

# 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

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 Environment and Energy PO Box 98922 Lincoln NE 68509-8922