System Registration For Onsite Wastewater Treatment System - Septic System

NEBRASKA
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

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*

____ ____ _____ _____ _____ _____   / _____   _____
¼   ¼   Section Township Range   County   Latitude   Longitude

Mark One   ☐ Dwelling   ☐ Non-dwelling | Previous system registration number (if applicable) TS_____

Mark One
☐ New system   ☐ Modification of existing system [☐ Tank only ☐ Trench only]   ☐ Inspection only
☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):_____
_____

Design flow _____ gal/day # of Bedrooms _____ Depth to seasonal high groundwater _____ feet

Percolation rate _____ min/inch   Loamy sand liner installed ☐ Yes ☐ No

Septic tank capacity _____ gallons Septic tank Manufacture/ Model* _____

☐ Garbage Grinder   ☐ Large capacity tub   Number of trenches _____   Width of trenches _____ inches

Total length of all trenches _____ feet   Total effective trench bottom area _____ sq. ft.

Soil Absorption System Description (**Select one of the following**):
☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
   Make and Model of chambers installed _____
☐ Gravelless chambers with filter material (describe filter material _____)
   Make and Model of chambers installed _____
☐ Pipe with filter material (describe filter material _____)
☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
☐ Gravelless pipe with filter material (describe filter material _____)
☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter _____ in.)
☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
☐ Other (describe) _____

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   Date of Inspection or Completion of Construction
Environmental Health Specialist

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.
(*) Indicates item requested/ not required on registration