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. HS000124

System Type:	LAGOON
Situs:	11501 S 5 ST RUR
Legal Description:	T08N-R06E-S02-2-Lot 1
Owner:	WOOD, DAVID K & JANIE A 11501 S 5 ST ROCA NE 68430

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
PO BOX 191
HICKMAN NE 68372

LLCHD HS000124

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 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 _____

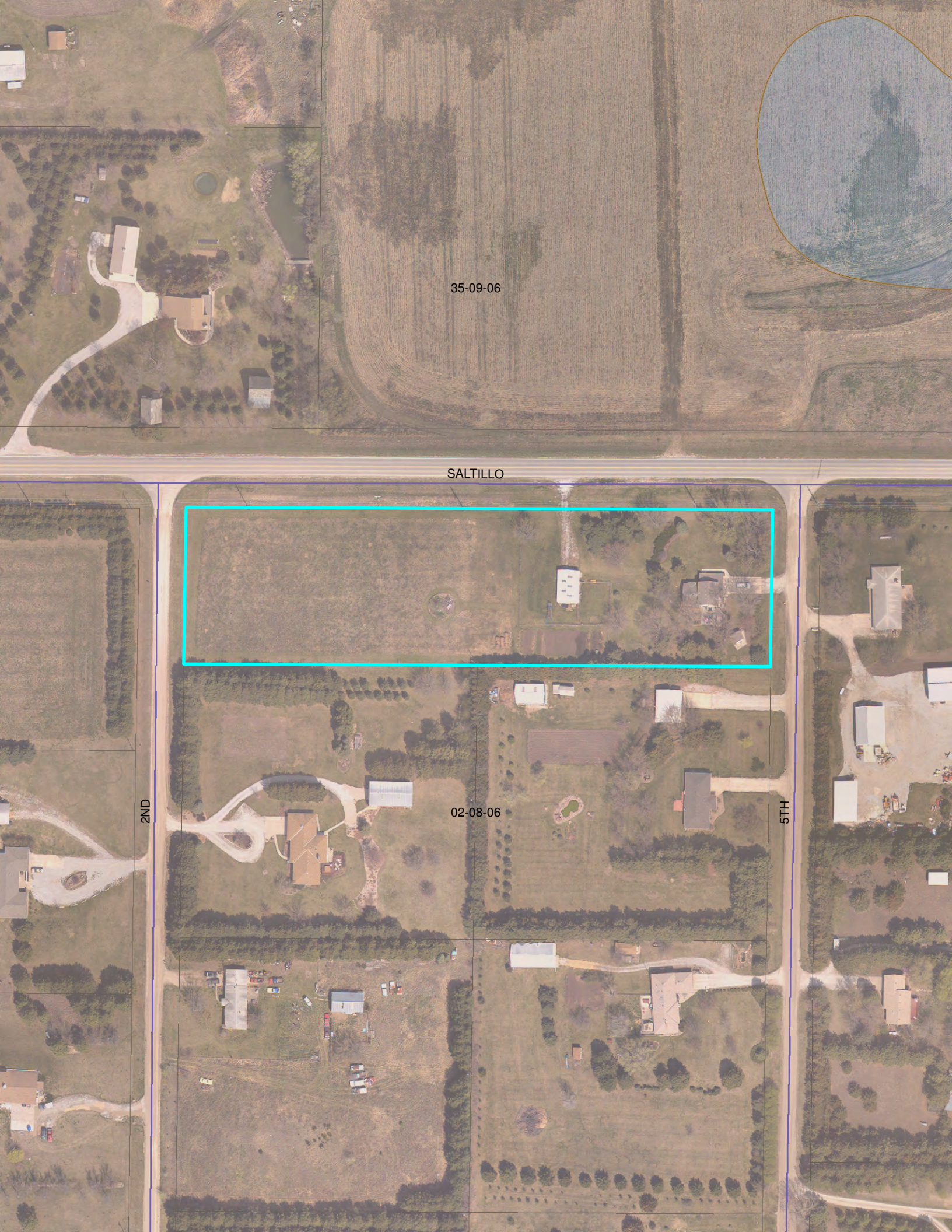
Installation Final Written Approval
By _____
Date _____

