attn Matt

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

A

Permit Number HS002141

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

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 13320 (no rural route) Havelock Ave City Lincoln, NE Zip 68528

Legal Description 5 10 8E 7

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

Geographical Location (if known): Lat/Long: PID 23-05-400-003-000

B. Owner

Name Shirley Hobza Signature

Address 13320 Havelock Ave City/State/Zip Lincoln NE 68528

Home Phone 402-525-8764 Work Phone

C. Certified Installer

Name: Scott Stubbert Signature Scott Stubbert

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 4 Is there a Whirlpool Bathtub? ❑ Yes ✓ No Total Acres 5

❑ 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

Health Department
Date rec'd
Date frwd
ACTION ❑ Approved ❑ Disapproved
Signature
Site visits

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

City or County Engineer
Date rec'd
Date frwd
ACTION ❑ Approved ❑ Disapproved
Signature
Comments

Installation Final Written Approval

Date

Business Office Use Only
Date Received 11-17-20 Amount Paid $440.00
Received By JAD Cash/Check No CC 4809

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

Form A Updated: 5/10

Received Time Nov. 17. 2020 8:12AM No. 1665

Alan Nate.

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Septic System

Print or Type

Shirley | Initial: H | Hobza | 402-525-8764

Owner First Name | Initial | Last Name | Owner Phone Number

Business or Legal Entity Name (if applicable)

13320 Havelock Ave | Lincoln | NE | 68528

Owner Mailing Address | City | State | Zip

Physical address of system if different from owner's mailing address

Location — Legal description OR Geographical coordinates to 4 decimal points

__ ¼ __ ¼ | 5 Section | 10 Township | 8-E Range | Lancaster County | Latitude | Longitude

Mark One ☒ Dwelling ☐ Non-dwelling

Mark One

☒ New system ☐ Modification, reconstruction or alteration of existing system ☐ System inspection only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow 500 gal/day — Depth to seasonal high groundwater 30 feet

Septic tank capacity 1500 gallons — Percolation rate _____ min/inch

Number of trenches 2 — Width of trenches 54 inches

Total trench length 250 feet — Total effective trench bottom area _____ sq. ft.

Soil Absorption System Description (Select one of the following):

- ☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
- ☐ Gravelless chambers with filter material (describe filter material _____)
- ☐ Pipe with filter material (describe filter material _____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
- ☐ Gravelless pipe with filter material (describe filter material _____)
- ☒ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter 3 x 12" in.) Easy flow
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
- ☐ Other (describe) _____

Previous system registration number (if applicable) TS_____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Scott | J | Sybert | C1996

(Print or Type) First Name | Initial | Last Name | Certificate/License Number

Scott Sybert

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist | Date of Inspection or completion of construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

Version 5-2012

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Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002141

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/18/2020

Expires: 11/18/2021

Description: S5, T10, R8, 6th Principal Meridian, LOT 7 SE

Owner: HOBZA, CHARLES J & SHIRLEY J
13320 HAVELOCK AVE
LINCOLN, NE 68527

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

SCOTT SUBBERT
1012 COUNTY RD 7
MEAD, NE 68041