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

A

Permit Number HS001193

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 29192 SW 72 St (no rural route) City Hallam, NE Zip 68368

Legal Description ____ ____ 36 7 5 ____ ____ ____ ____

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

Geographical Location (if known): Lat/Long: ____ PID 01-36-300-004-000

B. Owner

Name Dianne L Ayres Signature Dianne L Ayres

Address 29192 SW 72 St City/State/Zip Hallam NE 68368

Home Phone 402 540 3418 Work Phone ____

C. Certified Installer

Name: Paul Weber - Weber Well Signature Paul Weber

Address 10133 Willow Cove Lane City/State/Zip Firth Nebr 68358

Work Phone (402) 580-8311

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres ____

☐ 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 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 2-1-16 Amount Paid $385.00
Received By SB Cash/Check No. cash

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

Form A Updated: 5/10

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. HS001193

System Type: Lagoon

Situs: 29192 SW 72 ST, RURAL, NE

Issued: 2/8/2016

Expires: 2/8/2017

Description: S36, T7, R5, 6th Principal Meridian, LOT 5 SW

Owner: HAGEMEIER, DIANE
29192 SW 72 ST
HALLAM, NE 68368-7878

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

DIANNE AURES
29192 SW 72ND ST
HALLAM, NE 68368