LLCHD HS000493

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

A

Permit Number HS000493

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 9955 Saltillo Rd City Roca, NE Zip 68430
(no rural route)

Legal Description ~~SW~~ ~~SE~~ 1 8 7

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

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

B. Owner

Name Adam Holz Signature_____

Address 6212 S. 31st City/State/Zip Lincoln NE 68516

Home Phone_____ Work Phone_____

C. Certified Installer

Name: Michal Casement Signature _____

Address 26001 Ironhorse Ct. City/State/Zip Firth NE 68358

Work Phone_____

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 Date rec'd 5/24/11 **ACTION** ☐ Approved ☐ Disapproved
Site visits_____ Date frwd 5/24/11 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 5-24-11 Amount Paid 335—
Received By BDK Cash/Check No. 2103

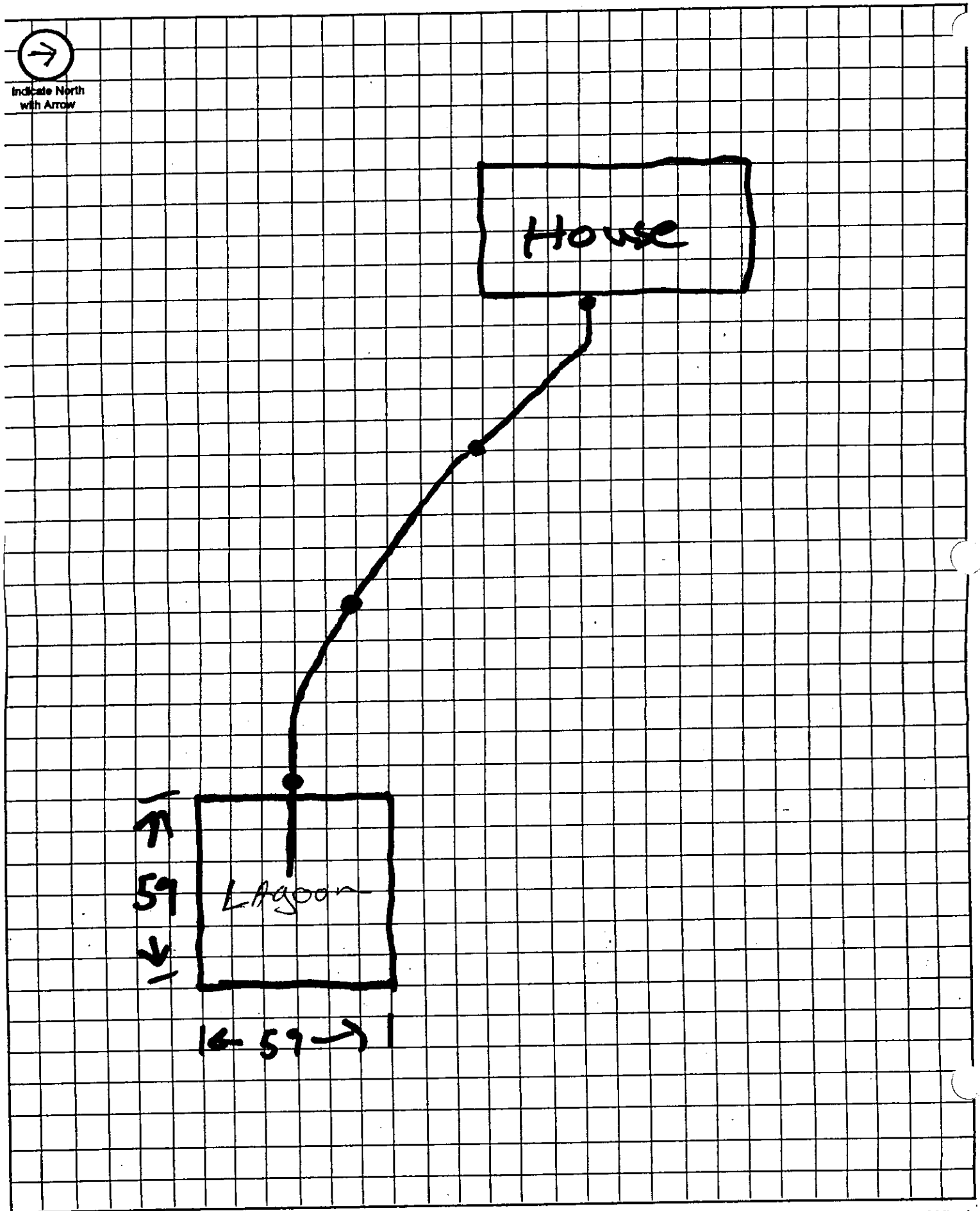
20+ acres inside 3-mile, no bld's approvals

