LLCHD HS000444

335.00

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

SCANNED

A

Permit Number HS000444

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 2501 S 122 (no rural route) City Walton, NE Zip 68462

Legal Description 32, 10, 8 Wheatland Add. 5 1

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

Geographical Location (if known): Lat/Long: _____ PID 23-32 307 001 000

B. Owner

Name STEFAN GASPAR Signature _____

Address 9201 Foxtail Dr City/State/Zip Lincoln NE

Home Phone _____ Work Phone (402) 464-8351

C. Certified Installer

Name: Gregory D Bowers Signature Gregory D Bowers

Address 5401 Fletcher Av. City/State/Zip Lincoln, Ne. 68507

Work Phone (402) 466-1944 Cell 610-2310

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 Pool house Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres _____

☐ Commercial Establishment/Other Facility Specify _____ 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

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

1. Health Department Date rec'd 11/22/10 **ACTION** ☑ Approved ☐ Disapproved
Site visits _____ Date frwd 11/22/10 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 11-22-10 Amount Paid 335.00
Received By BH Cash/Check No. 18906

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

11-24-2010 14:51:52 Existing property

Form A Updated: 5/10

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335.00

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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 11-22-10 Amount Paid 335.00
Received By BH Cash/Check No. 1896

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

Existing Property

11-24-2010 14:42: 9

Form A Updated: 5/10

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. HS000444

System Type: STANDARD

Situs: 2501 S 122 ST

Legal Description: T10N-R08E-S32-5-Lot 1

Owner:

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

Issued:	11/22/2010
Expires:	11/22/2011

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

BOUWENS PLUMBING
5901 FLETCHER AVE
LINCOLN NE 68507