Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

009139

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380322801

Issued 07/28/06
Expires 07/28/07
Revenue Code 3157

Establishment:
MATT HATTERMAN
T11N R5E SEC 17
LOT 20IT
11050 NW 121 PL-MALCOLM

FEES: $275.00

Permittee:
MATT HATTERMAN
11050 NW 121 PL
MALCOLN NE 68402

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

JUL 27 2006

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

Permit Number: 06380322801

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 11050 NW 12 PL (no rural route) City Malcolm NE, Zip 68402

Legal Description 17 11N 5E 2077
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 Matt Hatterman Signature _____

Address 11050 NW 12 PL City/State/Zip Malcolm Ne 68402

☐ Check if owner designed system Home Phone 430-1396 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 105 Locust St. P.O. Box 197 City/State/Zip Hickman Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 3 Is there a Whirlpool Bathtub 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. 2832

1. **Health Department** Date rec'd 7/27/06 Date frwd 7/28/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

X 2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-25-06 Date frwd 7-25-06 ACTION ☒ Approved ☐ Disapproved Signature Nadine Lunk Clerk

3. **City or County Engineer** Date rec'd 7-28-06 Date frwd 7-28-06 ACTION ☒ Approved ☐ Disapproved Signature Larry L. Worrell

Installation Final Written Approval

By _____

Date 5/11/07

Business Office Use Only

Date Rec'd 1-28-06
Amt Paid 275.00
Rec'd By TH Cash/Check No. 1137

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