

# System Registration For Onsite Wastewater Treatment System – Holding Tank

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 alternation of existing system ☐ System inspection only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

## System Information

Number of holding tanks in series Total capacity gallons

☐ Check box if tank(s) are equipped with alarm or visible float that indicates 90% capacity

Design flow gal/day # of Bedrooms

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 registration.

Nebraska Department of Water, Energy, and Environment, 245 Fallbrook Blvd., Lincoln NE 68521