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

A

Permit Number HS000815

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 requirec 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 18451 S 176th (no rural route) City Bennet NE Zip 68317

Legal Description ____ ____ 26 5 5 ____ ____ ____ 5

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

PID 21-26-400 003-000

B. Owner

Name Ryan Cheney Signature ____

Address 18451 S 176th City/State/Zip Bennet NE 68317

Home Phone 402-432-4197 Work Phone ____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St City/State/Zip Dickman 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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.34

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day 225

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 ____ Date rec'd 9/16/13 ACTION ☒ Approved ☐ Disapproved

Date frwd 9/16/13 Signature ____

Comments ____

2. Supt. Bldg. Insp. or Village Clerk

Comments ____ Date rec'd ____ ACTION ☐ Approved ☐ Disapproved

Date frwd ____ Signature ____

3. City or County Engineer

Comments ____ Date rec'd ____ ACTION ☐ Approved ☐ Disapproved

Date frwd ____ Signature ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Received 9-17-13 Amount Paid 355.00

Received By GHALL Cash/Check No. 1102

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. HS000815

System Type: Lagoon

Situs: 18951 S 176 ST, RURAL, NE

Issued: 11/7/2013

Expires: 11/7/2014

Description: S26, T8, R8, 6th Principal Meridian, LOT 8 SE

Owner: CHENEY, RYAN A
18951 S 176 ST
BENNET, NE 68317

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 LIQUID WASTE
105 LOCUST ST.
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 HS000815

Onsite Wastewater Treatment System
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3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 18951 S 176th (no rural route) City Bennet, NE Zip 68317

Legal Description 26 8 8 8

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

PID 21-26-400-003-000

B. Owner

Name Ryan Cheney Signature

Address 18951 S 176th City/State/Zip Bennet NE 68317

Home Phone 402-432-4199 Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St 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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.29

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 225

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 Linda Cyprus - NH Date rec'd 9/16/13 Date frwd 9/16/13

Comments

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 Smith

Date 11/6/13

Business Office Use Only

Date Received 9-17-13 Amount Paid 355.00

Received By BHall Cash/Check No. 1102

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