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

A

Permit Number HS00[illegible]509

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* 7601 west Waverly RD City Malcom, NE Zip

(no rural route)

Legal Description S 14 T 11 R 5 1

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

PID *Approx. Address (If to be determined)

B. Owner

Name AJ Jeffery / Chris Roth Signature

Address City/State/Zip

Home Phone 308-991 4527 Work Phone

C. Certified Installer

Name: HARPER WELL Signature

Address PO Box 17 City/State/Zip ADAMS NE 68301

Work Phone 402-432-2201

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 3 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

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
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 3/5/23 Amount Paid $460.00
Received By JAH Cash/Check No. 6958

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

Form A Updated: 4/15

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. HS002509

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/2/2023

Expires: 3/2/2024

Description: S14, T11, R5, 6th Principal Meridian, LOT 1 NE

Owner: MACHINES LLC
ATTN: CHRIS ROTH PO BOX 27
DESHLER, NE 68340

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

HARPER WELL
PO BOX 15
ADAMS, NE 68301