8-12-2011 13:58:22

LLCHD HS000422

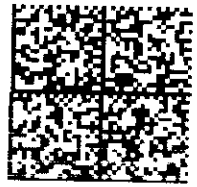


CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

Lincoln-Lancaster County
Health Department
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS



047J82005126

$00.41⁴

08/10/2011

Mailed From 68510

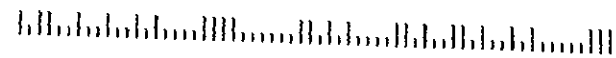
US POSTAGE

AUG 12 2011

691 NFE 1 C1OI 00 08/11/11
RETURN TO SENDER
GLADE
7112 S 40TH ST
LINCOLN NE 68516-3001

RETURN TO SENDER

68510@1514



**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. HS000422**

**System Type:** STANDARD

**Situs:** 5500 NEW CASTLE RD

**Legal Description:** T09N-R07E-S32-5-Lot 5

**Owner:**

| | |
|---|---|
| Permit Fee: | $335.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $335.00 |

Issued: 08/09/2011
Expires: 08/08/2012

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

STEPHEN GLADE
931 N 1ST
TECUMSEH NE 68450

**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. HS000422**

**System Type:** LAGOON

**Situs:** 5500 NEW CASTLE RD

**Legal Description:** T09N-R07E-S32-5-Lot 5

**Owner:**

| | |
|---|---|
| Permit Fee: | $335.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $335.00 |

| | |
|---|---|
| Issued: | 10/21/2010 |
| Expires: | 10/21/2011 |

Bruce D. Dart, PhD, Health Director

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Bruce D. Dart, PhD
Health Director

STEPHEN GLADE
931 N 1ST
TECUMSEH NE 68450

LLCHD HS000422

OCT 12 2010

**Lincoln-Lancaster County Health Department**
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

**A**

Permit Number
HS600422

# 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 5500 New castle Road City Lincoln (Rural), NE Zip NE 68516
(no rural route)

Legal Description Silver springs Addition 5 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID _____

## B. Owner

Name Stephen Glade Signature Stephen Glade

Address 931 N 1st street City/State/Zip Tecumseh NE 68450

Home Phone 402 416-3320 Work Phone 402 416-3320

## C. Certified Installer

Name: Mueller Trenching Inc. Signature Scott Mueller

Address 1345 No 26th Rd City/State/Zip Syracuse Neb 68446

Work Phone 402-430-2946

## D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

## E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.43

☐ 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
* Much Floodplain onsite *
Date rec'd 10/29/10
Date frwd 10 20 10
**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 _____

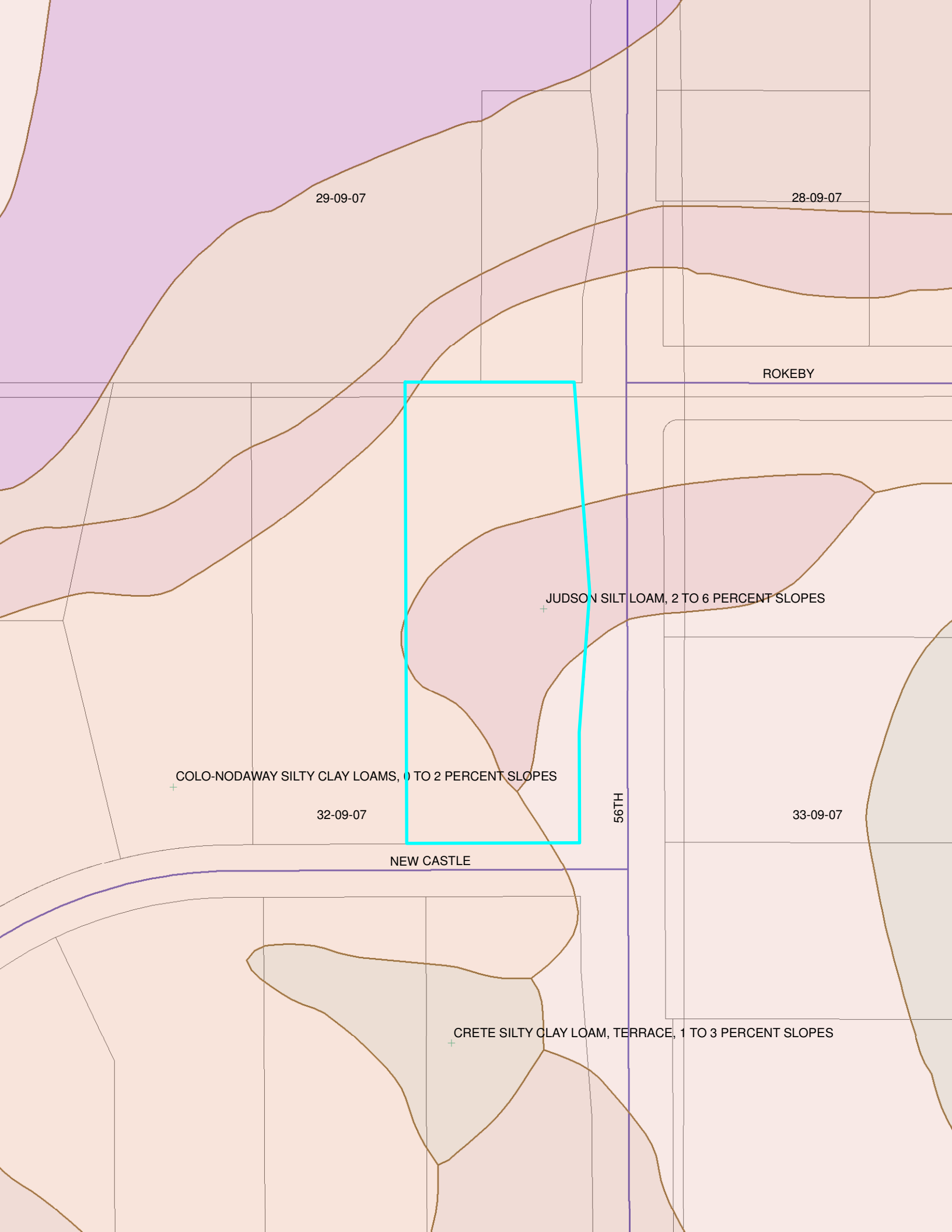
**Installation Final Written Approval**
By _____
Date _____

***Business Office Use Only***
Date Received 10-21-10 Amount Paid 335.00
Received By BH Cash/Check No. 3527

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

Form A Updated: 5/10

10-21-2010 8:33:49


29-09-07
28-09-07
ROKEBY
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
32-09-07
56TH
33-09-07
NEW CASTLE
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES

LLCHD HS000422

OCT 12 2010

**Lincoln-Lancaster County Health Department**
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

**A**

Permit Number HS000422

# Onsite Wastewater Treatment System
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Date rec'd _____
Date frwd _____
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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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

10-20-2010 15:27:41

Form A Updated: 5/10