NOV 14 2012

A

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000695

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 17005 Adams (no rural route) City Lincoln NE, Zip 68527

Legal Description 14 10 8 6th Principal Meridian 3NE
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 40.841256 Latitude -96.489368

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Craig + Lori Blake Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Michael Dietze Company Name Waverly Plumbing + Well Co

Address City/State/Zip PO Box 116 Waverly NE 68462

☐ Check if contractor designed system Work Phone 402 786 5620

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Firm Work Phone

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

Existing Home

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 11/20/12 Date frwd 11/20/12 **ACTION** ☑ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd 11-21-12
Amt Paid 355.00 345.- / #2933
Rec'd By BM Cash/Check No. 10.- / #2956

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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. HS000695

System Type: LAGOON

Situs:

Legal Description: T10N-R08E-S14-Lot 3

Owner: BLAKE, CRAIG M & LORI A
17005 ADAMS ST
LINCOLN NE
68527

Permit Fee:	$355.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$355.00
Issued:	11/21/2012
Expires:	11/21/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

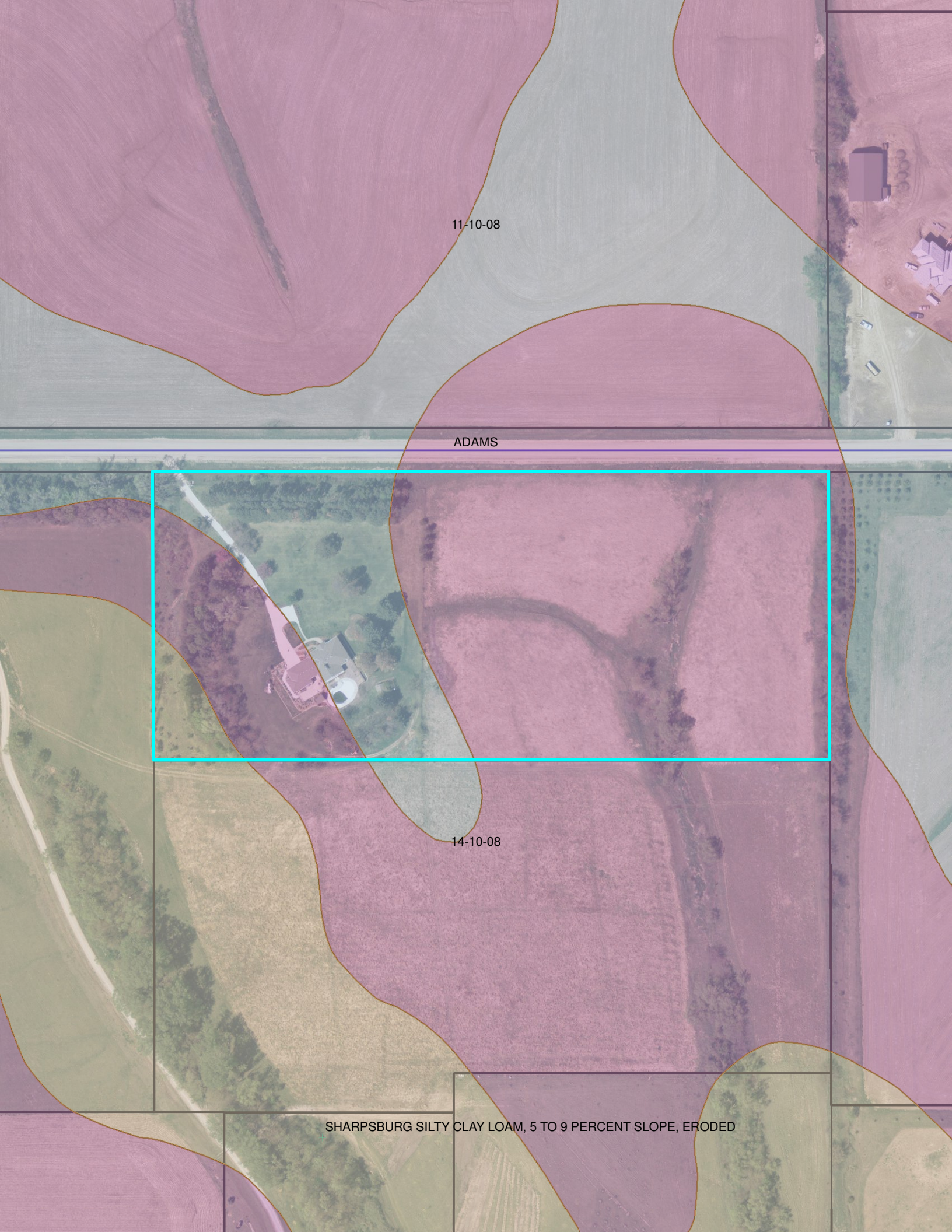
On-site Waste System Permit Holder:

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

WAVERLY PLUMBING
PO BOX 116
WAVERLY NE 68462


11-10-08
ADAMS
14-10-08
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED