LLCHD HS000215

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

A

Permit Number
H5000215

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 12001 Havelock Ave City Lincoln, NE Zip 68527
(no rural route)

Legal Description ____ 8 10 8 ____

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 Brenda Boden Signature_____

Address 12001 Havelock Ave City/State/Zip Lincoln 68527

☐ Check if owner designed system Home Phone 464-5109 Work Phone_____

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & Drain

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

☐ Check if contractor designed system Work Phone 430-7606 / 440-7606

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
Site visits_____
Date rec'd 4/30/09
Date frwd 4/30/09
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 5-1-09 Amount Paid 315 cc
Received By_____ Cash/Check No. 1244

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

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. HS000215

System Type:	LAGOON
Situs:	12001 HAVELOCK AVE L
Legal Description:	T10N-R08E-S08-Lot 22
Owner:	BODEN, GUY A & BREDA LEIGH 12001 HAVELOCK AVE LINCOLN NE 68527

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	05/01/2009
Expires:	05/01/2010

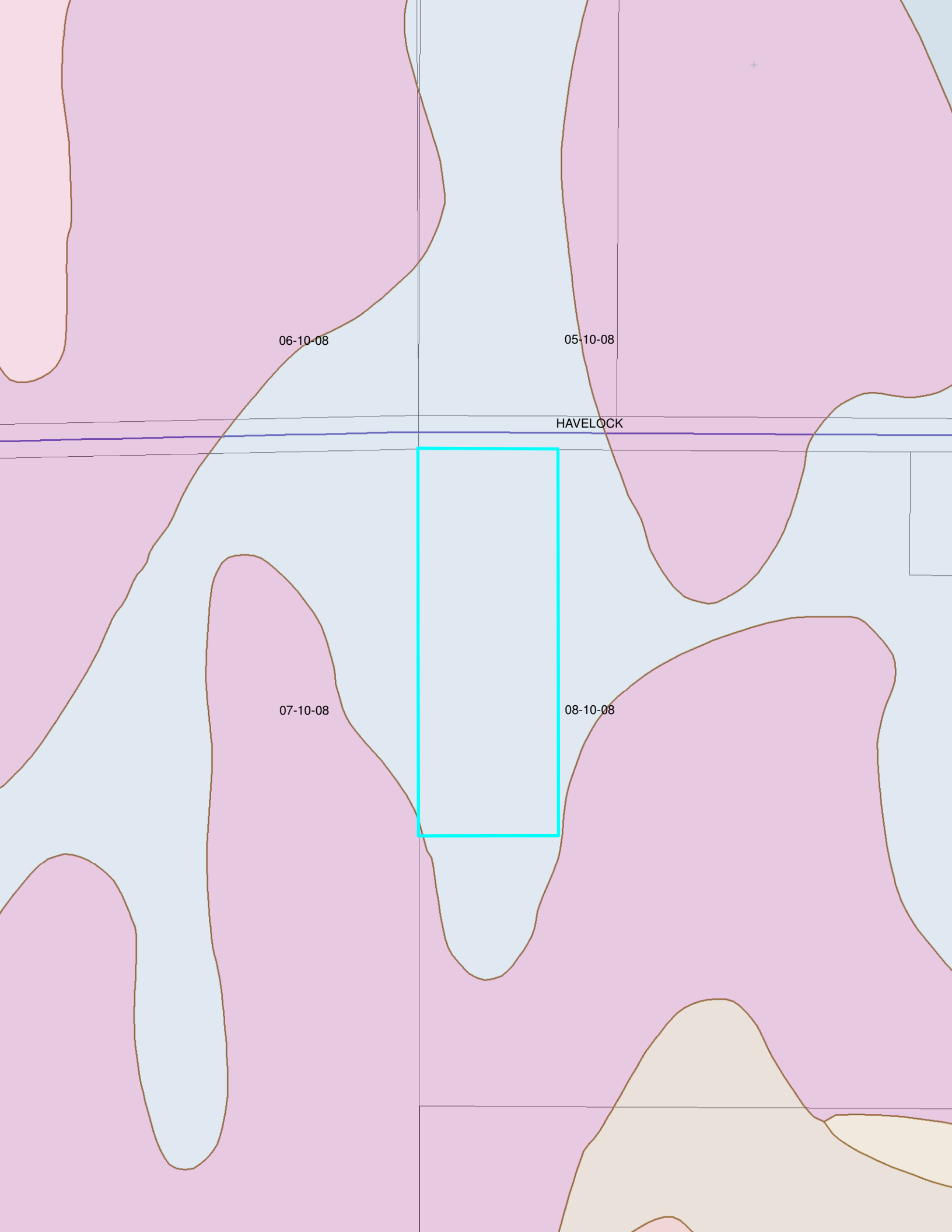
Bruce D. Dart, PhD, Health Director

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

SOUTHWICK SERVICES
PO BOX 191
HICKMAN NE 68372


06-10-08
05-10-08
HAVELOCK
07-10-08
08-10-08

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 12001 Hawelock Ave (no rural route) City Lincoln, NE Zip 68527

Legal Description 8 10 8

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: _____

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Name Brenda Boden Signature _____

Address 12001 Hawelock Ave City/State/Zip Lincoln 68527

☐ Check if owner designed system Home Phone 464-5109 Work Phone _____

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Site visits _____ Date frwd 4/30/09 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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

4-30-2009 15:35: 0 Form A Updated: 5-07