Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 07380329301

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 1305 Olive Creek Rd (no rural route) City L NE, Zip

Legal Description NW 13 7 North 6 East
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Bruce Tied Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Firm Work Phone

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms ____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify Barn With Office 2 Bathroom

Design flow in gallons per day 25 Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 1/26/07 Date frwd 1/26/07 **ACTION** ☒ Approved ☐ Disapproved Signature Doug Ahlschwede
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature

* 101 feet from well
* Lateral needed to be moved back a few feet

Installation Final Written Approval

By

Date 5/14/07

Business Office Use Only
Date Rec'd 1/26/07
Amt Paid 290.00
Rec'd By CW Cash/Check No. 17785

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector