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

SCANNED

**A**

Permit Number HS000161

# 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 9395 S 176 (no rural route) City Bennet, NE Zip 68317

Legal Description 26 9N 8E N½ SE

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 Kempkes Signature

Address 14901 S. 158 City/State/Zip

☐ Check if owner designed system Home Phone 783-2975 Work Phone

## C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

Address P.O. Box 191 105 Locust T 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
Date rec'd
Date frwd
**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 9/17/08 Amount Paid 305 cc
Received By LP Cash/Check No. 1225

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

Form A Updated: 5-07

LLCHD HS000161

**Lincoln-Lancaster County Health Department**
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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**A**

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**1. Health Department**
Site visits _____
Date rec'd _____ Date frwd _____
**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

9-17-2008 9:50: 3

**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. HS000161**

| | |
|---|---|
| **System Type:** | LAGOON |
| **Situs:** | 9395 S 176 ST RUR |
| **Legal Description:** | T09N-R08E-S26-Lot N 1/2 SE |
| **Owner:** | BOWMAN, JOSEPH H SR & DOROTHY<br>9395 S 176 ST<br>BENNET NE<br>68317-2356 |

| | |
|---|---|
| Permit Fee: | $305.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $305.00 |
| Issued: | 09/17/2008 |
| Expires: | 09/17/2009 |

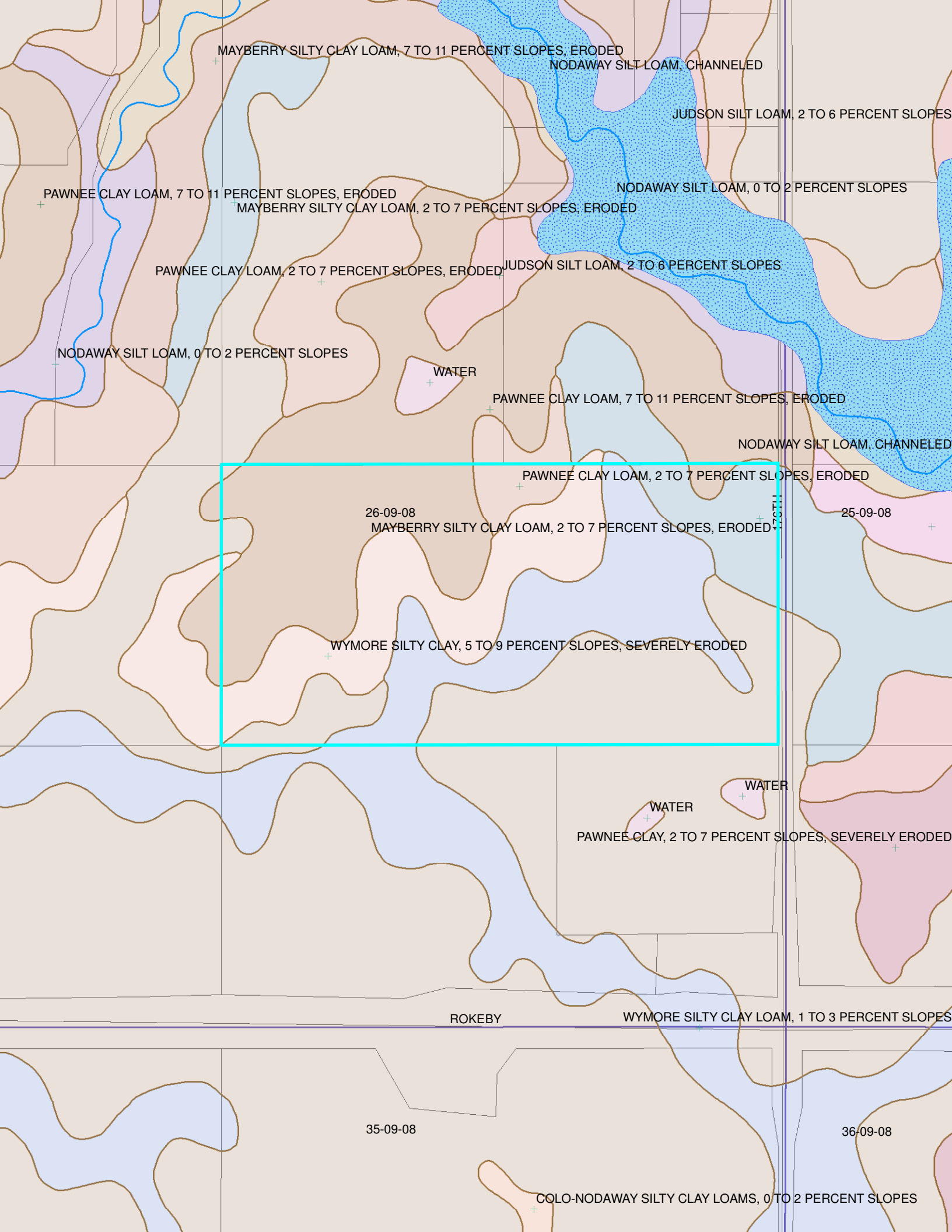
Bruce D. Dart, PhD, Health Director

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 SERVICES
PO BOX 191
HICKMAN NE 68372


MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, CHANNELED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, CHANNELED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
26-09-08
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
25-09-08
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WATER
WATER
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
ROKEBY
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
35-09-08
36-09-08
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES

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

SCANNED

**A**

Permit Number H5000161

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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 5/12/09 O.S.
Have lagoon - Needs fence
Date rec'd ____ Date frwd ____
**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 ____

SCANNED

**Installation Final Written Approval**
By Jerry Taylor
Date 10/29/09

***Business Office Use Only***
Date Received 9/17/08 Amount Paid 305 CK
Received By ____ Cash/Check No. 1225

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

Form A Updated: 5-07