

TITLE 179 PUBLIC WATER SYSTEMS

CHAPTER 9 PERMIT TO OPERATE A PUBLIC WATER SYSTEM

9-001 SCOPE AND AUTHORITY: These regulations establish requirements relating to a permit to operate a public water system. They apply to all public water systems in Nebraska. The authority is found in Neb. Rev. Stat. §§71-5301 to 71-5313.

9-002 DEFINITIONS

Director means the Director of Regulation and Licensure or his/her authorized representative.

Owner means any person owning or operating a public water system.

9-003 PERMIT REQUIRED: Each owner of a public water system within the state must have a permit to operate the system.

9-004 INFORMATION REQUIRED: Any person constructing a public water system must provide the information required in 179 NAC 9 Attachment 1 and 179 NAC 2-015 (if applicable) with the submission of plans and specifications as required in 179 NAC 2-007. An operating permit will be issued upon confirmation that the completed works are constructed in accordance with approved plans and specifications and upon demonstration the system will be maintained and operated as prescribed by 179 NAC 2 to 22. Any person otherwise acquiring a new system must provide the information required in 179 NAC 9 Attachment 1.

9-005 INSPECTION OF THE SYSTEM: The Director will, as promptly as is possible, inspect and survey the system, reporting findings to the owner of the system, and issue or deny a permit based on compliance with the requirements of the Nebraska Safe Drinking Water Act and of 179 NAC 2 to 22.

9-006 ENFORCEMENT: Any person operating a public water system prior to the issuance of a permit and found to be in violation of any provisions of 179 NAC 2- to 22 or the provisions of the Nebraska Safe Drinking Water Act, will be subject to enforcement action as provided by law. A permit to operate a public water system may be denied or revoked for failure to comply with the requirements of Neb. Rev. Stat. §§ 71-5301 to 71-5313 or 179 NAC 2 to 22.

9-007 PERMIT TIME FRAME: Permits shall be issued for an indefinite period of time, subject only to continued compliance with the Nebraska Safe Drinking Water Act and 179 NAC 2 to 22.

9-008 OPPORTUNITY FOR HEARING: Any person will be granted, upon request, an opportunity for a hearing before the Department under the provisions of Neb. Rev. Stat. 84-901 to 84-917, prior to the denial or revocation of a permit. Judicial review of the denial or revocation may be obtained.

EFFECTIVE DATE  
MARCH 22, 2004

NEBRASKA HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE

179 NAC 9

Nebraska Health and Human Services  
Regulation and Licensure  
Environmental Health Services Section  
P.O. Box 95007  
Lincoln, NE 68509-5007

Rev. 04/03

<b>Office Use Only</b>				
<b>Permit #</b>	NE 31- _____			
<b>Date Issued</b>	_____			
<b>Type of PWS:</b>				
C	NTNC	TNC		
<b>Classification of PWS:</b>				
I	II	III	IV	V
<b>Date Inspection Completed</b>		_____		
<b>Capacity Development</b>		Yes _____ No _____		

### 179 NAC 9 Attachment 1

#### APPLICATION FOR PERMIT TO OPERATE A PUBLIC WATER SYSTEM

1. Name of System \_\_\_\_\_
2. Location of System \_\_\_\_\_
3. County in which System Is Located \_\_\_\_\_
4. Area served (attach map) \_\_\_\_\_
5. Is the System Open and Serving Water to the Public Year-round? \_\_\_\_\_  
 If the answer is no, please check the months open.  
 January \_\_\_ February \_\_\_ March \_\_\_ April \_\_\_ May \_\_\_ June \_\_\_ July \_\_\_  
 August \_\_\_ September \_\_\_ October \_\_\_ November \_\_\_ December \_\_\_
6. Owner's Name \_\_\_\_\_
7. Owner's Address  
 Street or RFD \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_ Emergency number \_\_\_\_\_  
 Work \_\_\_\_\_ Cellular number \_\_\_\_\_
8. Name of Individual Responsible for Operation and Maintenance:  
 \_\_\_\_\_  
 Street or RFD \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_ Emergency number \_\_\_\_\_  
 Work \_\_\_\_\_ Cellular number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_
9. Name of Individual Responsible for Retaining Records (if different from #7).  
 \_\_\_\_\_
10. Certified Water Operator(s) (include those person(s) currently applying for certification):  

