance between Lines _____ Distance to Property Line(s) _____

Trench Depth _____ Trench Width _____ Depth of Rock _____

Cover Material _____ Distance to Well _____ Distance to Neighboring Wells _____

Distance to Other Water Sources _____ Depth to Ground Water _____

Slope of Ground in Leach Field Area _____

CONTRACTOR: Name _____

Address _____

Nevada Contractor No. _____ LC Business License No. _____

SIGNATURE _____ **DATE** _____

PERK TEST #1

I.S.D.S. Application – Continued

Percolation Test Data

Date of Test:	Test Number:
Percolation Test Conducted By:	

Location: _____

Depth to bottom of hole: _____ **inches.** **Diameter of hole:** _____ **inches.**

Depth, inches	Soil texture

Time	Time Interval, minutes	Measurement, inches	Drop in water level, inches	Percolation rate, minutes per inch	Remarks

Percolation rate = _____ **minutes per inch**

(Divide time interval in minutes by the drop in inches.)

NOTE: TWO PERCOLATION TESTS ARE REQUIRED FOR EACH ABSORPTION AREA. THE LAST READING IS TO BE USED TO DETERMINE THE PERCOLATION RATE.

PERK TEST #2

I.S.D.S. Application – Continued

Percolation Test Data

Date of Test:	Test Number:
Percolation Test Conducted By:	

Location: _____

Depth to bottom of hole: _____ **inches.** **Diameter of hole:** _____ **inches.**

Depth, inches	Soil texture

Time	Time Interval, minutes	Measurement, inches	Drop in water level, inches	Percolation rate, minutes per inch	Remarks

Percolation rate = _____ **minutes per inch**

(Divide time interval in minutes by the drop in inches.)

NOTE: TWO PERCOLATION TESTS ARE REQUIRED FOR EACH ABSORPTION AREA. THE LAST READING IS TO BE USED TO DETERMINE THE PERCOLATION RATE.

PLOT PLAN

DATE:

APPLICANT:

ADDRESS:

PHONE:

INDICATE THE FOLLOWING INFORMATION, (IF ALL INFORMATION LISTED BELOW IS NOT INCLUDED, APPROVAL OF PERMITS WILL BE DENIED)

LOCATION OF RESIDENCE; LOCATION AND NAME OF STREET OR ROAD; SEWER OR SEPTIC; CITY WATER OR WELL; PROPANE TANK; POWER SUPPLY PANEL. **(DIMENSIONS, SETBACKS & DISTANCES REQUIRED)**