LLCHD HS000315

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

A

Permit Number: HS000315

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 10775 NW 121 Pl. (no rural route) City Malcolm NE, Zip _____

Legal Description S17. T11. R5 6th principal Meridian Lot 33 SW
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 _____ Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Gregory D Bouwens Company Name Bouwens Plumbing Co Inc

Address 5901 Pletcher AV City/State/Zip Lincoln, NE 68507

☒ Check if contractor designed system Work Phone (402) 466-1944 Cell (402) 610-2818

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 400 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 11/17/09 Date frwd 11/17/09 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 11-17-09
Amt Paid 325.00
Rec'd By BH Cash/Check No. 16599

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

11-20-2009 14:38:34

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. HS000315

System Type: STANDARD

Situs: 10775 NW 121st Place

Legal Description: T11N-R05E-S17-Lot 33

Owner:

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00

Issued: 11/18/2009
Expires: 11/18/2010

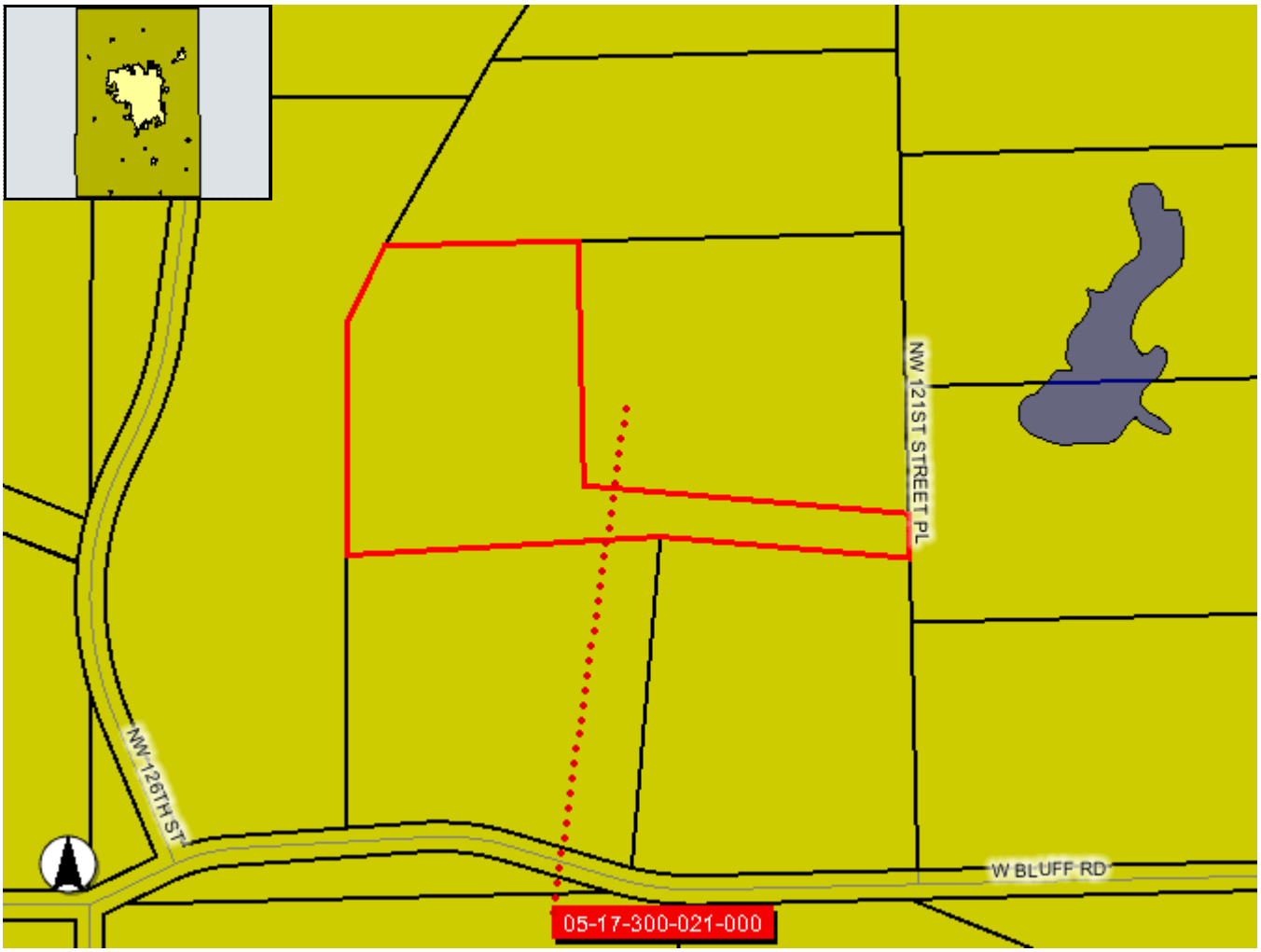
Bruce D. Dart, PhD, Health Director

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

BOUWENS PLUMBING
5901 FLETCHER AVE
LINCOLN NE 68507


NW 121ST STREET PL
NW 126TH ST
W BLUFF RD
05-17-300-021-000

LLCHD HS000315

325

A

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

Permit Number: HS000315

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 10775 NW 121 Pl. (no rural route) City Malcolm NE, Zip _____

