



NEBRASKA
 DHHS DIVISION OF PUBLIC HEALTH
 Environmental Health Programs-3rd Floor
 PO Box 95026, Lincoln, NE 68509-5026
 402-471-0546/FAX 402-471-7972

Please Type or Print Clearly

APPLICATION FOR EVALUATION OF INDIVIDUAL WATER SUPPLY AND SEWAGE

Type of Loan: <input type="checkbox"/> CONV <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Other	
Buyer's Home Phone:	Buyer's Work Phone:

Buyer's Name:	Last:	First:	Middle/MI:
Buyer's Current Address:	Street/PO/Route:		County:
	City:	State:	ZIP:
Address of Property to be Inspected:	Street/PO/Route:		County:
	City:	State:	ZIP:

Legal Description:	
Directions to Property:	
Is House Presently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, How long has house been vacant?
Results of Evaluation should be sent to:	
Name, Address and Telephone and Fax Numbers of Lending Institution Officer and Lending Institution:	
Name and Telephone Number of Contact Person to Arrange Appointment for Inspection:	
Seller's Name:	

DIRECTIONS: Information must be provided as complete as possible before an on-site evaluation will be conducted. **If some information is unknown, indicate this; if not applicable, indicate NA. All blanks must be filled in.** If you have any questions concerning completion of this form, please call 402/471-0546 for assistance.

PART A: WATER SUPPLY

<input type="checkbox"/> Private <input type="checkbox"/> Public, Public Water System ID # (If public, skip Part A and go to Part B)	
Year Well Constructed:	
Well Site: Distance of Well From:	
Closest frost proof hydrant: feet	Seepage pit: feet
Basement or house foundation: feet	Cesspool: feet
Sewer line: feet	Barnyard: feet
Septic tank: feet	Lagoon: feet
Drain field: feet	

Department of Natural Resources well registration number G-_____ (Provide well registration number and/or well registration form if well was installed after 1993. To locate well registration number, go to www.dnr.state.ne.us.)

If property is being sold, please contact the Nebraska Department of Natural Resources at 402/471-2363 or www.dnr.state.ne.us for a change of ownership form.

Well Construction		
Type of Well: <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Bored <input type="checkbox"/> Drilled		
Well casing diameter: _____ inches	Total Well Depth: _____ feet	Static Water Level: _____ feet
Type of Casing: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Other		
Exterior space around casing sealed with: <input type="checkbox"/> Cement <input type="checkbox"/> Puddled Clay <input type="checkbox"/> Bentonite <input type="checkbox"/> Gravel <input type="checkbox"/> Ordinary Backfill		
Is well in a well pit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is well equipped with a sanitary well seal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is well equipped with a pitless adaptor or pitless unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does well have a recent history of repair or insufficient supply? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List water quality sample results, if any, from previous years.		
Bacteria: _____ Date: _____	Nitrate: _____ Date: _____	Other: _____ Date: _____

PART B: WASTEWATER TREATMENT SYSTEM/LATERALS OR LAGOON INFORMATION	
Year Constructed: _____	Installer's Name: _____
Registration/Permit Number: _____	
Are septic systems customary in the neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No	
All household wastewater and waste is routed through the septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain: _____	
Is there any surface discharge or surface seepage of household wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any drinking water supply wells within 100 feet of the septic tank/lagoon or drain field? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary treatment consist of: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Cesspool <input type="checkbox"/> Lagoon <input type="checkbox"/> Other	

Septic Tank Information		
Distance of septic tank/lagoon from:		
<input type="checkbox"/> Building Foundation _____ feet	<input type="checkbox"/> Ground Water Table _____ feet	<input type="checkbox"/> Well _____ feet
Construction material of septic tank/lagoon:		
<input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other, Explain: _____		
Total liquid capacity _____ gallons. *Mandatory information – please complete. (Effective October 1, 1999, the applicant must submit documentation verifying the capacity of the septic tank in <u>all cases</u> , i.e., work order, bill of sale or a statement from a licensed septic tank pumper/contractor.)		
Has the septic tank/lagoon been maintained by pumping and cleaning periodically? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of last clean out/maintenance: _____ Name of licensed septic tank pumper: _____		

(Those tanks not pumped within the last 3 years or which have an unknown capacity in gallons are required to be pumped by a licensed septic tank contractor.)

