

Wastewater Endorsed Mound Permit Application



City of Crete - Building Inspector, Two-Mile Zoning Jurisdiction Limit
243 East 13th Street, Crete, NE 68333
402-826-4312 www.crete.ne.gov

PERMIT #
OFFICE USE ONLY

Applicant/Jobsite Information

Date: _____

Applicant Name (and Business Name if applicable): _____

FEE:
OFFICE USE ONLY

Applicant Phone: _____

Applicant Address: _____

Applicant Email: _____

Jobsite Address (if different from above): _____

Legal Description: _____

System Information

☐ Dwelling ☐ Non-dwelling Previous system registration number (if applicable): _____
☐ New system ☐ Modification, reconstruction or alteration of existing system ☐ Inspection only

Temporary modification - Describe problem causing discharge and reason for temporary modification: _____

Design Flow _____ gal/day

Septic tank capacity _____ gallons

Depth to seasonal high groundwater _____ feet

Percolation rate _____ min/inch

Soil Absorption System Detail: Sand Layer Height _____ feet

Description of Treatment Media in Distribution Bed, select one: ☐ Rock ☐ Bundled expanded polystyrene synthetic aggregate

Maximum Ground Slope _____ % Pump Tank Capacity _____ gallons

Pump Control Levels, measured from bottom of pump tank:

On Level _____ inches

Off Level _____ inches

High Water Alarm Level _____ inches

Dose Pump: Manufacturer _____

Pump Make _____

Pump Model _____

Force Main Length _____ feet

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.

Name of Certified Professional, Professional Engineer or
Registered Environmental Health Specialist

Certified Professional Signature

Professional Certification Number

Date of inspection or completion of work

Applicant Signature

Date

Plumbing Inspector Signature

Date

Public Works Director Signature

Date

Mayor Signature

Date