# EFFECTIVE DATE NEBRASKA HEALTH AND HUMAN SERVICES

MARCH 22, 2004 REGULATION AND LICENSURE 179 NAC 9

TITLE 179 PUBLIC WATER SYSTEMS

CHAPTER 9 PERMIT TO OPERATE A PUBLIC WATER SYSTEM

* 1. 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.
	2. 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.

* 1. PERMIT REQUIRED: Each owner of a public water system within the state must have a permit to operate the system.
	2. 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.
	3. 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.
	4. 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.
	5. 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.
	6. 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.

Nebraska Health and Human Services Rev. 04/03 Regulation and Licensure

**Office Use Only Permit #**

**NE 31-**

**Date Issued**

**Type of PWS:**

**C NTNC TNC**

**Classification of PWS:**

 **I II III IV V**

**Date Inspection Completed**

**Capacity Development Yes No**

Environmental Health Services Section

P.O. Box 95007

Lincoln, NE 68509-5007

**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

* + 1. Owner’s Name
		2. Owner’s Address

Street or RFD City, State, Zip

Telephone: Home

Work

Emergency number Cellular number

* + 1. Name of Individual Responsible for Operation and Maintenance:

Street or RFD City, State, Zip

Telephone: Home

Work

Emergency number Cellular number

E-mail Address

* + 1. Name of Individual Responsible for Retaining Records (if different from #7).
		2. Certified Water Operator(s) (include those person(s) currently applying for certification):

Name, Address, Telephone Number Grade Certification Number Expiration Date

* + 1. Number of People in Service Area:
			1. Year-round Residential Population:
			2. Seasonal Residential Population:
			3. Average Daily Population Served:
			4. 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
	+ - 1. Non-residential, Transient Population (daily average during the peak season if applicable):
				* recreation area
				* summer camp
				* highway rest area
* service station
* restaurant
* hotel/motel

\* other (specify)

* + - 1. Source of Population Information (e.g., census, estimate, etc.)
		1. Number of Service Connections (generally equals the number of services that are billed for water usage):
* residential
* institutional
	+ 1. Source Water Utilized: (Total should equal 100%)
			1. Non-purchased Source Water:
* commercial
* other
1. % from groundwater source(s) =
2. % from surface water source(s) =
3. % groundwater under the influence of surface water
	* + 1. Purchased Water (from another public water system):
4. % from a system using groundwater =
5. % from a system using surface water =
6. % from a system using groundwater under the direct influence of surface water
	* + 1. Name of System(s) from Which Water Is Purchased
		1. Since 1999, has there been any new construction within this public water system?

# 2

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

* + 1. Description of Source(s)
			1. Required Information for Each Groundwater Source
1. Source Name/Designation:
2. Operating Status:

P = Used year-round

S = Seasonal use (indicate season used)

Operating Season:

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

1. Department of Natural Resources Registration Number:
2. Year Drilled: Total Depth feet

Screen Locations to

 to Operating Capacity gpm

|  |  |  |
| --- | --- | --- |
| Well Latitude  |   |   |
| Degree | Minute | Second |
| Well Longitude  |   |   |
| Degree | Minute | Second |

* + - 1. Treatment Provided (yes/no) If yes, fill in 1 through 3.
1. Treatment objective [check appropriate objective(s)]

 Disinfection Byproducts Control

 Corrosion Control

 Disinfection

 Dechlorination

 Iron Removal

 Inorganics Removal

Organics Removal Particulate Removal Radionuclides Removal

Softening (Hardness Removal) Taste/Odor Control

Other (specify)

 Manganese Removal

1. 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)

1. Chemicals Used:

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3c

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 Sequestration

 Other (Explain)

* + 1. Chemicals Used:
1. Storage Facilities (list the type, capacity, and approximate date of construction of each storage unit):
2. Distribution System (list the type of material and approximate length of each diameter of the pipe used in the distribution system):
3. Attach current Emergency Plan or complete the attached “Local Emergency Plan” and submit it with the completed application.
4. Other Information:
5. Submitted by Name

Title Signature Date Phone

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

HHS Regulation and Licensure Environmental Health Services Section

P.O. Box 95007 Lincoln, NE 68509