Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000754

System Type: Lagoon

Situs: No Site Address

Issued: 5/22/2013

Expires: 5/22/2014

Description: COUNTRY ESTATES, Lot 1COUNTRY ESTATES, Lot 1

Owner: GARNER, CHRISTIE L
310 WITTSTRUCK RD
ROCA, NE 68430

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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
P.O. BOX 191
HICKMAN, NE 68372

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

A

Permit Number H50000754

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 Septic System Permit Pass

A. Onsite System Location

Address 2900 ~~Road~~ Rublman Cir City Mantell, NE Zip 68404
(no rural route)

Legal Description 17, 8, 6, Rublman Country Est 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Matt Rublman Signature _____

Address _____ City/State/Zip _____

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
Site visits _____
Date rec'd 5/20/13
Date frwd 5/20/13
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 5-20-13
Date frwd 5-20-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 5-20 Amount Paid 355.- CK
Received By BA Cash/Check No. 1416

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

Form A Updated: 5/10

Nate C. Hartman

From: Todd A. Stutzman
Sent: Monday, May 20, 2013 8:37 AM
To: Nate C. Hartman

Nate,

Country Estates Lot 1 (17-08-06) is a buildable lot.

Todd