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

A

Permit Number HS001387

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 126th Mill Rd (no rural route) City _____, NE Zip _____

Legal Description NE 7 11 5 11

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

PID 05-07-200-005-000 SB *Approx. Address (If to be determined) _____

B. Owner

Name Cory Carlson Signature _____

Address ~~126th Mill Road~~ 2060 Courthouse Rd City/State/Zip Raymond, Ne. 68428

Home Phone 402-730-9014 Work Phone 402-613-8075

C. Certified Installer

Name: Dan Anderson Signature _____

Address Box 146 City/State/Zip Meadow, Ne. 68041

Work Phone 402-624-3895

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 6 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20

Garbage Grinder? ☒ Yes ☐ No

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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 1/17/17 Amount Paid $395.00
Received By SB Cash/Check No. NISA 11429

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. HS001387

System Type: Lagoon

Situs: No Site Address Specified

Issued: 1/23/2017

Expires: 1/23/2018

Description: S7, T11, R5, 6th Principal Meridian, LOT 11 NE

Owner: CARLSON, CORY D & JESSICA M
2060 WESTFORK LN
RAYMOND, NE 68428

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

CORY CARLSON
2060 WESTFORK LN
RAYMOND, NE 68428