

System Registration for Onsite Wastewater Treatment System - Seepage Bed

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 <input type="checkbox"/> Dwelling <input type="checkbox"/> 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	Number of bedrooms: _____	Yes / No
Depth to seasonal high groundwater: _____ ft	Percolation rate: _____ min/inch	Loamy sand liner installed: <input type="checkbox"/> <input type="checkbox"/>
Septic tank capacity: _____ gallons	Septic tank manufacturer/model*: _____	Garbage grinder: <input type="checkbox"/> <input type="checkbox"/>
Number of distribution lines: _____	Width of bed: _____ ft	Large capacity tub: <input type="checkbox"/> <input type="checkbox"/>
Total length of bed: _____ ft	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: _____ in)
Make and model of chambers installed: _____
- ☐ Gravelless chambers with filter material. Describe filler material: _____
Make and model of chambers installed: _____
- ☐ Pipe with filter material. Describe filler material: _____
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe: _____ in)
- ☐ Gravelless pipe with filter material. Describe filler material: _____
- ☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter: _____ in)
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material. Describe filler material: _____
- ☐ Other. (Please 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 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.

(*) Indicates item requested/not required on registration

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