Name, Address, Telephone Number	Grade	Certification Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Number of People in Service Area: \_\_\_\_\_
- a. Year-round Residential Population: \_\_\_\_\_
  - b. Seasonal Residential Population: \_\_\_\_\_
  - c. Average Daily Population Served: \_\_\_\_\_
  - d. Non-residential, Non-transient Population (check the one that applies to your PWS and include the number of people served):
    - \* school \_\_\_\_\_
    - \* medical facility \_\_\_\_\_
    - \* day care center \_\_\_\_\_
    - \* institution \_\_\_\_\_
    - \* industrial/agricultural \_\_\_\_\_
    - \* other \_\_\_\_\_
  - e. Non-residential, Transient Population (daily average during the peak season if applicable):
    - \* recreation area \_\_\_\_\_
    - \* summer camp \_\_\_\_\_
    - \* highway rest area \_\_\_\_\_
    - \* other (specify) \_\_\_\_\_
    - \* service station \_\_\_\_\_
    - \* restaurant \_\_\_\_\_
    - \* hotel/motel \_\_\_\_\_
  - f. Source of Population Information (e.g., census, estimate, etc.) \_\_\_\_\_
12. Number of Service Connections (generally equals the number of services that are billed for water usage):
- \* residential \_\_\_\_\_
  - \* institutional \_\_\_\_\_
  - \* commercial \_\_\_\_\_
  - \* other \_\_\_\_\_
13. Source Water Utilized: (Total should equal 100%)
- a. Non-purchased Source Water:
    - 1) % from groundwater source(s) = \_\_\_\_\_
    - 2) % from surface water source(s) = \_\_\_\_\_
    - 3) % groundwater under the influence of surface water \_\_\_\_\_
  - b. Purchased Water (from another public water system):
    - 1) % from a system using groundwater = \_\_\_\_\_
    - 2) % from a system using surface water = \_\_\_\_\_
    - 3) % from a system using groundwater under the direct influence of surface water \_\_\_\_\_
  - c. Name of System(s) from Which Water Is Purchased  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Since 1999, has there been any new construction within this public water system? \_\_\_\_\_

**Well Information (complete one page for each well):**

15. Description of Source(s)

a. Required Information for Each Groundwater Source

1) Source Name/Designation: \_\_\_\_\_

2) Operating Status: \_\_\_\_\_ Operating Season: \_\_\_\_\_

P = Used year-round

S = Seasonal use (indicate season used)

E1 = Emergency status only (connected to distribution system with automatic operation)

E2 = Emergency status only (connected to distribution system with manual operation)

A = Decommission/Plug

D = Physically disconnected from the distribution system

3) Department of Natural Resources Registration Number: \_\_\_\_\_

4) Year Drilled: \_\_\_\_\_ Total Depth \_\_\_\_\_ feet

Screen Locations \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Operating Capacity \_\_\_\_\_ gpm

Well Latitude \_\_\_\_\_  
Degree Minute Second

Well Longitude \_\_\_\_\_  
Degree Minute Second

b. Treatment Provided (yes/no) \_\_\_\_\_ If yes, fill in 1 through 3.

1) Treatment objective [check appropriate objective(s)]

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| _____ Disinfection Byproducts Control | _____ Organics Removal             |
| _____ Corrosion Control               | _____ Particulate Removal          |
| _____ Disinfection                    | _____ Radionuclides Removal        |
| _____ Dechlorination                  | _____ Softening (Hardness Removal) |
| _____ Iron Removal                    | _____ Taste/Odor Control           |
| _____ Inorganics Removal              | _____ Other (specify)              |
| _____ Manganese Removal               | _____                              |

2) Treatment Process Used (check appropriate process(es) used:

\_\_\_\_\_ Filtration (List type of filter media used) \_\_\_\_\_

\_\_\_\_\_ Gaseous Chlorination \_\_\_\_\_ before or \_\_\_\_\_ after other treatment

\_\_\_\_\_ Hypochlorination \_\_\_\_\_ before or \_\_\_\_\_ after other treatment

\_\_\_\_\_ Inhibitor (list type of inhibitor used) \_\_\_\_\_

\_\_\_\_\_ Sequestration

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

3) Chemicals Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Screen locations \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Operating Capacity \_\_\_\_\_ gpm

Well Latitude \_\_\_\_\_  
Degree Minute Second

Well Longitude \_\_\_\_\_  
Degree Minute Second

b. Treatment Provided (yes/no) \_\_\_\_\_ If yes, fill in 1 through 3.

