LLCHD HS000122

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

A

Permit Number HS000122

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 23701 S. 54 (no rural route) City Firth, NE Zip 68358

Legal Description NE NE 17 7N 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: 78.45

B. Owner

Name Dorthy Egger Signature

Address 23701 S. 54 City/State/Zip Firth, Ne. 68358

☐ Check if owner designed system Home Phone 792-2243 Work Phone

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

Address 105 Locust P.O.Box 191 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 2 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
Site visits 6/30/08
Line connection + lagoon needs fence D.C.
Date rec'd 6/30/08
Date frwd 6/30/08
ACTION ☒ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 7/1/08 Amount Paid 305 cc
Received By KP Cash/Check No. 1213

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

Form A Updated: 5-07

7-3-2008 16:29:52

LLCHD HS000122

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

A

Permit Number HS000123

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 15303 S. 12 (no rural route) City Roca, NE Zip 68430

Legal Description N ½ of SE ¼ Section 14 Township 8N Range 6E 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 Stanley Winch / Jeff Winch Signature ____

Address 15303 S. 12 City/State/Zip Roca, Ne 68430

☐ Check if owner designed system Home Phone 794-6380 Work Phone ____

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

Address 105 Locust P.O Box 191 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 2 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 6/30/08 **ACTION** ☑ Approved ☐ Disapproved
Site visits ____ Date frwd 6/30/08 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 7/1/08 Amount Paid 305 cc
Received By ____ Cash/Check No. 1213

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

Form A Updated: 5-07

7-3-2008 16:29:56

LLCHD HS000122

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

A

Permit Number
HS000124

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 11501 S. 5 (no rural route) City Roca, NE Zip 68430

Legal Description 2 8N 6E Wilderness Estates

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 David Wood Signature _____

Address 11501 S. 5 City/State/Zip Roca, Ne 68430

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

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

☒ Check if contractor designed system Work Phone _____

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
Site visits _____
Date rec'd 6/30/08
Date frwd 7/3/08
ACTION ☐ Approved ☐ Disapproved
Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 7/1/08 Amount Paid 305 cc
Received By ldf Cash/Check No. 1213

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

Form A Updated: 5-07

7-3-2008 16:30: 0

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. HS000122

System Type:	LAGOON
Situs:	23701 S 54 ST RUR
Legal Description:	T07N-R07E-S17
Owner:	EGGER, DOROTHY 23701 S 54 ST FIRTH NE 68358

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	07/01/2008
Expires:	07/01/2009

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 HS000122

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

A

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line connection + lagoon needs fence D.C.
Date rec'd 6/30/08
Date frwd 6/30/08
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5-07

7-1-2008 15: 2: 3