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

A

Permit Number
HS001317

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 6601 Alpine Rd (no rural route) City DENTON NE Zip 68339

Legal Description 13 9N 5 SB Timberline Estates 1 3

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

PID 03-13-404-003-000 SB Lat 40.8101 Long -96.8053

B. Owner

Name Timothy & Nancy Coles Signature

Address 6601 Alpine Rd City/State/Zip Denton, NE 68339

Home Phone 402-797-2291 Work Phone

C. Certified Installer

Name: Jeff Schoeneck Signature Jeffery N Schoeneck P.E.

Address 26720 Elkhorn Oaks Cir City/State/Zip Arlington, NE 68002

Work Phone 402-720-9209

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 5

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 8-1-16 Amount Paid $385
Received By SB Cash/Check No. 1546
CC-VISA 8436

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

Form A Updated 1 13