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

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

Form A Updated: 5-07

7-1-2008 15: 3:31


35-09-06
SALTILLO
2ND
02-08-06
5TH

SCANNED

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

A

Permit Number
H5000124

Onsite Wastewater Treatment System
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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, Sam Signature 328-2885 560-9668 cell

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

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DO NOT WRITE BELOW THIS LINE

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

1. Health Department
Site visits 8/21/08 line - feeds through - Needs fence - septic tank
Date rec'd 6/30/08 Date frwd 7/30/08
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 Doug Lamm
Date 7/16/09

* 2 weeks 6/18/09 DL

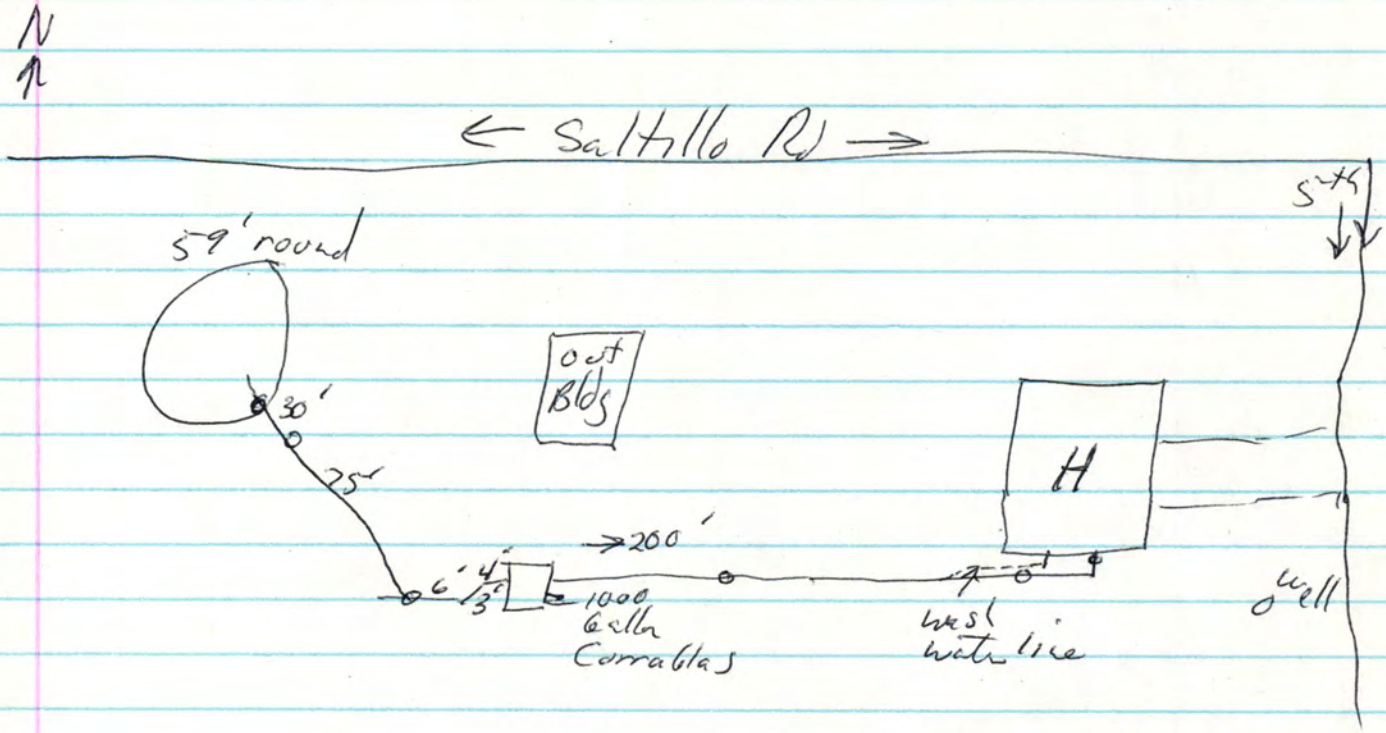
Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5-07

T8 R6 Sec 2 Lot 1

11501 S. 5th Roca, Ne 68430
7/5/08 Lagoon Install but leave Septic Tank in System



3 Bdrm Home