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

A

Permit Number
HS002092

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* _____ City _____, NE Zip _____
(no rural route)

Legal Description S15 T8 R7 South Ridge Acres 3 10
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-15-403-010-000 *Approx. Address (If to be determined) _____

B. Owner

Name Tesa's Freezer Signature _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Mueller Signature _____
Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446
Work Phone 402-430-2946

D. Engineer

☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ P.E. License Number: _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.53
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

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 9-04-20 Amount Paid $430.00
Received By JMD Cash/Check No. 027194

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

Form A Updated: 4/15