

**Notification of Construction Completion  
Title 124 Onsite Wastewater Treatment System  
Onsite Wastewater Treatment Program**

Facility ID: \_\_\_\_\_ Permit Application Number: \_\_\_\_\_ OWT \_\_\_\_\_

Owner name: \_\_\_\_\_

Project description: \_\_\_\_\_

Construction permit issue date: \_\_\_\_\_

Construction start date: \_\_\_\_\_

Construction completion date: \_\_\_\_\_

Name of certified professional under whose direct supervision the system was constructed:

NOTICE: This form must be signed by the Professional Engineer who designed the system. Submittal of this form is required, in addition to the system registration, for an operating permit to be issued. For more information on construction/operating permit requirements, see Title 124. Additional guidance is available at [dwee.nebraska.gov](http://dwee.nebraska.gov) or by contacting DWEE Onsite Program.

**I swear or affirm that the information and documentation submitted are true, complete, and accurate and certify that construction agreed with approved construction permit documents or subsequent changes approved by the Department.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Firm and City

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License Number