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

A

Permit Number HS002403

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* 25600 S 148th City _____, NE Zip _____
(no rural route)

Legal Description 22 7N 8E 23
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 2022/0000/6000 *Approx. Address (If to be determined) _____

B. Owner

Name _____ Signature _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Harper Well Signature _____
Address PO Box 15 City/State/Zip Adams NE 68320
Work Phone 402-432-2204

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 2 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.51
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 _____
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 5-05-22 Amount Paid $450.00
Received By JAC Cash/Check No 005971

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

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. HS002403

System Type: Lagoon

Situs: No Site Address Specified

Issued: 5/9/2022

Expires: 5/9/2023

Description: S22, T7, R8, 6th Principal Meridian, LOT 23 NW

Owner: AL-ZAYADI, HAMID
25600 S 148 ST
ADAMS, NE 68301

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

LEONARD HARPER
PO BOX 15
ADAMS, NE 68301

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

SCANNED

A

Permit Number HS002403

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* 25600 S 148th (no rural route) City _____, NE Zip _____

Legal Description 22 7N 8E 23
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 2022/00006000 *Approx. Address (If to be determined) _____

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: HARPER WELL Signature _____

Address PO Box 15 City/State/Zip Adams NE 68301

Work Phone 402-432-2204

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 2 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.51
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 5/5/22
Site visits Lagoon - OK
Needs fence
Comments 9-1-22 - fence installed

Date rec'd 5/9/22
Date frwd 5/9/22

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 9/12/22

Business Office Use Only
Date Received 5-5-22 Amount Paid $450
Received By JAD Cash/Check No 005971

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

Form A Updated: 4/15