HS000090 Septic System Map



0 0.0125 0.025 0.05 Miles

August 29, 2008

Source M:\records

Legend

Geocoding Result: RemainingWells7182008

USE

- Heat Pump
- Irrigation
- Irrigation/Other Use
- LLCHD Wells

- CityLimits
- Lincoln3mileLimit
- streets arc
- Latterals

N W E S

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

500 year

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000090

System Type:	STANDARD
Situs:	5420 NEW CASTLE RD RUR
Legal Description:	T09N-R07E-S32-Lot 1
Owner:	CARLSON, MARK DEAN & GWENDA RE 6157 BLACKSTONE RD LINCOLN NE 68516

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	05/06/2008
Expires:	05/06/2009

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

SOUTHWICK SEWER AND DRAIN
PO BOX 191
HICKMAN NE 68372

LLCHD HS000090

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8022

A

Permit Number HS000090

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 5420 New Castle (no rural route) City Lincoln, NE Zip 68516

Legal Description 32 9N 7E

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name Randy Reinke Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone ~~450~~ 535-9249

C. Contractor

Name: Brad Southwick Company Name _____

Address P.O. Box 191 105 Locust St. City/State/Zip Hickman, Ne. 68372

☐ Check if contractor designed system Work Phone 430-7606

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature _____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

3. City or County Engineer Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____

Date _____

Business Office Use Only
Date Received 5/1/08 Amount Paid 305.00
Received By [illegible] Cash/Check No. 1205

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

5-6-2008 12: 8:34