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. HS000048

System Type:	LAGOON
Situs:	T7N, R6E, SEC 16, LOT 12 NE
Legal Description:	T07N-R06E-S16-NE-Lot: 12
Owner:	GREGORY G RETTELE 6801 SUMMERSET CT LINCOLN NE 68516

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	11/20/2007
Expires:	11/19/2008

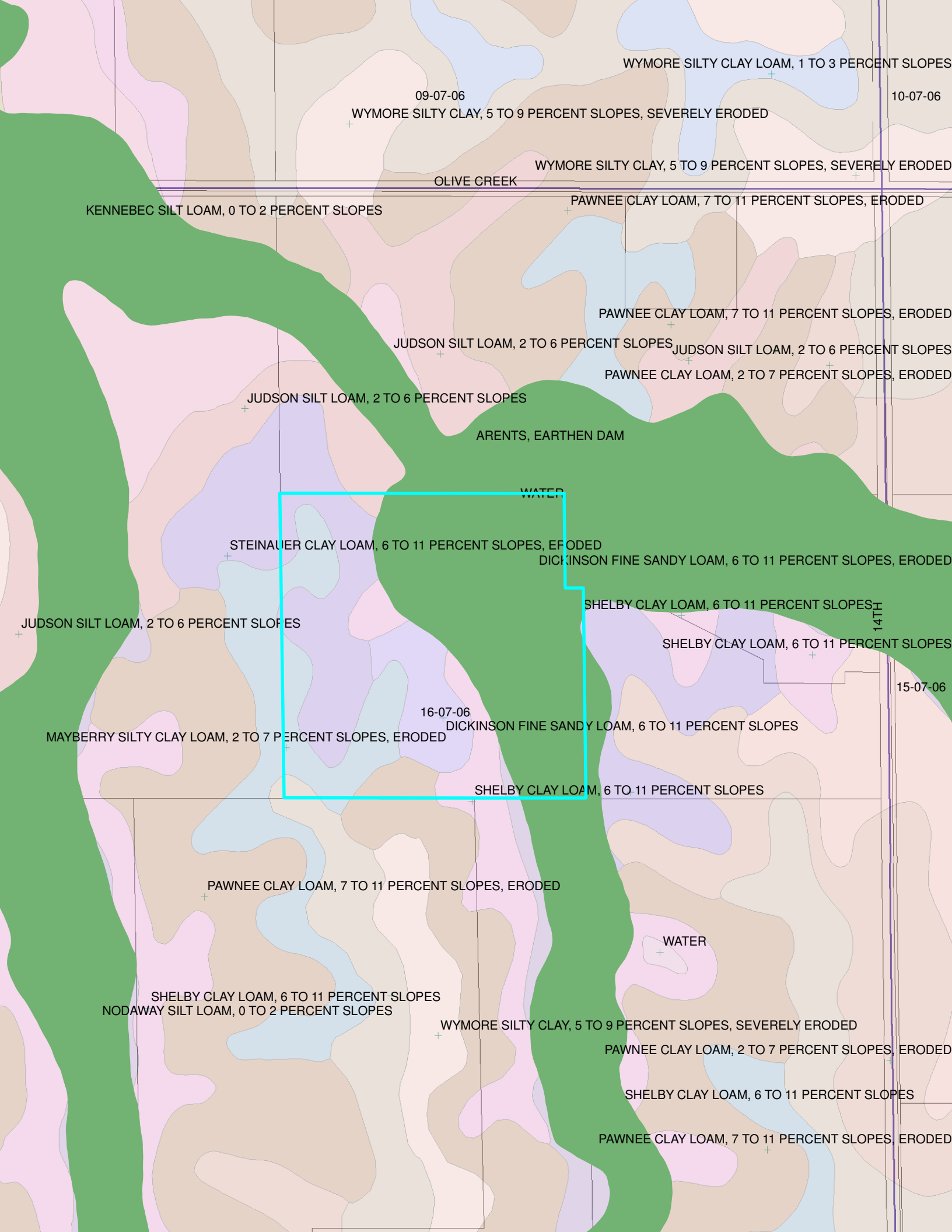
Bruce D. Dart, PhD, Health Director

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

GREGORY G RETTELE
6801 SUMMERSET CT
LINCOLN NE 68516


WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
09-07-06
10-07-06
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
OLIVE CREEK
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
ARENTS, EARTHEN DAM
WATER
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
14TH
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
15-07-06
16-07-06
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED

