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

NOV 12 2014

A

Permit Number
HS000998

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 9500 Adams Street (no rural route) City _____, NE Zip _____

Legal Description 11 10 7 6th Principle Meridian 27
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 17-11-400-002-000

B. Owner

Name HARRY LEAVITT Signature _____

Address 8805 "O" Street City/State/Zip Lincoln NE 68520

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Waverly Plumbing + Well Co Michael P. Dietze Signature Michael P Dietze

Address PO Box 116 City/State/Zip Waverly NE 68462

Work Phone 402 786 5620

D. Engineer

☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ P.E. License Number: _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms _____ Whirlpool Bathtub? ☐ Yes ☐ No Garbage Grinder? ☐ Yes ☐ No Total Acres _____

☐ 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
Comments _____ Date frwd _____ Signature _____

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 11-12-14 Amount Paid $375.00
Received By SB Cash/Check No. 31248

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

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. HS000998

System Type: Lagoon

Situs: 9500 ADAMS ST, RURAL, NE

Issued: 11/13/2014

Expires: 11/13/2015

Description: S11, T10, R7, 6th Principal Meridian, LOT 27 SE

Owner: LEAVITT, HARRY P
8805 O ST
LINCOLN, NE 68520

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

WAVERLY PLUMBING & WELL CO
P O BOX 116
14150 LANCASHIRE
WAVERLY, NE 68462

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 17-11-400-002-000

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C. Certified Installer

Name: Waverly Plumbing + Well Co Michael P. Dietze Signature Michael P Dietze

Address PO Box 116 City/State/Zip Waverly NE 68462

Work Phone 402 786 5620

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 8.204

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 12/11/14 Date rec'd _____

Date frwd _____

Comments Needs fence OK

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 _____

Date 3/24/15 # contacted + said rec's faxed?

Business Office Use Only
Date Received 11-12-14 Amount Paid $375.00
Received By SB Cash/Check No. 31248

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