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

A

Permit Number
HS001095

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 16181 S. 73rd St. SB (no rural route) City Hickman, NE Zip 68372

Legal Description Mueller Addition 1 1

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

PID 15-22-105-001-000

B. Owner

Name Lori Miller Signature

Address 4801 Grassridge Rd City/State/Zip

Home Phone Lincoln, NE 68512 Work Phone 402-580-8562

C. Certified Installer

Name: Jaime Kubik Signature Jaime Kubik

Address 105 Locust St. Box 191 City/State/Zip Hickman, NE 68372

Work Phone 402-475-2462

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.06

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 4/15/15 Amount Paid $375.00
Received By SB Cash/Check No. 1531

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. HS001095

System Type: Lagoon

Situs: No Site Address Specified

Issued: 7/20/2015

Expires: 7/20/2016

Description: MUELLER ADDITION, BLOCK 1, Lot 1

Owner: MILLER, BRAD B & LORI C
4801 GRASSRIDGE RD
LINCOLN, NE 68512

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

BRAD & LORI MILLER
4910 S 65TH ST
LINCOLN, NE 68516

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

Exhibit 5

Permit Number: HS001095

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/20/15 Legal Description ____ ¼ ____ ¼ 22/8N/7E Section/Township/Range 13/21 Lot 2

Onsite System Location

Address (no rural route) n/a ≅ 16181 S 73rd ST City Roca

Owner Lori Miller Address 4801 Grassridge Rd

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1783 Sq. Ft. Tank Size 2000 gals

Total length of laterals 492 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals X Width 36 No. of Drop Boxes na Distribution Box 1

Leveling Method Used na

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐ na	500 ☐ na	50 ☑	NA ☑	10 ☑	5 ☑
Field (ft)	100 ☑	500 ☐ na	50 ☑	4 ☑	25 ☐	5 ☑

Geographical Coordinates to 6 Decimals:

Tank na

Lateral #1 na Lateral #3 na

Lateral #2 na Lateral #4 na

Comments:

Inspections prior to Final Approval
Initial JM Date 10/20/15

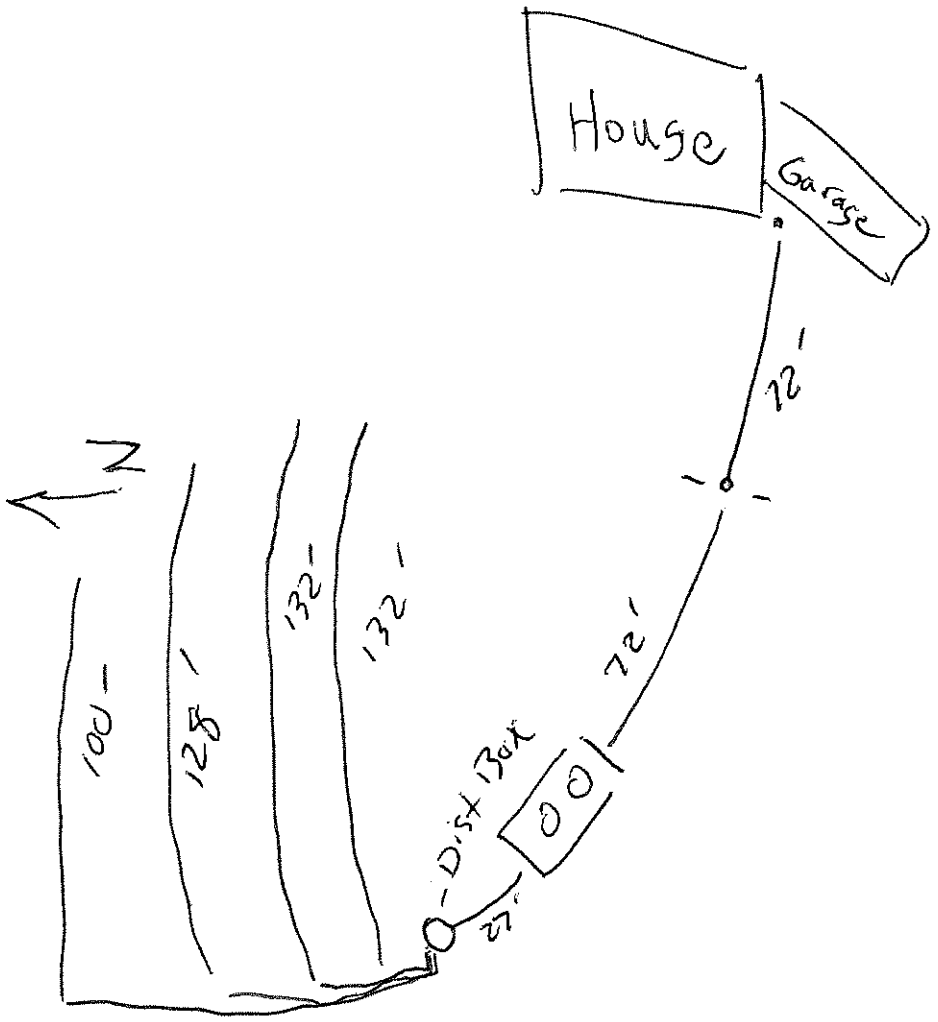
Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By [signature]
Date 10/20/2015

