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

A

Permit Number HS090628

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 27605 S 134 (no rural route) City Firth, NE Zip 68358

Legal Description NE 1/4 SE 1/4 29 Section 7 Township 8 Range ____ Subdivison ____ Addition ____ Block ____ Lot ____

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

B. Owner

Name Mike Obbink Signature ____

Address 27605 S 134 City/State/Zip Firth, Ne 68358

Home Phone ____ Work Phone ____

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 105 Locust P.O. 191 City/State/Zip Hickman, Ne 68372

Work Phone 430-7606

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 6/13/12 ACTION ☐ Approved ☐ Disapproved
Site visits ____ Date frwd 6/14/12 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 6-15-12 Amount Paid $190.-
Received By BH Cash/Check No 1377

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
REPAIR PERMIT

No. HS000628

System Type: LAGOON

Situs: 27605 S 134 ST

Legal Description: T07N-R08E-S29-Lot 10

Owner: OBBINK, CLIFFORD P & VICKI
27605 S 134 ST
FIRTH NE
68358

Permit Fee: $190.00

Total Fees: $190.00

Issued: 06/15/2012
Expires 06/15/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

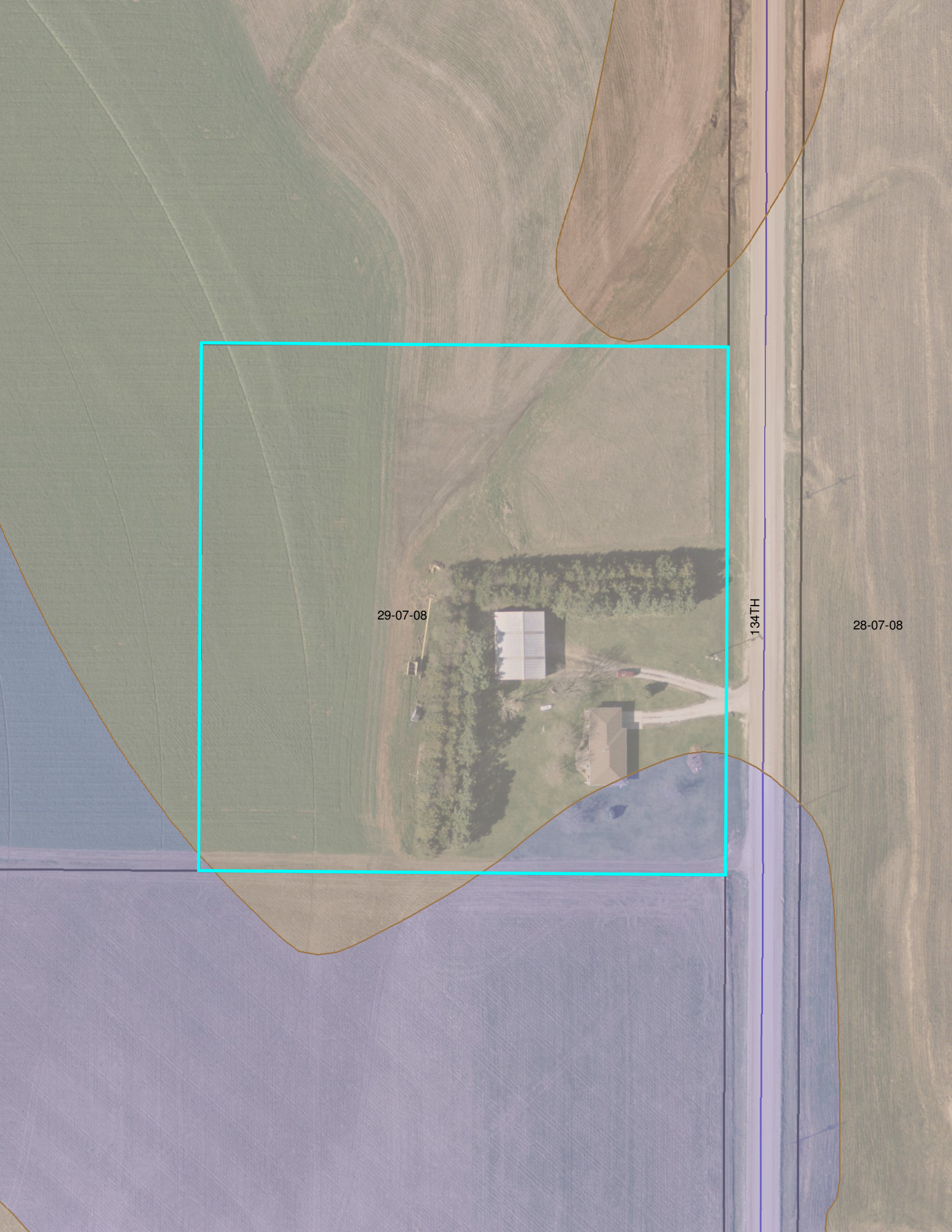
Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372


29-07-08
134TH
28-07-08