

System Registration For Onsite Wastewater Treatment System – Endorsed Mound System

Print or Type

Owner First Name Initial Last Name Owner Phone Number

Business or Legal Entity Name (if applicable)

Owner Mailing Address City State Zip

Physical address of system if different from owner's mailing address

Location Legal description OR Geographical coordinates to 4 decimal points
1/4 1/4 Section Township Range County Latitude Longitude

Mark One ☐ Dwelling ☐ Non-dwelling

Mark One ☐ New system ☐ Modification, reconstruction or alteration of existing system

Design flow _____ gal/day Number of bedrooms _____

Depth to seasonal high groundwater _____ feet Percolation rate _____ min/inch

Septic tank capacity _____ gallons

(Soil Absorption System Detail) Sand Layer Height _____ feet

Description of Treatment Media in Distribution Bed (Select one of the following):

☐ Rock ☐ Bundled expanded polystyrene synthetic aggregate

Remaining Mound System Detail:

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

Previous system registration number (if applicable) TS _____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

(Print or Type) First Name Initial Last Name Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist Date of Inspection or completion of construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.
Nebraska Department of Water, Energy, and Environment 245 Fallbrook Blvd., Ste 100, Lincoln NE 68521