CITY OF CRETE

Including Two Mile Zoning Jurisdicton Limit

Application for Septic Tank/Soil Absorbtion System Permit

Fee $ _____ Number: _____ Date:_____

*Fee is non-refundable if permit application is denied.

Applicant Name: _____
Address: _____
Location of System: _____
Legal Description of Property: _____

System Information
System is for : □ Dwelling with ____ bedrooms, **or** □ Establishment with _____ gal/day

Septic Tank / Soil Absorbtion System
(*Tank size will increase if a whirlpool tub is installed.)

Rated tank capacity = _____ gallons

Total effective trench bottom area = _____ Sq. Ft.

Number of Trenches = _____

Total Trench Length = _____Ft.

Design Percolation Rate = _____ min/inch

Lagoon System

Water Surface Area = _____ Sq. Ft.

Tested Seepage Rate ≤ _____ in/day.

Other System Type

NDEQ Construction Permit # _____

Certified professional registering the system:

_____ _____ _____ _____
Last Name First Name Middle Intl. Professional Cert. #

_____ _____
Signature of Certified Professional Date of inspection or completion of work

*All private on site waste water systems shall comply with Title 124 Rules & Regulations for the design, operation, maintenance, and registration of the Nebraska Department of Environmental Quality and all Crete Municipal Codes.

_____ _____
Applicant Signature Date

_____ _____
Plumbing Inspector Signature Date

_____ _____
Director of Public Works Signature Date

_____ _____
Mayor Signature Date