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. HS000599

System Type: LAGOON

Situs:

Legal Description: T09N-R08E-S18-2-Lot 7

Owner: HANSEN, DALE & SANDRA
5421 S 61 STREET CT
LINCOLN NE
68516

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	04/02/2012
Expires:	04/02/2013

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

PRIDE HOMES
11401 VAN DORN
WALTON NE 68461


WHISPERING CREEK
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
18-09-08
114TH
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED

LLCHD HS000599

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

A

Permit Number HS000599

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 6230 South 114th (no rural route) City Lincoln, NE Zip

Legal Description 9 8 18 Whispering Creek original 2 7

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

18 | 9 | 8

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

B. Owner

Name Dale Hansen Signature

Address 5421 So 61st City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Brad Southwick Signature

Address City/State/Zip

Work Phone

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Brad Southwick Firm Southwick Sewer 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 Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Site visits Date frwd 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 3-28-12 Amount Paid 345.00
Received By DD Cash/Check No. 19689

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

Form A Updated: 5/10

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