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

A

Permit Number
HSD02503

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 18250 Unknown Rd (no rural route) City Bennett, NE Zip 68317

Legal Description 25 8 8 6th Principal Meridian 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-25-300-003-000 LC

B. Owner

Name Destiny Homes 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 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 Use Only
Date Received 1-25-23 Amount Paid 460.00
Received By LC Cash/Check No. CC 7782

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. HS002503

System Type: Lagoon

Situs: No Site Address Specified

Issued: 1/31/2023

Expires: 1/31/2024

Description:

Owner: HOBELMAN, ROBIN L
5001 RENTWORTH DR
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

#SPW01949

HEALTH ACCELA PERMITS
3131 O STREET
LINCOLN, NE 68510

01/11/2024 09:21:08

CREDIT CARD

MC SALE

Card #	XXXXXXXXXXXX9318
SEQ #:	1
Batch #:	35
INVOICE	1
Approval Code:	097459
Entry Method:	Manual
Mode:	Online
Tax Amount:	$0.00
Cust Code:	
Card Code:	M

SALE AMOUNT $60.00

CUSTOMER COPY

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street - Lincoln, NE 68510-1514
(402) 441-8002

NEW PERMIT APPLICATION
Special Waste Permit
Permit No. HSPW01949

To dispose of your special waste(s), you need to review and permit your Special Waste Disposal.
PLEASE REVIEW this application including the listing of your current Special Waste inventory items on pages 4 to 5.
Write in any missing or incorrect information in the boxed areas below. If there are any questions about the permit or fees, please contact the Special Waste Staff at (402) 441-8002 or spwaste@lincoln.ne.gov.

SECTION A-1: Business Information

	Facility:	Owner:
Name	NE AIR NATIONAL GUARD - 155TH ARW	NE AIR NATIONAL GUARD - 155TH ARW
Address	2420 W BUTLER AVE LINCOLN, NE 68524	2420 W BUTLER AVE LINCOLN, NE 68524
Phone		
FAX		
Email		

SECTION A-2: Fee Detail

	Fee Amount	Payments Total	Refunds Total	Fee Balance
Waste Type 30	$60.00	$0.00	$0.00	$60.00
		Total Amount Due		**$60.00**

Please Make Checks Payable to LLCHD

Electronic Funds Transfer Notification: When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

For credit card payment with no changes to application:
Please call **402-441-8002**, refer to the HSPW number in upper right hand corner of this form.

SECTION A-3: Permit Information Validation

I hereby certify that, to the best of my knowledge, all information submitted is complete and accurate and I am reporting all special waste types and quantities that I discard. Further, I have reviewed my wastes and have reduced them to the maximum extent practical.

Print Name	Authorized Signature	Title	Date
			____/____/____

Official correspondence for this permit is mailed to:

NE AIR NATIONAL GUARD - 155TH ARW
2420 W BUTLER AVE
LINCOLN, NE 68524

For LLCHD Business Office Use
Account Code - 12125.3169
Rec'd by JAV Date 1-11-24
Amount $60 CK# CC 9318

RETURN THIS ENTIRE PAGE WITH PAYMENT

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street - Lincoln, NE 68510-1514
(402) 441-8002

PERMIT RENEWAL APPLICATION
Water Well Permit
Permit # HW001276
Permit expires December 31, 2023

PLEASE REVIEW this application. **Write in any missing or incorrect information in the boxed area below**. If there are any questions about the permit or fees, contact the Water Program at (402) 441-6272 or cschroeder@lincoln.ne.gov .

The fee for renewing your permit on or before December 31, 2023 is $165.00.
Permits not renewed on or before December 31, 2023 will increase to $219.45.
Permits not renewed on or before January 30, 2024 will increase to $275.55.

	Permittee:	Property Owner:
Name	STEVENS, GLENN M & CONNIE J	STEVENS, GLENN M & CONNIE J
Address	420 ANTHONY LN LINCOLN, NE 68506	420 ANTHONY LN LINCOLN, NE 68506
Phone	402-432-0166	
FAX		
Email	CONNIEJSTEVENS@GMAIL.COM	

Well Location:	420 ANTHONY LN
Well Use:	Potable
Well ID:	
Parcel ID:	1726202003000
DNR Registration:	
City Water Connection:	No

	Fee Amount	Payments Total	Refunds Total	Fee Balance
Well Renewal Fee	$165.00	$0.00	$0.00	$165.00
			Total Amount Due	**$165.00**

Please Make Checks Payable to LLCHD

Electronic Funds Transfer Notification:
When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

Have you had your water well repaired within the last 12 months?
☐ Yes ☒ No
If yes, please briefly describe the type of water well repair.

_____

_____

RETURN THIS ENTIRE PAGE WITH PAYMENT

For LLCHD Business Office Use
Account Code - 12123.3162
Rec'd by LT Date 1/9/24
Amount $165 CK# 1266

H_WELL_APP_Water_Well_Renewal_App - 11/20/2023

Official correspondence for this permit is mailed to:

STEVENS, GLENN M & CONNIE J
420 ANTHONY LN
LINCOLN, NE 68506

Permit # HW001276