SCANNED

A

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

Permit Number: H5000048

Sewage Disposal System

Request for Site Clearance and Permit

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

K + M Survey Joe per Bill

☐ 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 ~~24215~~ S.W. 14th. (no rural route) City Martel NE, Zip 68404

Legal Description 24215 — 1/4: 16 | 1/4: 7 | Section: .06 | Township: | Range: | Subdivision: | Addition: | Block: 15 | Lot: ~~NE~~

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Greg Rettele Signature Gregory L. Rettele

Address 6801 Summerset Ct. City/State/Zip Lincoln, NE. 68516

☐ Check if owner designed system Home Phone 440-3347/483-2623 Work Phone _____

C. Contractor

Name _____ Company Name NEBRASKA Dirtworks

Address _____ City/State/Zip Hickman NE. 68372

☐ Check if contractor designed system Work Phone 792-0085

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

Designer Name Dave Prusa Firm Nebr. Dirtworks Work Phone 402-525-0822

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 11/15/07 Date frwd 11/15/07 **ACTION** ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/ Date frwd _____ **ACTION** ☑ Approved ☐ Disapproved Signature As per Mike Peterson
   Berm must be 1' above the floodplain
3. **City or County Engineer** Date rec'd 11-16-07 Date frwd 11-16-07 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Plouzek
   Top of lagoon to be 1 foot above 100yr Flood

Installation Final Written Approval

By _____

Date 5/14/08

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

Line d Lagoon 12/4/07 -nH

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

A

Permit Number: H5000048

Sewage Disposal System

Request for Site Clearance and Permit

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

K + M Survey for Joe B. 14

☐ 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 [illegible] S.W. 14th. (no rural route) City Morkel NE, Zip 68404

Legal Description 1/4 16 1/4 7 Section 06 Township Range 12WE 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 Greg Rettele Signature Gregory L. Rettele

Address 6801 Summerset Ct. City/State/Zip Lincoln NE. 68516

☐ Check if owner designed system Home Phone 440-3347/483-2623 Work Phone _____

C. Contractor

Name _____ Company Name NEBRASKA Dirtworks

Address _____ City/State/Zip Hickman NE- 68372

☐ Check if contractor designed system Work Phone 792-0085

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

Designer Name Dave Prusa Firm Nebr. Dirtworks Work Phone 402-525-0822

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DO NOT WRITE BELOW THIS LINE

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

1. **Health Department** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
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 _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 11/15/07
Amt Paid 305.00
Rec'd By SM Cash/Check No. 071281

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

Pending

SCANNED

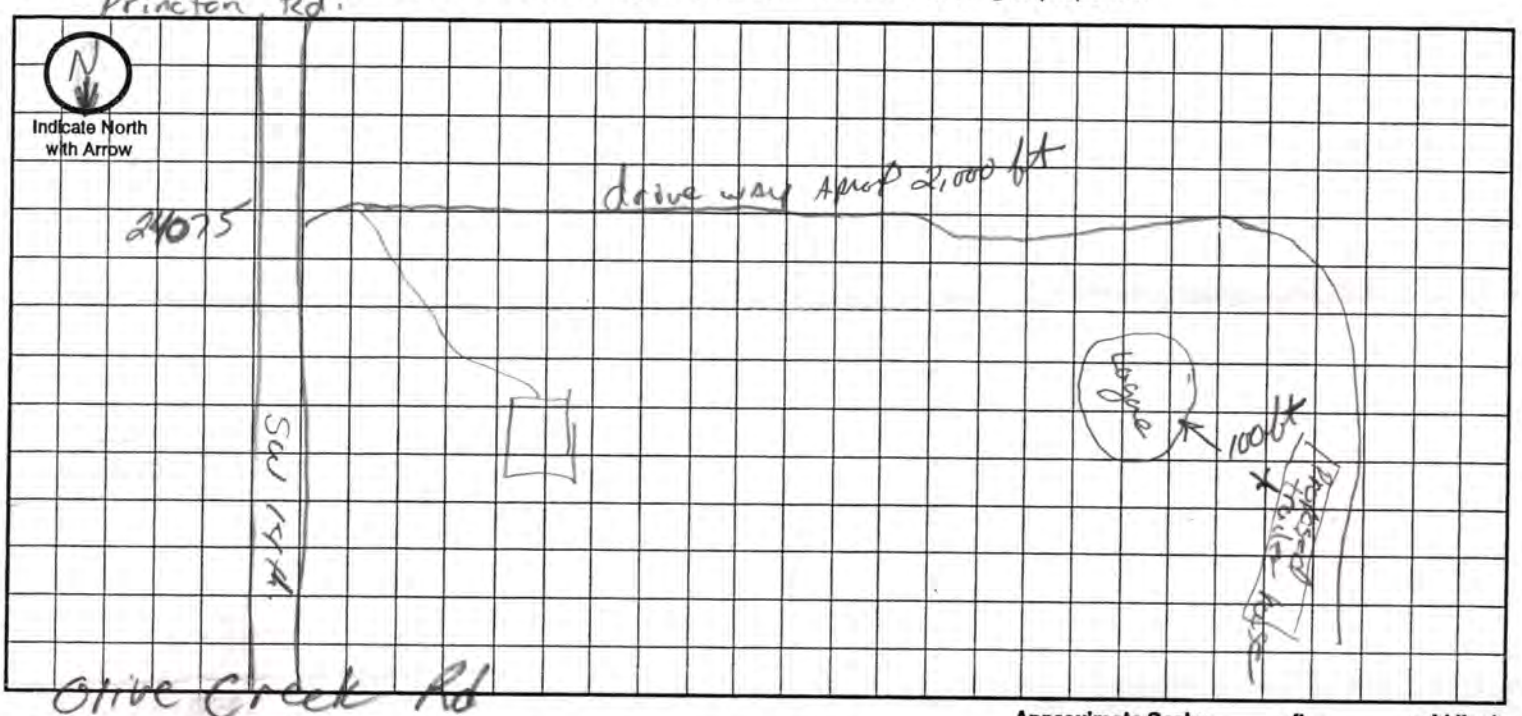
C

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

Permit Number: H5000048

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) 24075 SW 14th. City Martel NE, Zip 68404

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

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-11-07

System Location (Indicate correct number and street)

Address ~~2[illegible]~~ not yet assigned (no rural route) City Hallam NE, Zip 68368

A. Building Sewer

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

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. Outlet: ☐ baffle ☐ tee
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

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

D. Absorption Field

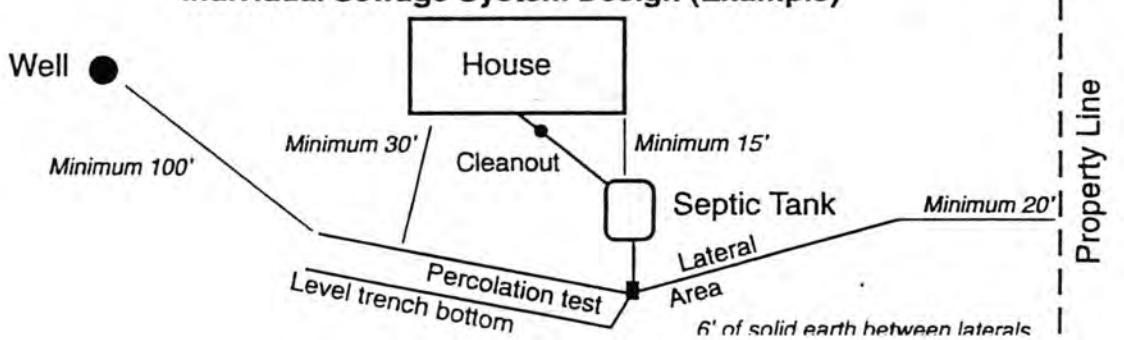
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Complete "As Built" drawing on back of this form.

