



# System Registration For Onsite Wastewater Treatment System – Holding Tank

*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

<u>Location</u>				<u>legal description</u>	<i>OR</i>	<u>Geographical coordinates to 4 decimal points</u>	
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

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 Environmental Quality PO Box 98922 Lincoln NE 68509-8922