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

JUL 25 2014

A

Permit Number
HS000940

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 _____ City _____, NE Zip _____
(no rural route)

Legal Description Outlot F The Preserve at Cross Creek 5th Addition
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-16-411-007-000

B. Owner

Name Land II
Signature Dan Klein
Address 1901 SW 5th Lincoln
City/State/Zip NE 68522
Home Phone _____
Work Phone 402-435-3550

C. Certified Installer

Name: Jason Kubik
Signature Jason Kubik
Address 105 Locust St
City/State/Zip Hickman NE 68372
Work Phone 402-440-7600

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 Dwellings Number of Bedrooms 7 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 6.32
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 _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ 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 7-25-14 Amount Paid 345.00
Received By SB Cash/Check No. 2036

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

Form A Updated: 1/13

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. HS000940

System Type: Lagoon

Situs: PRESERVE AT CROSS CREEK 5TH ADDITION, RURAL,NE

Description: PRESERVE AT CROSS CREEK 5TH ADDITION, THE, OUTLOT F

Issued: 8/11/2014

Expires: 8/11/2015

Owner: LAND II LLC
ATTN: DAN A KLEIN 1901 SW 5 ST
STE 100
LINCOLN, NE 68522

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

BAE LAND DEVELOPMENT CO
1901 SW 5TH ST., STE 100
LINCOLN, NE 68522

SCANNED

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

JUL 25 2014

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

PID 15-16-411-007-000 T4N, R7E, Sec 16

B. Owner

Name Land II Signature Dan Klein

Address 1901 SW 5th Lincoln City/State/Zip NE 68522

Home Phone _____ Work Phone 402-435-3550

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St City/State/Zip Hickman NE 68372

Work Phone 402-440-7602

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

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☑ Residential Dwelling(s) Number of Bedrooms 7 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 6.32
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 7/23/14 lagoon + line Date rec'd _____
7/24/14 Fence - (temporary) Date frwd _____
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 Kubik
Date 7/25/14

Business Office Use Only
Date Received 7-25-14 Amount Paid 305.00
Received By SB Cash/Check No. 2036

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

Form A Updated: 1/13