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. HS000265

System Type: STANDARD

Situs: 20500 SW HOLLOW CT

Legal Description: T07N-R06E-S04-NW

Owner:

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

Issued:	08/24/2009
Expires:	08/24/2010

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

WAECHTER KEVIN
6021 DUXHULL CT
LINCOLN NE 68516

LLCHD HS000265

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

A

Permit Number: HS000265

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 20500 SW Hollow Court (no rural route) City Sprague NE, Zip 68404

Legal Description NW 1/4 4 7 6
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Kevin Wiaechter Signature _____

Address 6021 Duthall Ct City/State/Zip Lincoln 68516

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Regal Building Systems Inc Company Name Dan A Klein

Address 9901 SW 5th St Ste 100 City/State/Zip Lincoln NE 68522

☐ Check if contractor designed system Work Phone 435-3550

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

Designer Name Melvin Wagner Firm Wagner Const Work Phone 402-432-5698

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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
3. **City or County Engineer** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

FORM 23-100 10-96
8-13-2009 11: 2:43

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector