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

**A**

Permit Number
HS002502

# 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 16051 Highlander (no rural route) City Lincoln NE Zip 68516

Legal Description 12 9 7 Eastman R 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 16-12-303-004-000 LC

## B. Owner

Name Tenie North Custom Homes Signature

Address City/State/Zip

Home Phone Work Phone

## C. Certified Installer

Name: Scott Mueller Signature

Address 1545 No 28th 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 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
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 1-25-23 Amount Paid 460.00
Received By LC Cash/Check No CC7782

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. HS002502**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 1/31/2023

Expires: 1/31/2024

**Description:** EASTMARK ADDITION, Lot 4

**Owner:** 51 HOLDINGS LLC
5600 S 59 ST STE 206
LINCOLN, NE 68516

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

SCOTT MUELLER
1345 N 26 RD
SYRACUSE, NE 68446