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

A

Permit Number:

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 18001 EAST "O" St (no rural route) City Lincoln / Eagle NE, Zip 68522

Legal Description ~~West ½ of the NW¼~~ 1/4 ~~SW¼~~ 1/4 25 Section 10N Township 8E Range ____ Subdivision ____ Addition ____ Block 127 Lot

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name Mike Niemeyer Signature [signature]

Address 1029 S. 35th City/State/Zip Lincoln NE 68510

☑ Check if owner designed system Home Phone 402 435-3058 Work Phone 402 430 5852

C. Contractor

Name Mike's Custom Homes Company Name S&D Plumbing

Address 1029 S. 35th City/State/Zip Lincoln NE 68510

☑ Check if contractor designed system Work Phone 402-430-5852

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 11/7/01 Date frwd 11/16/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd ____ Date frwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** (check floodplain) Date rec'd ____ Date frwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____

Installation Final Written Approval

— lagoon + fence

By Doug Ruhl

Date 3/30/09

Business Office Use Only

Date Rec'd 11/07/01

Amt Paid 200.00

Rec'd By ____ ~~Cash~~/Check No. 8639

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