**SEPTIC PERMIT APPLICATION**

Jurisdiction of Washington County, Nebraska

Washington County Planning Department

1555 Colfax Street, Blair, NE 68008

Ph: (402) 426-6872 Fax: (402) 426-6843

planning@washingtoncountyne.gov

*You may print the permit application and copy as needed for use with Washington County Planning Department only (Note: the City of Blair, Fort Calhoun, Kennard and Herman have their own offices and policies)*

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| --- | --- | --- | --- | --- |
| JOB ADDRESS (If no address then use tax lot # and street name or parcel #) | | | | |
| TAX LOT or PARCEL # | | SUBDIVISION NAME (if applicable) | | |
| OWNER ADDRESS PHONE EMAIL | | | | |
| CONTRACTOR ADDRESS PHONE | | | | |
| DESCRIBE WORK: | | | | |
| COMMENTS: \*\*Provide a map showing the location of the septic system and geo thermal loops, if applicable.  A map of the septic system location is required upon installation of system. | Quantity TYPE OF EQUIPMENT | | | |
|  | | SEPTIC TANK AND LATERALS | |
|  | | SEPTIC HOLDING TANK (NO LATERALS) | |
|  | | SEPTIC HOOK-UP ONLY | |
|  | | RV Dump Sanitary Sewer w/water hookup | |
| **NOTICE**  I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws, ordinances, resolutions, regulations and codes governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Contractor or Authorized Agent  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  *NOTE:*  *Inspections require minimum 24-hour notice to get on calendar at next available date and time.*  *General Contractor must assure that all the required inspections are obtained.*  *Must Comply with all Federal Flood Plain regulations as addressed in 44CFR.*  *All Construction to comply with 2018 IRC, IBC, IMC, IPC and 2017 NEC.* |  | | LIFT PUMP STATION | |
|  | | DUMP PORT | |
|  | | LIFT TANK | |
|  | | OTHER | |
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|  | |  | |
|  | | **\*\*REPAIR OR REPLACEMENT SYSTEMS ONLY\*\*** | |
| XXXX | | Average Perc Rate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | BEDROOMS/MISC. ROOMS WITH CLOSETS | |
|  | | OVERSIZED TUB | |
|  | | KITCHEN SINK DISPOSAL | |
|  | | GARAGE FLOOR DRAIN | |
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| + PERMIT ISSUANCE FEE | | |  |

09/2020