White - Health Department Yellow - Engineer Building & Safety

Form A Updated: 5/10

5-25-2011 12:33: 4

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

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. HS000493

System Type: LAGOON

Situs: 9955 Saltillo Rd

Legal Description: T08N-R07E-S01

Owner:

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

Issued:	05/24/2011
Expires:	05/23/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

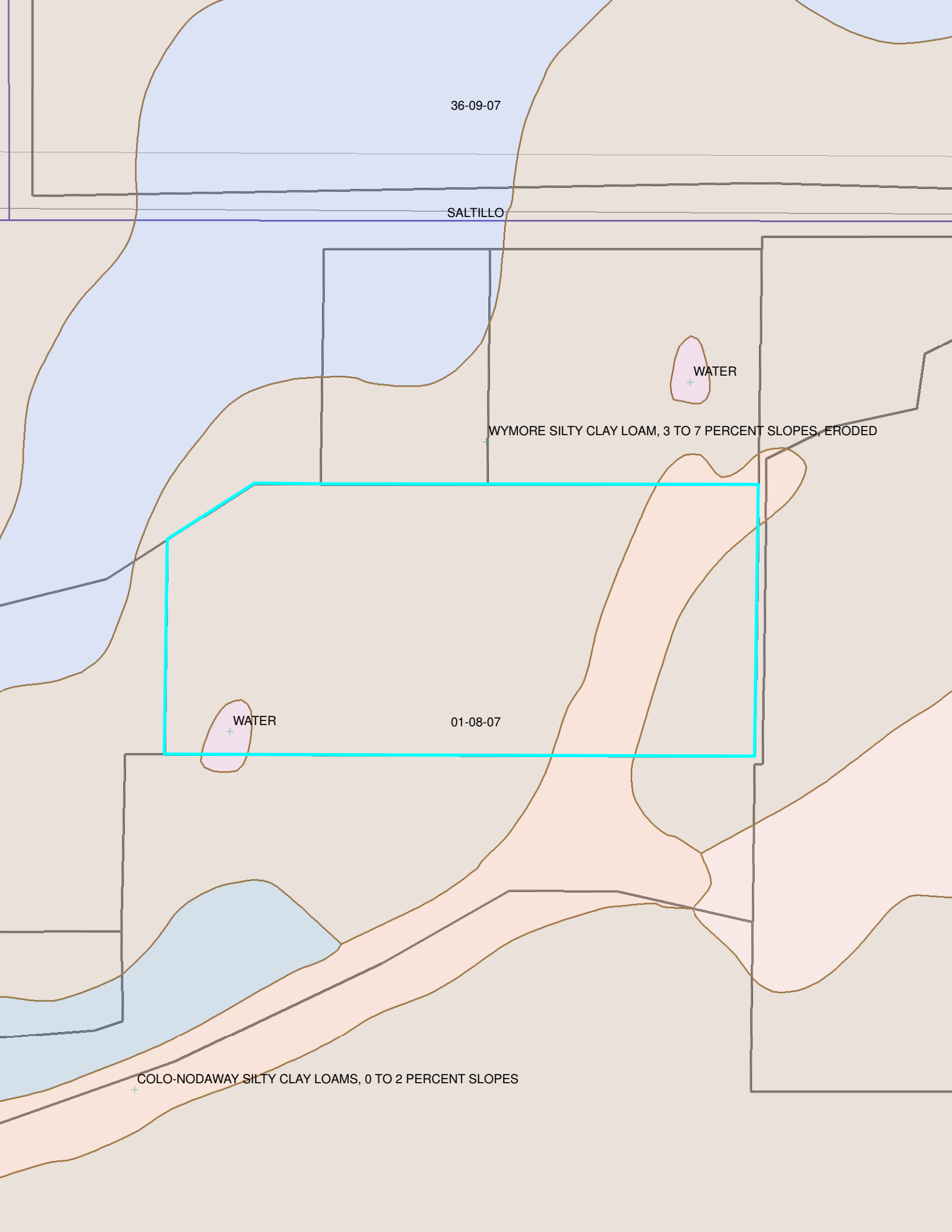
On-site Waste System Permit Holder:

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 IRON HORSE CT
FIRTH NE 68358


36-09-07
SALTILLO
WATER
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WATER
01-08-07
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES