LLCHD HS000034

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

SCANNED

A

Permit Number
HS0000034

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 10801 So 134th City Bennett, NE Zip 68317
(no rural route)

Legal Description [redacted] NE¼NW¼SENE¼ Lot 11 NE Sec 32 T9 R8
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☒ Check if system mail address is not the same as the owner's address Total Acres: 1.37

B. Owner

Name Frank Walton League Bldg Corp Signature [redacted] for Gene Rupa Chairman

Address 3414 Old Dominion Rd City/State/Zip Lincoln NE 68514

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: Vantage or Muhlbach ?? Company Name Don't know Yet

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☒ Commercial Establishment/Other Facility Specify Shooting Range Design flow in gallons per day _____

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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 11/6/07
Date frwd 11/6/07
ACTION ☑ Approved ☐ Disapproved
Signature [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 11/06/07 Amount Paid 305.00
Received By [signature] Cash/Check No. 19815

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

Form A Updated: 5-07

11-7-2007 14: 2:21

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

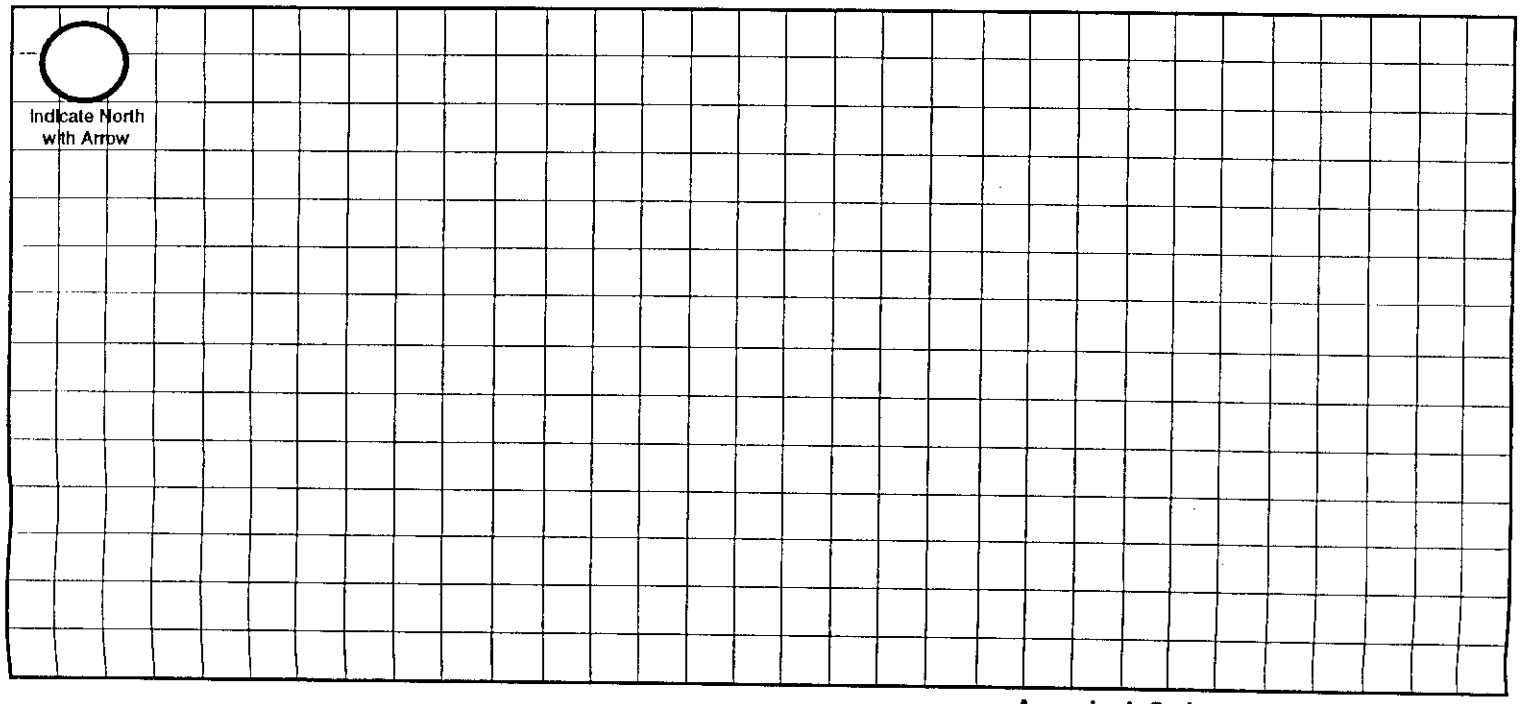
C

Permit Number: HS000034

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

FORM 23-102 10-96

11-7-2007 14: 2:24

LLCHD HS000034

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

D

Permit Number: HS000034

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) _____ City _____ NE, Zip _____