Legal Description S17. T11. R5 6th principal Meridian Lot 33 SW
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 _____ Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Gregory D Bouwens Company Name Bouwens Plumbing Co Inc

Address 5901 Fletcher Av City/State/Zip Lincoln, NE 68507

☒ Check if contractor designed system Work Phone (402) 466-1944 Cell (402) 610-2818

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 400 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 11/12/09 Date frwd 11/12/09 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

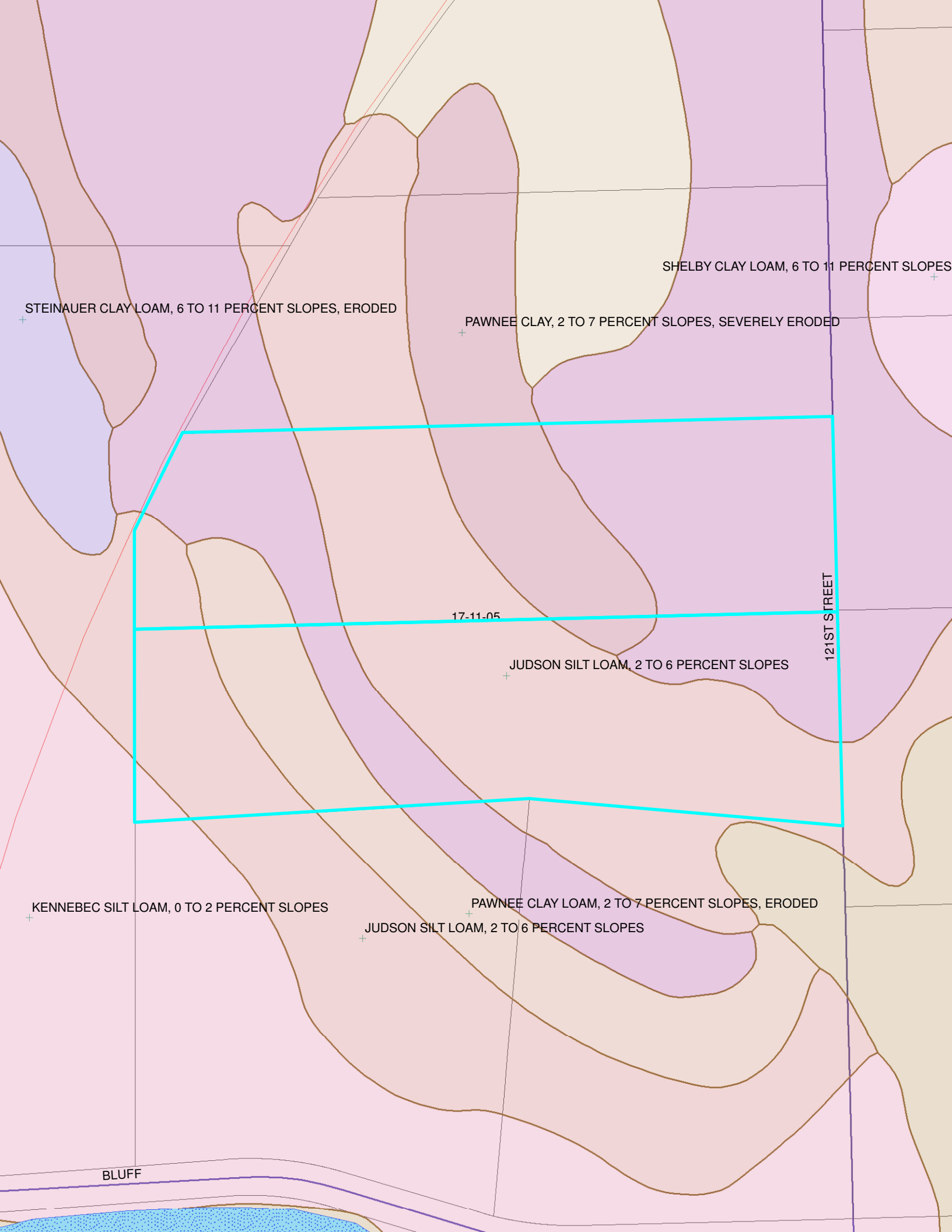
Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

11-17-2009 14:39:40


SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
121ST STREET
17-11-05
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
BLUFF