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. HS000812

System Type: Lagoon

Situs: No Site Address Specified

Issued: 9/11/2013

Expires: 9/11/2014

Description: S19, T12, R6, Acres 6th Principal Meridian, LOT 30 NW

Owner: MAYO, KAREN L
1242 DUBLIN RD
LINCOLN, NE 68521

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

INFINITY EXCAVATING
7701 CORNHUSKER HWY STE 5
LINCOLN, NE 68507

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

A

Permit Number H3000 812

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 4919 W. Rock Creek Rd. (no rural route) City Raymond, NE Zip _____

Legal Description _____ 19 12 6 Acres 6PM Lot 30 NW

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

PID 13-19-100-006-000

B. Owner

Name Jason + Karen Mayo Signature _____

Address 1242 Dublin Rd City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Nathan Peterson Signature _____

Address 7701 Cornhusker Hwy Suite 5 City/State/Zip _____

Work Phone 402-202-8138

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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3+

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department
Site visits _____
Comments _____
Date rec'd 9/9/13
Date frwd 9/9/13
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 9-9-13
Date frwd 9-9-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 9-9-13
Date frwd 9-9-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 9/10/13 Amount Paid 355.00
Received By B. Tuttle Cash/Check No. 3687

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

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

SCANNED

A

Permit Number 43000 812

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)

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DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department

Site visits 7/17/14 fence installed

Comments

Date rec'd 9/9/13

Date frwd 9/9/13

ACTION ☑ Approved ☐ Disapproved

Signature

2. Supt. Bldg. Insp. or Village Clerk

Comments

Date rec'd 9-9-13

Date frwd 9-9-13

ACTION ☒ Approved ☐ Disapproved

Signature

3. City or County Engineer

Comments

Date rec'd 9-9-13

Date frwd 9-9-13

ACTION ☒ Approved ☐ Disapproved

Signature

Installation Final Written Approval

By

Date 4/23/14

Final Approval - Doug Ameen 7/17/14

Fence & Lagoon Weeds 4/23/14

Business Office Use Only

Date Received 9-10-13 Amount Paid 355.00

Received By D. Hall Cash/Check No. 3637

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

Form A Updated: 1/13