LLCHD HS000228

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

SCANNED

A

Permit Number HS000228

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 23-32-305-001-000

A. Onsite System Location

Address 2130 S. 124th St (no rural route) City Walton, NE Zip 68461

Legal Description SW 32 10 8 Wheatland 3 1
(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 Jason Reinke Signature See attached

Address 2130 S. 124th St City/State/Zip Lincoln NE 68528

☐ Check if owner designed system Home Phone 402-430-5519 Work Phone _____

C. Contractor

Name: Mike Adams Company Name Adams Custom Homes

Address 201 N 8th St Ste 430 City/State/Zip Lincoln, NE 68508

☐ Check if contractor designed system Work Phone 402-499-8635

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Lloyd Jakoubek Firm Raymond Contracting, Inc Work Phone 402-890-6009

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 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 _____ **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 _____

Business Office Use Only
Date Received 5/21/09 Amount Paid 315 –
Received By AKV Cash/Check No. 7056

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

Form A Updated: 5-07

5-22-2009 10: 5:47

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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

5-21-2009 10:24:49