att mtr.

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

A

Permit Number
HS001115

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 11200 N 14th Street (no rural route) City Lincoln, NE Zip 68531

Legal Description _____

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Tyler & Lisa Jamison Signature _____

Address SAME City/State/Zip SAME

Home Phone 402-560-2809 Work Phone _____

C. Certified Installer

Name: Scott Subbert Signature _____

Address 1012 CO. RD. M City/State/Zip MEAD, NE 68041

Work Phone 402-443-6549

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres _____

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 300

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 Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature _____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

3. City or County Engineer Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 8-11-15 Amount Paid $375.00
Received By SB Cash/Check No. Am. Ex. 3220

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

Form A Updated: 5/10