



APPLICATION FOR PERMIT FOR PRIVATE SEWAGE DISPOSAL SYSTEM

Sanitary Engineering Section
Midtown Campus, 1111 So. 41st St., Ste 130, Omaha, NE 68105

Part A - Completed By Applicant

Please Print or Type. Enclose \$281.00 County [] or City and three (3) mile limit []

Property Address _____ City _____

Homeowner _____ Telephone _____

Sewage Disposal Installer _____ State Certified Yes _____ No _____

Address _____ Zip Code _____ Telephone _____

Name of Applicant (if other than builder) _____

Address _____ Zip Code _____ Telephone _____

Name of Builder _____ Telephone _____

System to serve: Home () , Other (specify) _____

Number of Bedrooms _____ Number of Persons _____ Basement () Yes () No

Number of fixtures: Toilets _____, Showers _____, Tubs _____, Whirlpool _____, Dishwasher _____

Floor drains _____, Garbage grinder _____, Automatic Washing Machine _____, Lavatories & Sinks _____

Size of Lot: Length _____ Width _____ Area _____ sq. ft.

Basement fixtures drain directly to: Septic tank () Sump() Distance to nearest public sewer _____

Plumbing depth below finished grade _____ ft. Water supply: Public system (), Private well (),

If private well, distance to septic tank _____ ft. disposal field _____ ft.

* Floor drains in garage Yes _____ No _____ If Yes, floor drain must drain to holding tank.

Part B - To be completed by Sanitary Engineering Section of Douglas County Health Department

SEPTIC TANK

Distance from: Foundation _____ ft., Nearest lot line _____ ft. Depth below finished grade _____ ft.

Material _____, Thickness of walls _____ inches. Trade name if prefabricated _____

Liquid capacity _____ gallons Outside length _____ ft. Outside width _____ ft.

Liquid depth _____ ft. Type of Inlet _____ Outlet _____ Air Space _____ inches.

Depth of filter material beneath tile _____ inches, over tile _____ inches.

If seepage bed used; length _____ ft. Width _____ ft.

The approval by Douglas County of this application for a permit to install a private sewage disposal system does not constitute a guarantee or warranty by Douglas County of performance or longevity of the system.

❖ Percolation test results are required before a permit can be issued.

Percolation test results: _____

Distance from surface to ground water _____

FOR THE USE OF THE HEALTH DEPARTMENT OFFICIAL REVIEWING APPLICATION ONLY

Application Approved: Date _____ 20_____ Signed _____

Permit Number _____ Receipt _____ Title _____