Onsite wastewater lagoon: cubic feet

Installer's Name:

Secondary Treatment Information

Year System Constructed: *Mandatory information – please complete

Drain field consists of:

Graveless

Sock diameter inches

Chamber dimensions inches

Perforated pipe diameter inches

Half round or half moon

Mound

Leach pit

Other, Explain

Is there a distribution box? Yes No

Total length of disposal field lines: feet

Number of lines:

Length of each line: feet

Trench width: feet

Trench depth: feet

Material used in trench: Gravel Other, Explain:

Depth of material below pipe in trench: feet

Is system located in non-traffic area? Yes No

Have there been any problems with the system? Yes No

If yes, Explain:

PART C: DEMOGRAPHICS

Number of bedrooms in house:

Does home have: Garbage grinder Clothes washer Heat pump discharge Water softener

Soil absorption rate: One (1) inch in _____ minutes. *Mandatory information – please complete

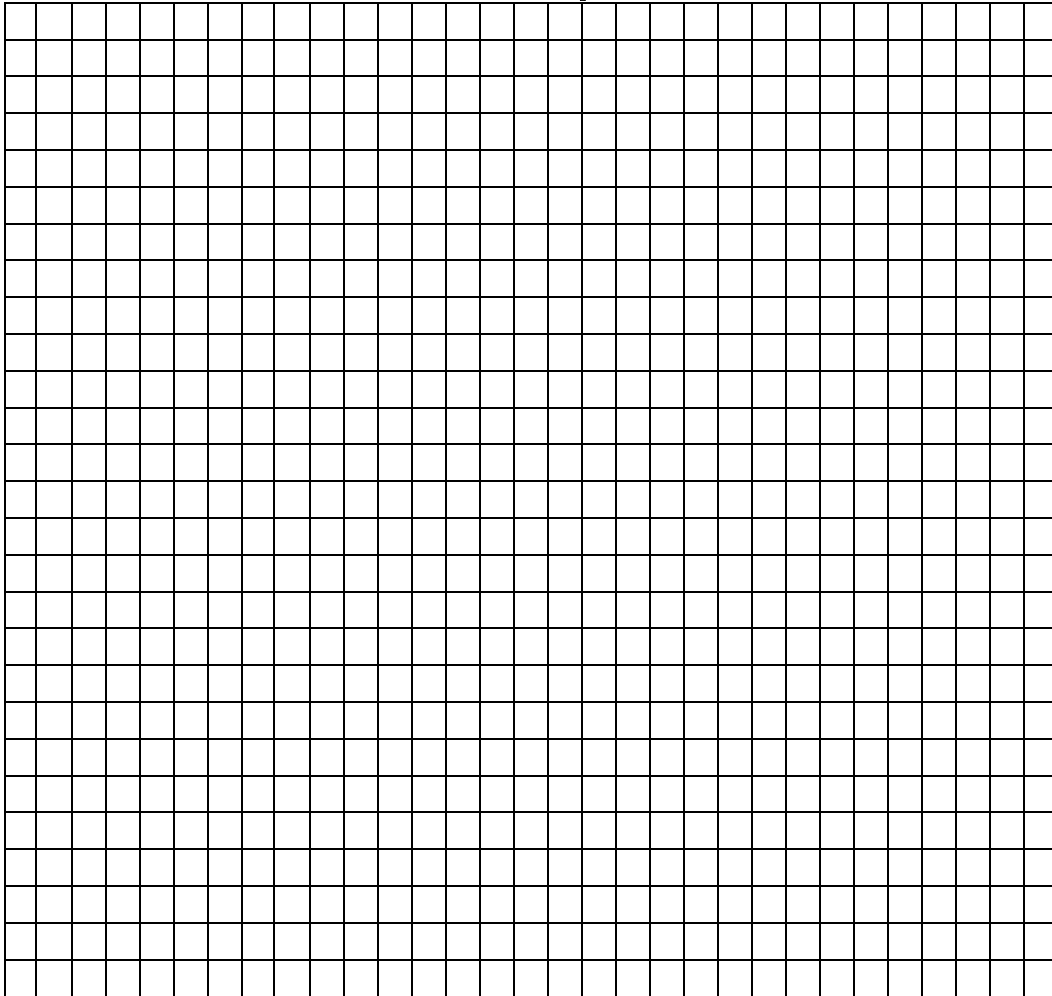
Source: Determination by percolation tests Soil Conservation Service Other, Explain:

***Figure 1. Overall illustration of home site. This sketch must be completed prior to review by the Department.**

***MANDATORY INFORMATION – MUST BE COMPLETED**

Show the distances between existing or proposed home, well and sewage disposal system and neighboring property line. Give lengths and directions of tile fields. Include all possible sources of contamination of well within 100 feet radius, such as barnyards, sewage disposal systems, abandoned wells or existing wells in use, or heat pump injection wells, etc. Give direction of slope of land.

Site Evaluation Map
North ↑



Please include the following information in the drawing above.

1. Draw and locate distances between all buildings on the property.
2. Note any future improvements to the property.
3. Note lot dimensions and the direction of North.
4. Indicate the location of any private sewage treatment system.
5. Note setback distances to property lines, private water wells, water suction and pressure lines, surface waters, neighbors property lines and public water supplies.
6. Future septic lateral area (if applicable).

I hereby request the Nebraska Department of Health and Human Services Division of Public Health to perform an on-site evaluation of the water supply and sewage treatment system on the above referenced property. To the best of my knowledge, the above statements are correct.

Date

Signature of Person Preparing this Application

PLEASE RETURN FORM AND THE \$100 EVALUATION FEE TO AN ADDRESS BELOW.

Note: Incomplete forms will be returned for completion. On-site evaluation will be completed 1 to 2 weeks after receipt of properly completed form.

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