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

A

Permit Number HS000669

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 2400 So 54 (no rural route) City Firth, NE Zip 68358

Legal Description 16 7 7

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

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

B. Owner

Name Tracy LaTure Signature _____

Address 24100 S 54 City/State/Zip Firth, Ne 68358

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

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

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 2 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 80

☐ 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 10/8/12
Date frwd 10/8/12
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 10-9-12 Amount Paid 345.00
Received By BH Cash/Check No. 1389

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

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. HS000669

System Type: LAGOON

Situs:

Legal Description: T07N-R07E-S14-S1/2 of NW1/4

Owner: LATTURE, TRACEY L
6005 PANAMA RD
HICKMAN NE
68372

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	10/09/2012
Expires:	10/09/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

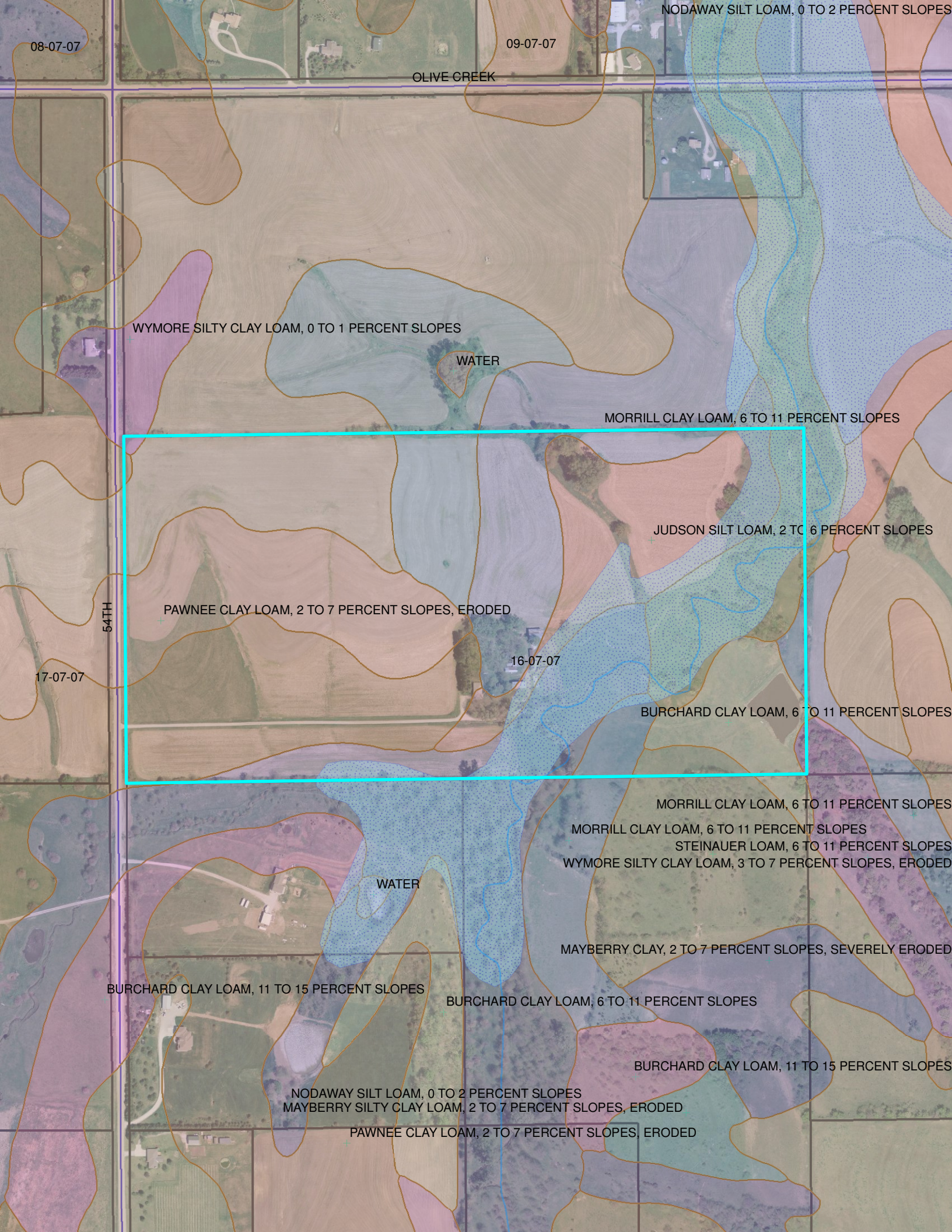
On-site Waste System Permit Holder:

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372


NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
08-07-07
09-07-07
OLIVE CREEK
WYMORE SILTY CLAY LOAM, 0 TO 1 PERCENT SLOPES
WATER
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
54TH
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
16-07-07
17-07-07
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WATER
MAYBERRY CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED

7012 0470 0001 4602 5041

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	

HS000669-NH

Postmark Here

Re
(En

T

Se

Str
or

Cit

ATTN: TRACEY LATTURE
24100 S 54TH
FIRTH NE 68352

PS Form 3800, August 2006

See Reverse for Instructions

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

HS000669

CITY OF LINCOLN NEBRASKA

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" Street Lincoln, NE 68510-1514
402-441-8000 TDD: 402-441-6284 fax: 402-441-6229

LANCASTER NEBRASKA
lincoln.ne.gov

August 22, 2013

Certified

Attn: Tracey Latture
24100 S. 54th
Firth, Ne 68352

Ms. Latture:

As a follow-up to our conversation, you had indicated that the home located at 24100 S. 54th currently does not have a fence around it's wastewater lagoon. A lagoon fence is required as per county resolution 02-30, 02-31 as well as state Title 124.

Within the next 30 days, a lagoon fence that meets standards must be constructed.

If a lagoon fence that meets standards is not constructed within this timeframe, the violation may be referred to the county attorney.

If you have any additional questions, call my office at 441-8643.

Sincerely,

Nate Hartman, REHS, CCIS
Environmental Health Division
Lincoln-Lancaster County Health Department

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

DEVELOPMENT SERVICES CENTER DSC

CERTIFIED MAIL™

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

7012 0470 0001 4602 5041

047J82005126
$07.11⁰
08/23/2013
Mailed From 68510
US POSTAGE

CITY OF LINCOLN NEBRASKA

SEP 23 2013

1st NOTICE 8-27-13
2nd NOTICE 8-31-13
RETURNED 9-11-13

UNC

ATTN: TRA
24100 S 54
FIRTH NE 6

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 68510151499 *1095-04296-26-46

68510@1514
68358$6179 R001

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: HS000669 NH

ATTN: TRACEY LATTURE
24100 S 54TH
FIRTH NE 68352

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7012 0470 0001 4602 5041

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540