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

SEP 2 3 2014

**A**

Permit Number
HS0009770

# 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 100 Main ST (no rural route) City Hickman, NE Zip 68372

Legal Description 33 8 7 87+88

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

PID 15-33-400-006-000

## B. Owner

Name City of Hickman Signature

Address 115 Locust ST City/State/Zip Hickman NE 68372

Home Phone Work Phone

## C. Certified Installer

Name: Jason Kubik Signature

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 30.13

Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Restroom Design flow in gallons per day

Type of Wastewater ☒ Domestic ☐ Non-Domestic Holding tank

***DO NOT WRITE BELOW THIS LINE***

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

**1. Health Department** **ACTION** ☐ Approved ☐ Disapproved

Site visits Date rec'd Signature

Date frwd

Comments

**2. Supt. Bldg. Insp. or Village Clerk** **ACTION** ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

**3. City or County Engineer** **ACTION** ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

**Installation Final Written Approval**

By

Date

***Business Office Use Only***
Date Received 9-23-14 Amount Paid $375.00
Received By SB Cash/Check No. 2145

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. HS000970**

**System Type:** Standard

**Situs:** 100 MAIN ST, HICKMAN, NE

Issued: 9/30/2014

Expires: 9/30/2015

**Description:** S33, T8, R7, 6th Principal Meridian, LOT 87 SE & LOT 88 NE

**Owner:** CITY OF HICKMAN
115 LOCUST ST
HICKMAN, NE 68372

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