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.
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
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________

Office Use Only
Permit # ________
Date Issued ________
Type of PWS:
C  NTNC  TNC
Classification of PWS:
I  II  III  IV  V
Date Inspection Completed ________
Capacity Development
Yes _____  No _____
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 ______________________ * institution ______________________
      * medical facility _______________ * industrial/agricultural _________________
      * day care center _______________ * other _______________________________
   e. Non-residential, Transient Population (daily average during the peak season if applicable):
      * recreation area_______________ * service station _______________________
      * summer camp _______________ * restaurant _____________________________
      * highway rest area ____________ * hotel/motel ___________________________
      * other (specify) _______________________________________________________
   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 ___________________________ * commercial ______________________________
   * institutional __________________________ * 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: ________________________________
         ________________________________
         ________________________________

9A1-3a
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)
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      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: ______________________________________________________

      _________________________________________________________________

      _________________________________________________________________

      _________________________________________________________________

   9A1-3b
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)
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      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: ______________________________________________________
         _________________________________________________________________
         _________________________________________________________________
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
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   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
   _____ Corrosion Control
   _____ Disinfection
   _____ Dechlorination
   _____ Iron Removal
   _____ Inorganics Removal
   _____ Manganese Removal
   _____ Organics Removal
   _____ Particulate Removal
   _____ Radionuclides Removal
   _____ Softening (Hardness Removal)
   _____ Taste/Odor Control
   _____ Other (specify)

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