Owner _____ Address _____

A. Sewer Pipe

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

❑ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee ❑ 6" dia. inspection pipe
6. Outlet: ❑ baffle ❑ tee ❑ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ❑ Distribution Box ❑ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ❑ Yes ❑ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

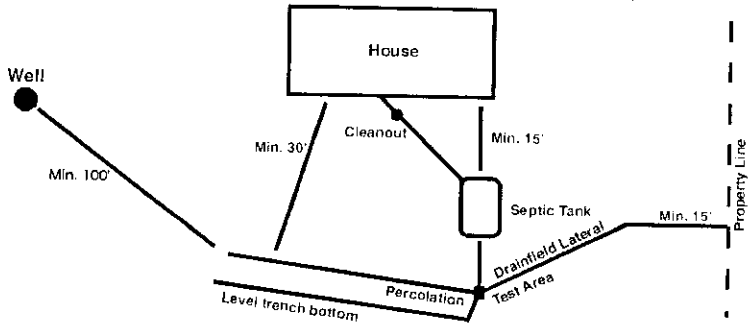
❑ Trench ❑ Bed ❑ Level Bottom

1. Type: ❑ Half rounds ❑ Perforated pipe ❑ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)



Onsite Form D 12_06

11-7-2007 14: 2:28

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000034

System Type: LAGOON

Situs: 10801 S 134 ST RUR-BENNET

Legal Description: T09N-R08E-S32-Lot: 11

Owner: LINCOLN IZAAK WALTON LEAGUE
2935 S 44 ST
LINCOLN NE
68506

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	11/07/2007
Expires:	11/06/2008

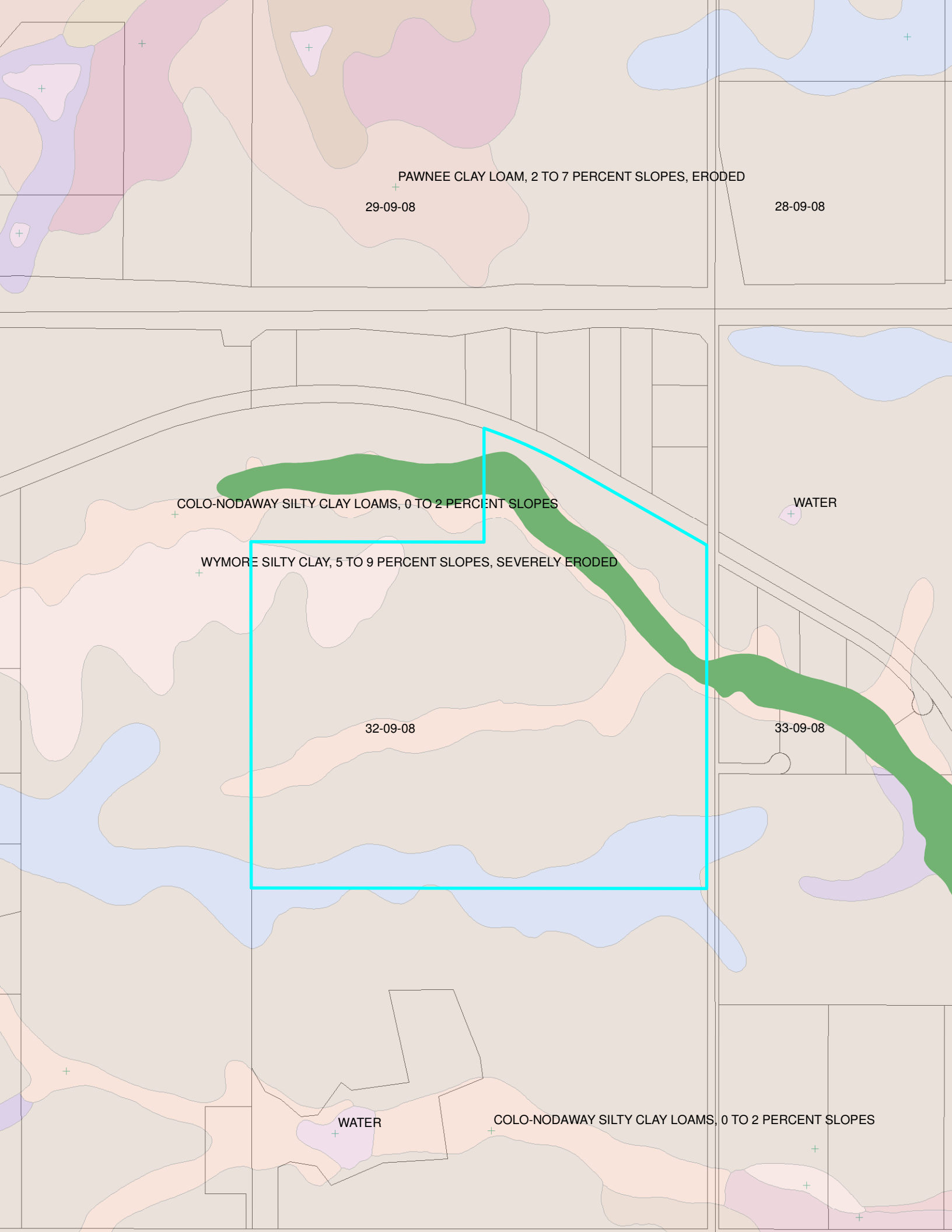
Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

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.

Bruce D. Dart, PhD
Health Director

LINCOLN IZAAK WALTON LEAGUE
2935 S 44 ST
LINCOLN NE 68506


PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
29-09-08
28-09-08
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
32-09-08
33-09-08
WATER
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES

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

A

Permit Number
HS0000034

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 10801 So 134th (no rural route) City Bennett, NE Zip 68317

Legal Description [redacted] NW¼NW¼SE¼ & Lot 11 NE Sec 32 T9 R8

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

Geographical Location (if known): Longitude: _____ Latitude: _____

☒ Check if system mail address is not the same as the owner's address Total Acres: 1.37

B. Owner

Name Frank Walton Lingue Bldg Corp Signature [redacted] for Gene Rupe Chairman

Address 3414 Old Dominion Rd City/State/Zip Lincoln NE 68514

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: Dankenbrock or Muhlbach ?? Company Name Don't Know Yet

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☒ Commercial Establishment/Other Facility Specify Shooting Range Design flow in gallons per day _____

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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 11/6/07
Date frwd 11/6/07
ACTION ☑ Approved ☐ Disapproved
Signature [redacted]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11-6-07
Date frwd 11-6-07
ACTION ☑ Approved ☐ Disapproved
Signature [redacted]

3. City or County Engineer
Comments * Approved Subject To Lagoon Protected From 100Yr Flood
Date rec'd _____
Date frwd _____
ACTION ☒ Approved * ☐ Disapproved
Signature [redacted]

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5-07

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

SCANNED

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Onsite Wastewater Treatment System
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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 10801 So 134th City Bennett, NE Zip 68317
(no rural route)

Legal Description [redacted] W½NW¼SE¼ & Lot 11 NE Sec 32 T9 R8
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☒ Check if system mail address is not the same as the owner's address Total Acres: 13.7

B. Owner

Name Frank Walton League Bldg Corp Signature [redacted] for Gene Rupa Chairman

Address 3414 Old Dominion Rd City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: Dankenbring or Muhlbach ?? Company Name Don't know yet

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____ 890-6780

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

Designer Name _____ Firm _____ Work Phone _____

Bill Seibert 432-6603 Wes Sheets 440-7264

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☒ Commercial Establishment/Other Facility Specify Shooting Range Design flow in gallons per day _____

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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ACTION ☑ Approved ☐ Disapproved
Signature [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 Doug Arnold
Date 3/30/09

Business Office Use Only
Date Received 11/06/07 Amount Paid 305.00
Received By [signature] Cash/Check No. 19815

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

Form A Updated: 5-07

Sent to Hall Colon

Appendix D

Onsite System Registration Form G

NDEQ Use Only
REG # _____
Fee Rcvd? ____

Existing System Registration # _____ (If previously registered)

(Please type or print) (Must be filed within 45 days of inspection or completion of work)

System Location and Ownership:

Owner's Last Name	First Name	Middle Init	Owner's Phone number
Izaak Walton League			

Owner's Mailing Address	City	State	Zip code
10801 S. 134th St	Bennet	NE	68317

System Location Physical Address (If different than owner's)	Nearest Community
Same	Lincoln or Bennet

System Location Legal Description:

1/4	1/4	Section #	Township	Range	County	Latitude	Longitude
		32	9	8	Lancaster Bennet NE		

6th Principal Meridian NW2 NW2 SE 4 SW2 NE Lot 11 NE

System Information:

System is for: ☐ Dwelling with ____ bedrooms, or ☒ Establishment with 300 gal/day flow

Septic Tank / Soil Absorption System	Lagoon System
Rated Tank Capacity = _____ gallons	Water Surface Area = 59 sq. ft.
Total effective trench bottom area = _____ sq. ft.	Tested seepage rate = _____ in/day
Number of Trenches = _____	Other Type System
Total Trench Length = _____ ft.	NDEQ Construction Permit# _____
Design Percolation Rate = _____ min/inch	

Certified professional registering the system:

Last Name	First Name	Middle Initial	Professional Certificate #
Dankbar	Steve	R	C1873

Signature of Certified Professional	Date of inspection or completion of work
Steve Dankbar	11/15/07

A fee of fifty dollars ($50) must accompany this application, unless;

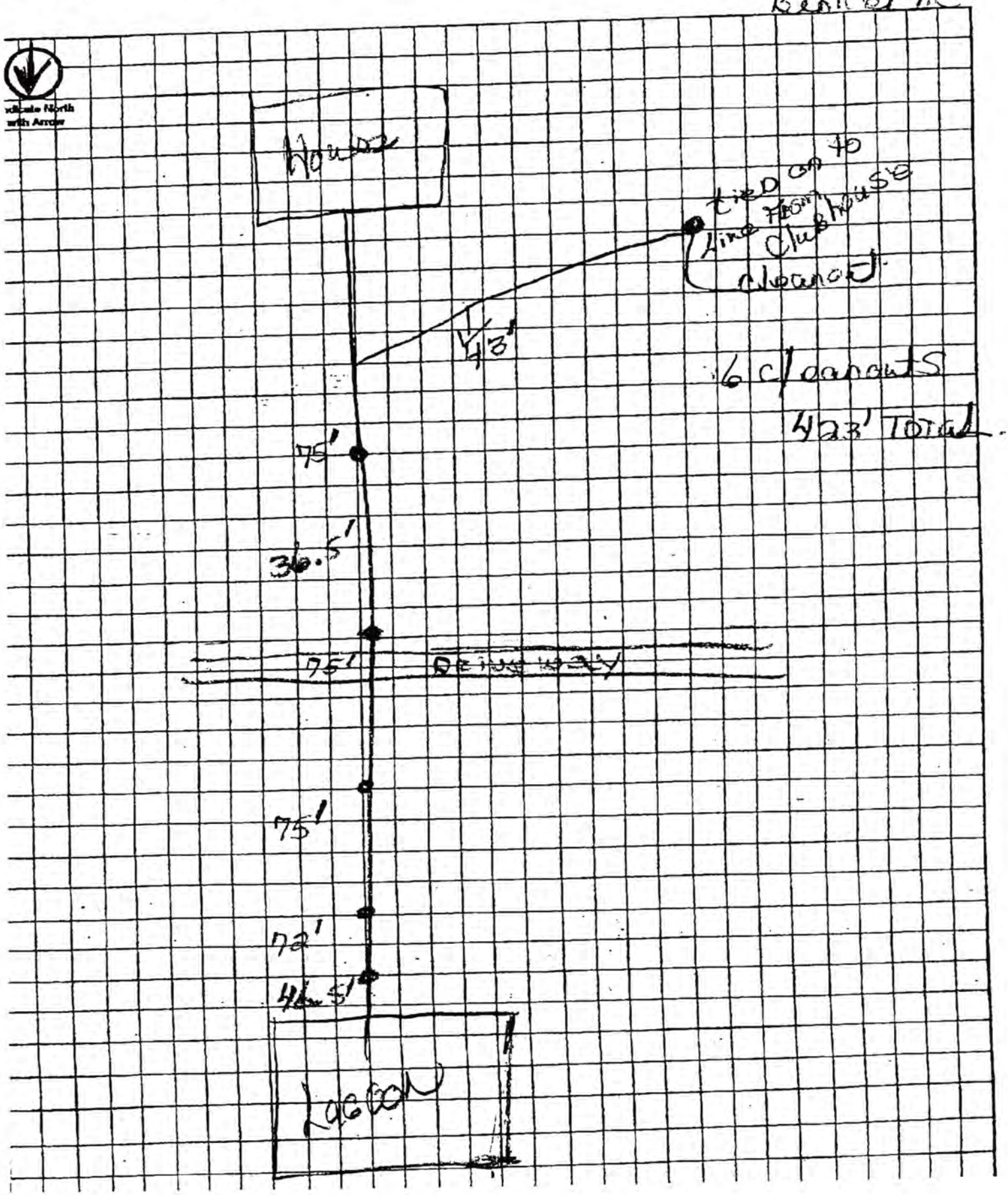
1. **the system was previously registered by an Inspector following an inspection,**
2. **the system is being registered again by an Installer upon completion of construction, reconstruction, alteration, or modification that resulted from that inspection, and**
3. **the construction, reconstruction, alteration, or modification was completed within one-hundred twenty (120) days of the date of the original inspection.**

