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

A

Permit Number HS002142

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 5955 Stagecoach Rd (no rural route) City Hickman, NE Zip 68512

Legal Description NW 4 7N 7E 41 (40)

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

PID 1404100012000

B. Owner

Name MK Builders Signature

Address 8230 Cody Dr. City/State/Zip Lincoln, NE 68512

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 No 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-432-2946

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

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
Date Received 11-10-20 Amount Paid $440.00
Received By JMO Cash/Check No. CC 4194

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

Form A Updated: 1-13

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. HS002142

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/18/2020

Expires: 11/18/2021

Description: S4, T7, R7, 6th Principal Meridian, LOT 47 NW

Owner: GRAEF, GEORGE L & MICHELLE I
5955 STAGECOACH RD
HICKMAN, NE 68372

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 MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446