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

A

Permit Number HS000481

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 18901 High Prairie Rd (no rural route) City _____, NE Zip _____

Legal Description 25, 8, 6 HIGH PRAIRIE ESTATES 1 1

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

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

B. Owner

Name General Carpentry Inc Signature _____

Address 8531 Executive Ave Suite 102B City/State/Zip Lincoln NE

Home Phone 402-325-0079 Work Phone 610-1238

C. Certified Installer

Name: Paul Weber Signature Paul Weber

Address 10133 Willow Cove Lane City/State/Zip Firth NE 68358

Work Phone (402) 580-8311

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

☐ 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 _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4/11/11 Date frwd 4/11/11
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 4-11-11 Date frwd 4-11-11
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploug

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 4-12-11 Amount Paid 335.-
Received By B Hall Cash/Check No. 1321

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

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. HS000481

System Type: LAGOON

Situs: 18901 HIGH PLAINS PL

Legal Description: T08N-R06E-S25-1-Lot 1

Owner:

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

Issued: 04/12/2011
Expires: 04/11/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

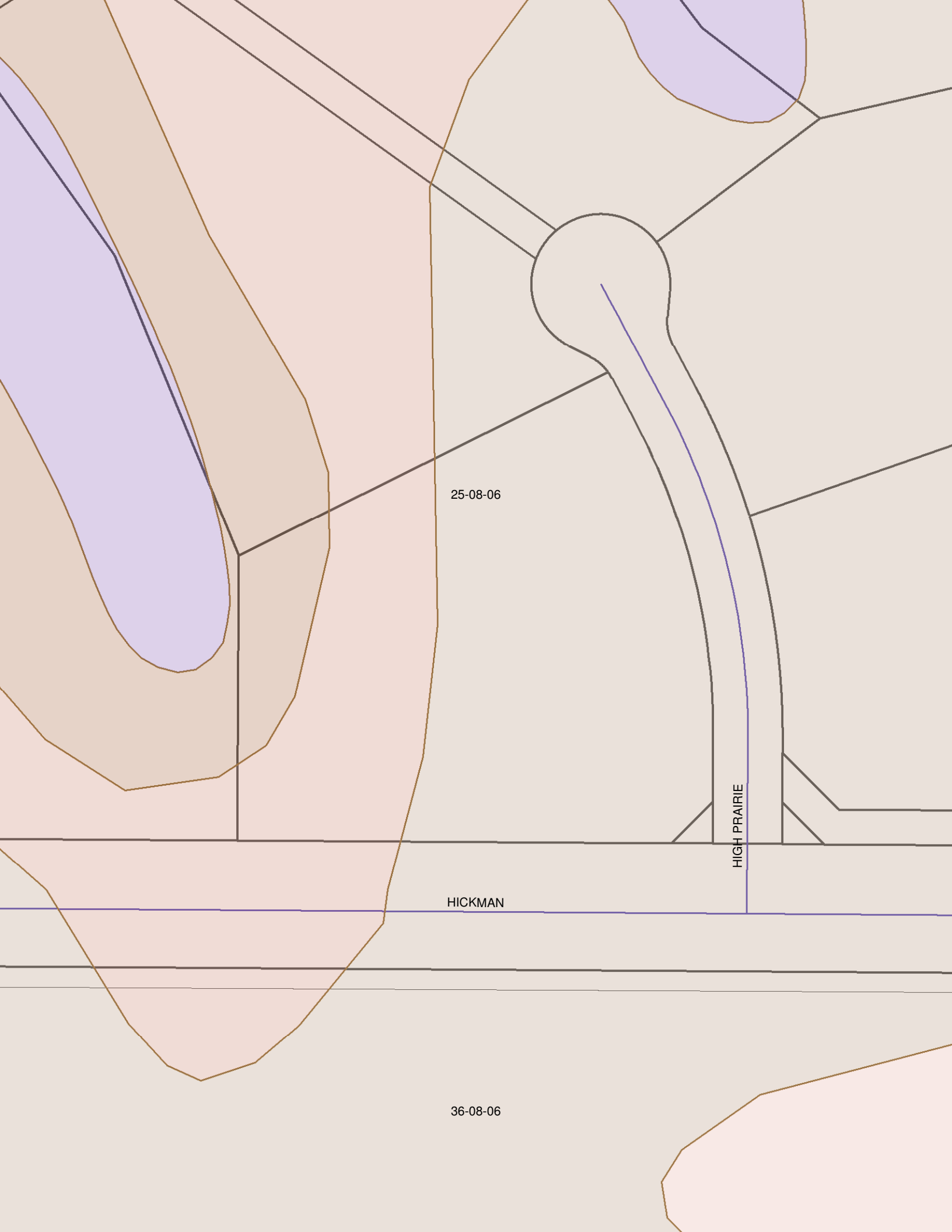
On-site Waste System Permit Holder:

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

GERLACH CARPENTRY
8531 LEXINGTON AVE
LINCOLN NE 68505


25-08-06
HIGH PRAIRIE
HICKMAN
36-08-06

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

Copy

SCANNED

A

Permit Number
H5000481

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

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Legal Description 25, 8, 6 HIGH PRAIRIE ESTATES 1 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name GERHART CARPENTRY INC Signature _____

Address 8531 LEXINGTON AVE SUITE 102B City/State/Zip LINCOLN NE

Home Phone 402-325-0079 Work Phone 610-1238

C. Certified Installer

Name: Paul Weber Signature Paul Weber

Address 10133 Willow Cove Lane City/State/Zip Firth NE 68358

Work Phone (402) 580-8311

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DO NOT WRITE BELOW THIS LINE

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

1. Health Department
Site visits 9/8/11 line + lagoon. Need fence
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4/11/11 Date frwd 4/11/11
ACTION ☐ Approved ☐ Disapproved Signature _____

3. City or County Engineer
Comments _____
Date rec'd 4-11-11 Date frwd 4-11-11
ACTION ☒ Approved ☐ Disapproved Signature Jim Ploush

Installation Final Written Approval
By _____
Date 9/22/11

Business Office Use Only
Date Received 4-12-11 Amount Paid 335-
Received By B Hall Cash/Check No. 1321

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

Form A Updated: 5/10