Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001059

System Type: Standard

Situs: 1601 N 162 ST, RURAL, NE

Issued: 4/29/2015

Expires: 4/29/2016

Description: S15, T10, R8, 6th Principal Meridian, LOT 9 SE

Owner: BURMESTER, JILL K
1601 N 162 ST
LINCOLN, NE 68527

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval 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
Phone: 402-441-8643

APR 27 2015

COPY

A

Permit Number
HS01059

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.

REPAIR

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 1601 N 162nd (no rural route) City LINCOLN, NE Zip 68527

Legal Description: 15 (1/4) 10 (1/4) 8 (Section) 6th Principal Meridian (Township) 9E (Range) (Subdivison) (Addition) (Block) (Lot)

Geographical Location (if known): Lat/Long: PID 23-15-400-005-000

B. Owner

Name Jill K Burmester Signature

Address 1601 N 162nd City/State/Zip LINCOLN NE 68527

Home Phone Work Phone

C. Certified Installer

Name: 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

REPAIR

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.17

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

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
Date frwd
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

Business Office Use Only
Date Received 4-27-15 Amount Paid $205.00
Received By SB Cash/Check No. 31574

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

Form A Updated: 5/10

+ Replacing existing Lateral - adding Extra Length on a