

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

NDEE 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 dee.ne.gov or by contacting NDEE 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