Field Note Drawing (See Reverse Side):

Updated 4/15



field drawing already covered JM

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

Exhibit 5

Permit Number: HS001095

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/20/15 Legal Description ____ ¼ ____ ¼ 22/8N/7E Section/Township/Range 13121 Lot 2

Onsite System Location

Address (no rural route) n/a ≅ 16181 S 73rd ST City Roca

Owner Lori Miller Address 4801 Grassridge Rd

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

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Geographical Coordinates to 6 Decimals:

Tank na

Lateral #1 na Lateral #3 na

Lateral #2 na Lateral #4 na

Comments:

Inspections prior to Final Approval
Initial ____ Date 10/20/15

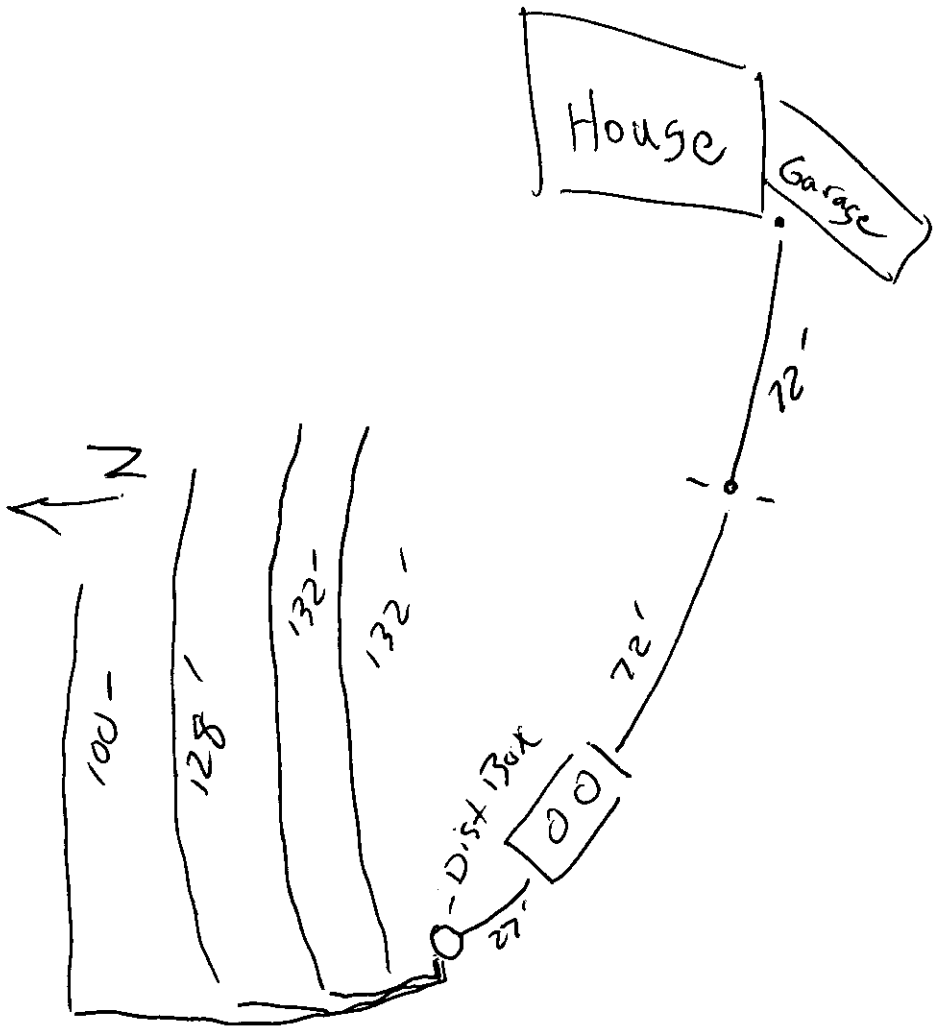
Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date 10/20/2015

Field Note Drawing (See Reverse Side):



field drawing already covered gm