

AUGUST 2014

Onsite Wastewater Unit Newsletter No. 36

NDEQ Website

The Department's website has a new look. You can still find all the familiar onsite information under Licenses & Certification – Onsite Wastewater Program (septic systems, private lagoons). The new site allows you to search for registered onsite systems and for certified professionals by name or by certification type. For your convenience the search results can be downloaded to an Excel spreadsheet. The certified professional's page provides a quick link to NDEQ information regarding the professional. Clicking on the OWT professional's name and then selecting the System Registrations button provides a list of the systems registered by that professional. Selecting the Document List tab provides a list of documents in the professional's NDEQ file. Clicking on any document will open the page for viewing. Give it a try and let us know if you have questions.

Approved Professional Development Hours

A presentation on the concepts and science of mound systems to include mound system design with time allotted for discussion and questions.

August 27, 2014	Lincoln	Advanced Mounds by UNL Extension	6 PDH
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Soil evaluations, appropriate perc testing procedures, system sizing, design, drawings, documentation, registration.

Sept. 29, 2014	Alliance	Onsite Training by NOWWA	3 PDH
Oct. 3, 2014	Norfolk	Onsite Training by NOWWA	3 PDH

Detailed soil evaluation, soil pit, soil perc test demo, utilizing soil data and presentation of site specific solutions, sandy soils alternatives, liner construction, alternative technologies, system sizing, design, drawings, documentation, registration and Title 124 changes.

Oct. 1, 2014	North Platte	Onsite Training by NOWWA	6 PDH
Oct. 6, 2014	Lincoln	Onsite Training by NOWWA	6 PDH

When a program is approved for professional development hours by NDEQ it is put on our website (<http://deg.ne.gov/>), choose Licences & Certification, then Onsite Wastewater Program (septic systems, private lagoons); scroll down to Continuing Education; then choose Programs Approved for Continuing Education Hours.

Construction/Operating Permits

A construction/operating permit is required in the following situations :

- the domestic wastewater design flow is more than 1,000 gallons per day;
- the design flow includes wastewater other than domestic;
- the system may endanger human health or cause pollution; and
- the system cannot meet all the provisions for design, setback distances and reserve area prescribed in Title 124, including:
 - soil percolation rates slower than 60 minutes per inch;
 - there is less than 4-foot separation from bottom of trench to groundwater; and
 - construction of a household lagoon on a lot with less than three acres.

The following types of facilities may be required to obtain a construction/operating permit – Restaurants, dog kennels/veterinary clinics, wineries, motor vehicle and equipment repair and maintenance shops (including floor drains), churches, laboratories, or trailer parks/campgrounds.

New Forms

Attached to this newsletter are new forms to be used to register traditional septic systems and lagoons. Please print them out and use from now on. The forms to register a permitted system, holding tank, and endorsed mound system remain the same and can be found on our website, along with the applications for exam, construction/operating permit and subdivision review. The new forms include additional site information in order to verify that design and sizing requirements in Title 124 are met with each installed system.



System Registration For Onsite Wastewater Treatment System - Septic System

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>		<u>OR</u>	<u>Geographical coordinates to 4 decimal points</u>	
1/4	1/4	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 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



System Registration For Onsite Wastewater Treatment System - Household Domestic Lagoon

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

_____ / _____

1/4 1/4 Section Township Range County Latitude Longitude

Mark One

Dwelling Non-dwelling

Mark One

New system Modification, reconstruction or alteration of existing system System inspection only

Temporary modification (Describe problem causing discharge and reason for temporary modification):

System Information

Surface area at maximum operating depth _____ sq. ft. Maximum operating depth * _____ ft.

Seepage rate of liner _____ inches/day 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/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

IMPORTANT PROGRAM INFORMATION

84-30-29

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