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. HS000203

System Type: STANDARD

Situs: L

Legal Description: T12N-R07E-S05-Lot 39

Owner:

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00

Issued: 03/19/2009
Expires: 03/19/2010

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

SHUBBERT WELL AND SEPTIC
1012 CO RD M
MEAD NE 68041

LLCHD HS000203

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

SCANNED **A**

Permit Number HS000203

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 4835 Ashland Road (no rural route) City _____, NE Zip 68017

Legal Description NW NE 5 12 7E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: 96 38 55.17 Latitude: 41 2 41.87

☐ Check if system mail address is not the same as the owner's address Total Acres: 10

B. Owner

Name Doug McIntosh Signature _____

Address PO Box 386 City/State/Zip Cortesco Ne 68017

☐ Check if owner designed system Home Phone _____ Work Phone 402-440-1030

C. Contractor

Name: Scott Subbert Company Name Subbert Well & Septic

Address 1012 Cobb M City/State/Zip Mead Ne 68041

☐ Check if contractor designed system Work Phone 402-443-6549

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 ____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No

☑ Commercial Establishment/Other Facility Specify Shop Design flow in gallons per day 20

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

* Holding Tank

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 3/18/09

Business Office Use Only
Date Received 3-12-09 Amount Paid 305 cc
Received By _____ Cash/Check No. 1585
3-19-09 #10 cc ck #1594

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

Form A Updated: 5-07

* In Cortesco's Jurisdiction

LLCHD HS000203

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Form A Updated: 5-07

3-19-2009 10:41:51

