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

A

Permit Number HS002147

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 10945 Pioneers City _____, NE Zip _____
(no rural route)

Legal Description S12 T9 R7 Pioneer Ridge 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 16-12-201-003-000

B. Owner

Name Kinnins Design Build Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Mueller Signature _____

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

Work Phone 402-430-2946

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 4 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 _____ Date frwd _____
Comments _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

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

3. City or County Engineer
Comments _____ Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 11-25-20 Amount Paid $440.00
Received By JKO Cash/Check No 007194

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. HS002147

System Type: Lagoon

Situs: No Site Address Specified

Issued: 12/1/2020

Expires: 12/1/2021

Description: PIONEER RIDGE ADDITION, Lot 3

Owner: MAHAPATRA, AMRITA BEDI & RAVI P
5200 TROTTER RD
LINCOLN, NE 68516

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