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

**A**

Permit Number H50007/1

# 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 11701 Panama Rd. (no rural route) City Hickman, NE Zip 68372

Legal Description NE NE 7 7 8

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

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

## B. Owner

Name Erma Vanderbeek Signature _____

Address 11701 Panama Rd. City/State/Zip _____

Home Phone 788-2204 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 _____

## 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 _____

☐ 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 4/25/13 Line + lagoon Needs fence OS.
Date rec'd 12/27/12
Date frwd 12/27/12
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 Doug Anderson
Date 6/27/13

**Business Office Use Only**
Date Received 12-26-12 Amount Paid $355.-
Received By BJB Cash/Check No. 1401

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