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. HS000485

System Type: LAGOON

Situs: 12400 S. 162nd

Legal Description: T08N-R08E-S02-Lot 23

Owner:

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

Issued:	04/21/2011
Expires:	04/20/2012

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

CASEMENT TRENCHING
26001 IRONHORSE CT
FIRTH NE 68358

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

A

Permit Number HS000485

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 12400 S. 162nd (no rural route) City Bennet, NE Zip 68317

Legal Description 2 8 8

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

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

B. Owner

Name Nathan Dowding Signature _____

Address 12400 S. 162nd City/State/Zip Bennet NE 68317

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Michael Casement, Casement Trenching Signature _____

Address 26001 Iron Horse Ct City/State/Zip Firth NE 68358

Work Phone (402) 432-7880

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres _____

☐ 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 4/19/11 Date frwd 4/19/11
Comments Lime + Layer - DS. ACTION ☐ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd 4-19-2011 Date frwd 4-19-2011
ACTION ☑ Approved ☐ Disapproved Signature _____

3. City or County Engineer
Comments _____ Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval
By _____ Please complete NH
Date 4/25/11

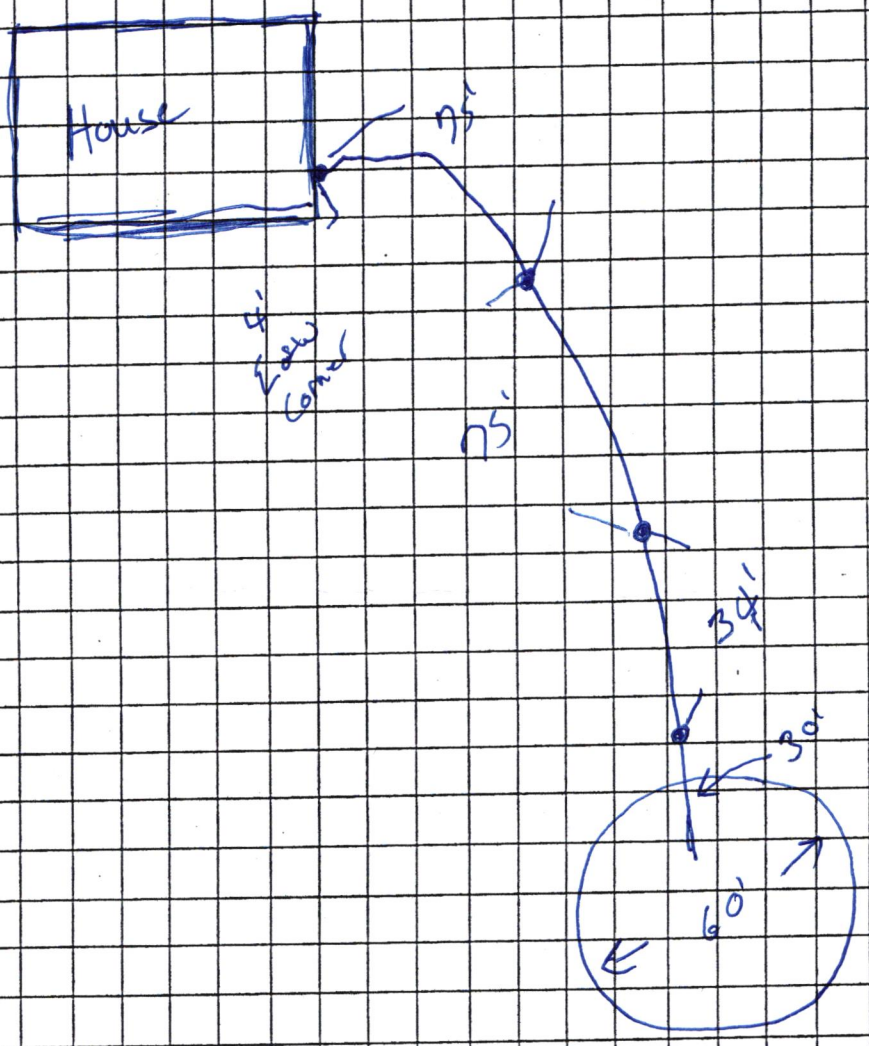
Business Office Use Only
Date Received 4-21-11 Amount Paid $335.-
Received By BH Cash/Check No. 2080

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

Form A Updated: 5/10

Indicate North with Arrow

12400 5.162 ac



Approximate Scale: _____ ft. = _____ grid line/s