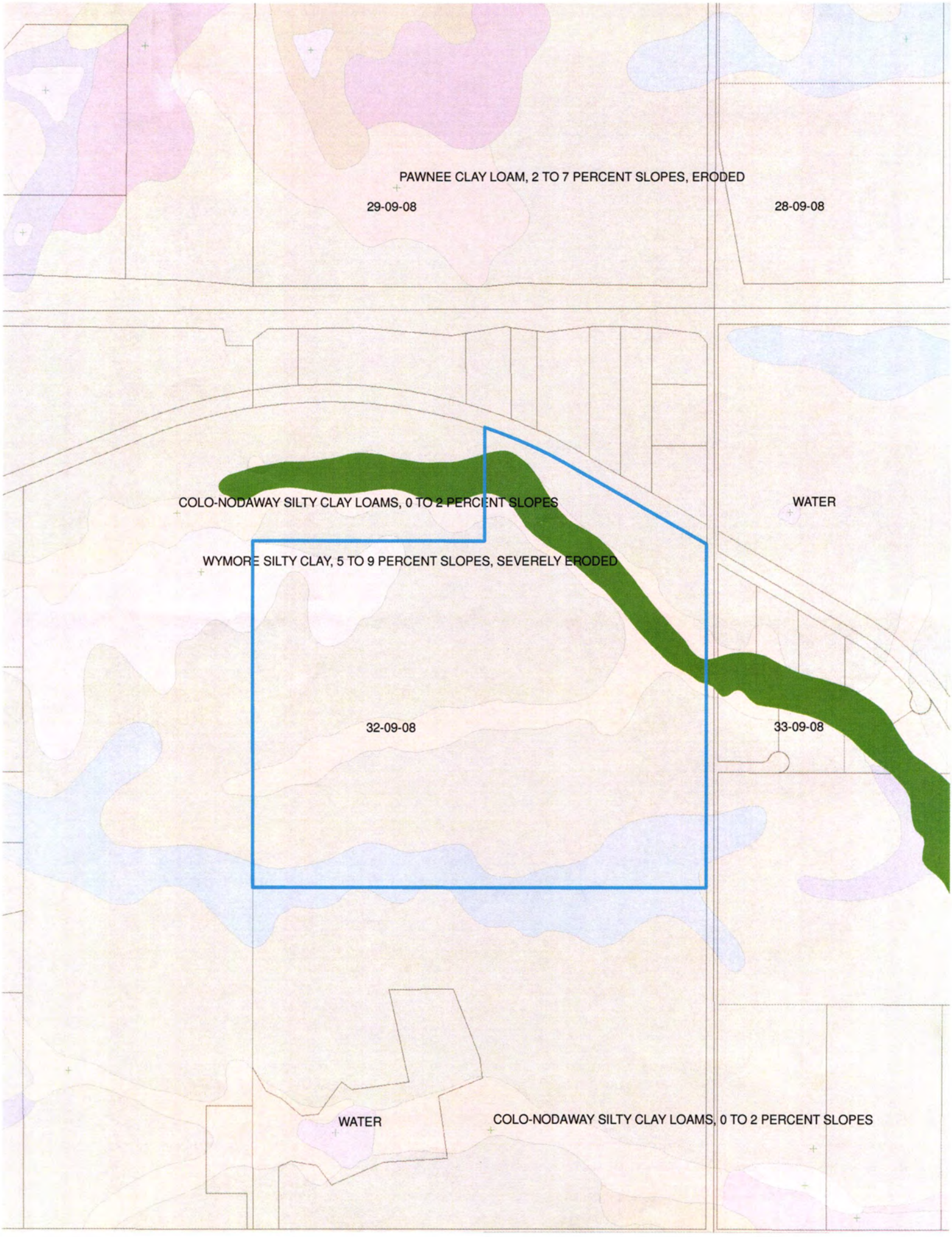
Make checks payable to the Nebraska Department of Environmental Quality. Mail to NDEQ P.O. Box 98922 Lincoln Nebraska 68509-8922

Nov 14 08 01:29p Jean Scail 402-325-0530 p.2

s Built Drawing

Izaak Walton League
10801 S. 134th
Bennet NE




PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
29-09-08
28-09-08
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
32-09-08
33-09-08
WATER
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES