LLCHD HS000483

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

A

Permit Number
HS000483

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 _____ (no rural route) City _____, NE Zip _____

Legal Description 25, 8, 5 Wendelin Estates 1st 4 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Doug Karl Signature Doug Karl

Address 18400 SW 100 City/State/Zip Crete, NE 68333

Home Phone 402-826-4022 Work Phone 402-239-3438

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 2 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5

☐ 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 4/15/11
Date frwd 4/18/11
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 4-18-11 Amount Paid 335.00
Received By R. Hall Cash/Check No. 1167

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

4-20-2011 9:13:47

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. HS000483

System Type: LAGOON

Situs: Wendelin Estates, 1st Addition, Block

Legal Description: T08N-R05E-S25-4-Lot 3

Owner:

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

Issued: 04/19/2011
Expires: 04/18/2012

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

MK BUILDERS
3945 S 47TH ST
LINCOLN NE 68506

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

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Address _____ City _____, NE Zip _____
(no rural route)

Legal Description 25 / 8 / 5 Wendelin Estates 1st 4 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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C. Certified Installer

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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 _____
Date rec'd 4/15/11 ACTION ☒ Approved ☐ Disapproved
Date frwd 4/18/11 Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4/19/11 ACTION ☒ Approved ☐ Disapproved
Date frwd 4/19/11 Signature _____

3. City or County Engineer
Comments _____
Date rec'd 4/19/11 ACTION ☒ Approved ☐ Disapproved
Date frwd 4/19/11 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

Form A Updated: 5/10

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

SCANNED

A

Permit Number
H5000483

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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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 7/29/11
line + lagoon - needs fence
Date rec'd 4/15/11
Date frwd 4/18/11
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 Doug Smith
Date 9/26/11

Business Office Use Only
Date Received 4-18-11 Amount Paid 335.00
Received By B. Hunt Cash/Check No. 1167

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

Form A Updated: 5/10