1) Treatment objective [check appropriate objective(s)]

_____ Disinfection Byproducts Control	_____ Organics Removal
_____ Corrosion Control	_____ Particulate Removal
_____ Disinfection	_____ Radionuclides Removal
_____ Dechlorination	_____ Softening (Hardness Removal)
_____ Iron Removal	_____ Taste/Odor Control
_____ Inorganics Removal	_____ Other (specify)
_____ Manganese Removal	_____

2) Treatment Process Used (check appropriate process(es) used:

\_\_\_\_\_ Filtration (List type of filter media used) \_\_\_\_\_

\_\_\_\_\_ Gaseous Chlorination \_\_\_\_\_ before or \_\_\_\_\_ after other treatment

\_\_\_\_\_ Hypochlorination \_\_\_\_\_ before or \_\_\_\_\_ after other treatment

\_\_\_\_\_ Inhibitor (list type of inhibitor used) \_\_\_\_\_

\_\_\_\_\_ Sequestration

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

3) Chemicals Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_ to \_\_\_\_\_

Operating Capacity \_\_\_\_\_ gpm

Well Latitude \_\_\_\_\_  
Degree Minute Second

Well Longitude \_\_\_\_\_  
Degree Minute Second

b. Treatment Provided (yes/no) \_\_\_\_\_ If yes, fill in 1 through 3.

1) Treatment Objective [check appropriate objective(s)]

_____ Disinfection Byproducts Control	_____ Organics Removal
_____ Corrosion Control	_____ Particulate Removal
_____ Disinfection	_____ Radionuclides Removal
_____ Dechlorination	_____ Softening (Hardness Removal)
_____ Iron Removal	_____ Taste/Odor Control
_____ Inorganics Removal	_____ Other (specify)
_____ Manganese Removal	_____

2) Treatment Process Used (check appropriate process(es) used:

\_\_\_\_\_ Filtration (List type of filter media used) \_\_\_\_\_

\_\_\_\_\_ Gaseous Chlorination \_\_\_\_\_ before or \_\_\_\_\_ after other treatment

\_\_\_\_\_ Hypochlorination \_\_\_\_\_ before or \_\_\_\_\_ after other treatment

\_\_\_\_\_ Inhibitor (list type of inhibitor used) \_\_\_\_\_

\_\_\_\_\_ Sequestration

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

3) Chemicals Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3c

**Well Information (complete one page for each well):**

15. Description of Source(s)

a. Required Information for Each Groundwater Source

1) Source Name/Designation: \_\_\_\_\_

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Well Longitude \_\_\_\_\_  
Degree Minute Second

b. Treatment Provided (yes/no) \_\_\_\_\_ If yes, fill in 1 through 3.

1) Treatment Objective [check appropriate objective(s)]

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| _____ Disinfection Byproducts Control | _____ Organics Removal             |
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| _____ Dechlorination                  | _____ Softening (Hardness Removal) |
| _____ Iron Removal                    | _____ Taste/Odor Control           |
| _____ Inorganics Removal              | _____ Other (specify) _____        |
| _____ Manganese Removal               | _____                              |

2) Treatment Process Used (check appropriate process(es) used:

- \_\_\_\_\_ Filtration (List type of filter media used) \_\_\_\_\_
- \_\_\_\_\_ Gaseous Chlorination \_\_\_\_\_ before or \_\_\_\_\_ after other treatment
- \_\_\_\_\_ Hypochlorination \_\_\_\_\_ before or \_\_\_\_\_ after other treatment
- \_\_\_\_\_ Inhibitor (list type of inhibitor used) \_\_\_\_\_
- \_\_\_\_\_ Sequestration \_\_\_\_\_
- \_\_\_\_\_ Other (Explain) \_\_\_\_\_

3) Chemicals Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Storage Facilities (list the type, capacity, and approximate date of construction of each storage unit):

17. Distribution System (list the type of material and approximate length of each diameter of the pipe used in the distribution system):

18. Attach current Emergency Plan or complete the attached "Local Emergency Plan" and submit it with the completed application.

19. Other Information:

20. Submitted by      Name \_\_\_\_\_  
   Title \_\_\_\_\_  
   Signature \_\_\_\_\_  
   Date \_\_\_\_\_  
   Phone \_\_\_\_\_

21. Return this form and any related forms/information to:

HHS Regulation and Licensure  
Environmental Health Services Section  
P.O. Box 95007  
Lincoln, NE 68509