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. HS000276

System Type: STANDARD

Situs: 13901 NW 56th

Legal Description: T11N-R05E-S01-Lot 1

Owner:

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

Issued:	09/17/2009
Expires:	09/17/2010

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

LLCHD HS0002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Pho

SCANNED

A

Permit Number HS000276

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 05-01-402-001-000

A. Onsite System Location

Address 13901 NW 56th St (no rural route) City Raymond, NE Zip 68428

Legal Description SE 1 11 5 Oak Valley Indstrl Park 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 Mussmann AG Service / Roger Signature [signature]

Address 2185 144th Dr. City/State/Zip Raymond, NE 68428

☐ Check if owner designed system Home Phone 402-429-2111 Work Phone same

C. Contractor

Name: Owner Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 _____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Machine Shop - Sales/Service Design flow in gallons per day 200

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

DO NOT WRITE BELOW THIS LINE Septic for Restroom

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department
Site visits 9/9/09 - D.S.
Date rec'd 9/14/09
Date frwd 9/14/09
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

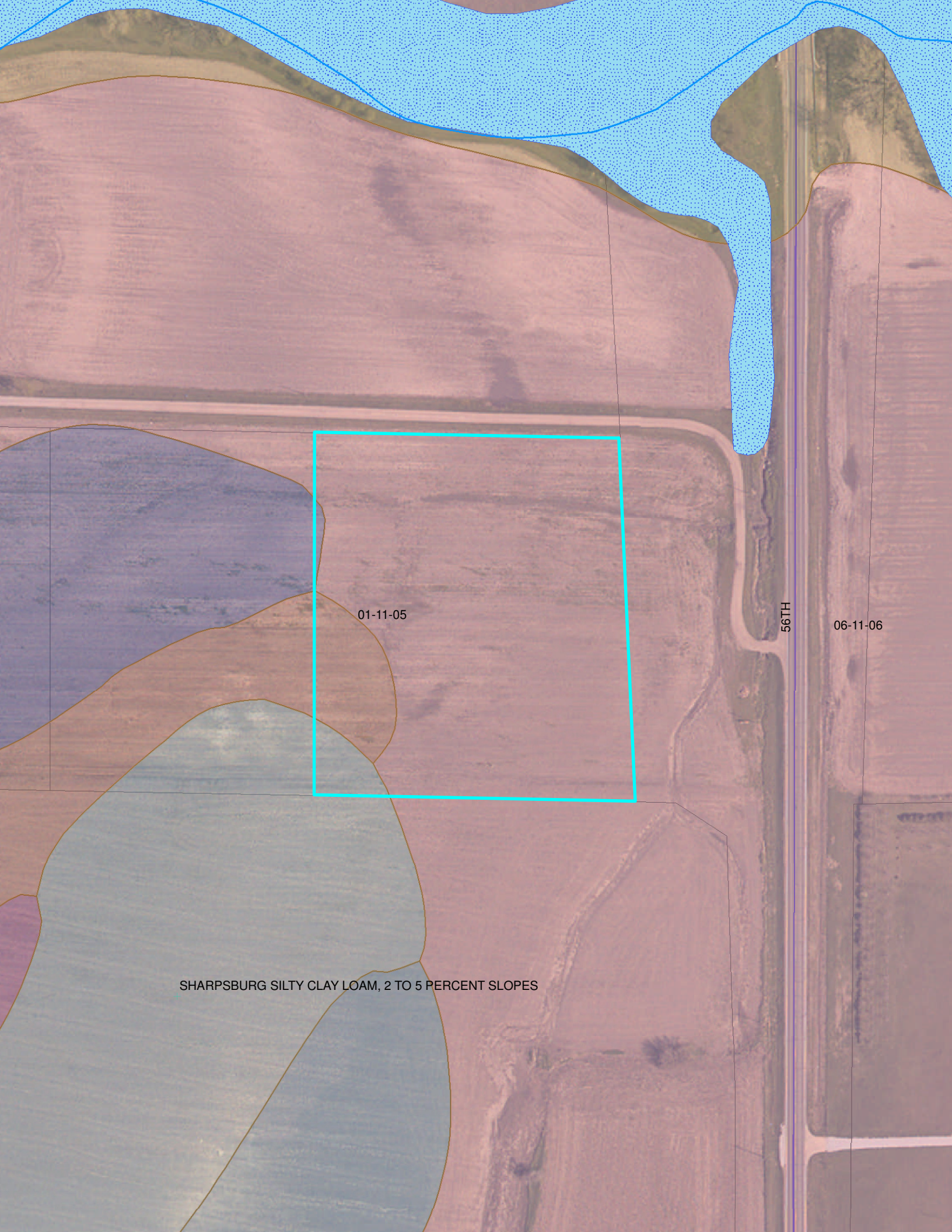
2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

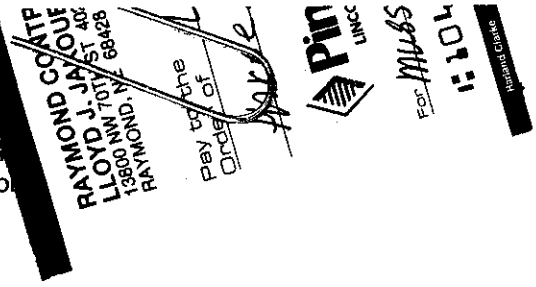
Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 9-14-09 Amount Paid 315.00
Received By Bthall Cash/Check No. 71169

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


01-11-05
56TH
06-11-06
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES

LLCHD HS0002



A

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Legal Description SE 1 11 5 Oak Valley Industrial Park 1

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

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

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1. **Health Department** Date rec'd 9/14/09 **ACTION** ☑ Approved ☐ Disapproved
Site visits 9/9/09 - D.S. Date frwd 9/14/09 Signature [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