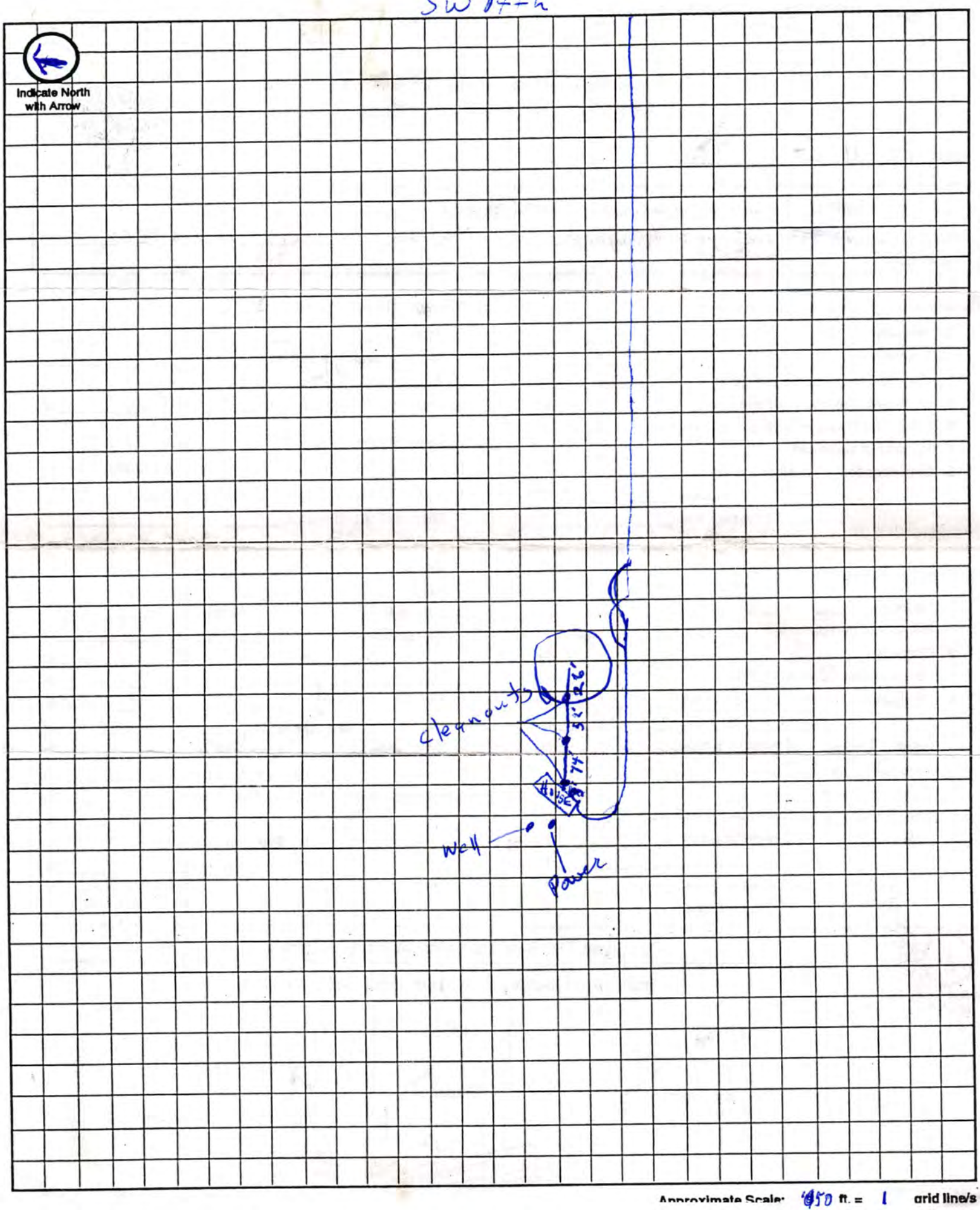
Indicate North with Arrow

Individual Sewage System Design (Example)



Greg Rettelee

As Built Drawing



Approximate Scale: 1 ft. = 1 grid line/s

540 W. INDUSTRIAL LAKE DR.
SUITE 1 · LINCOLN, NE 68528
(402) 476–3020
(402) 476–3138 FAX

SURVEY RECORD

K&M inc.
Land Surveying

GREG RETTELE

PROJECT # 0710046
DATE: 11/8/2007 B/P: FILE

Survey Of: LOT 15 IRREGULAR TRACT, LOCATED IN THE NORTHEAST QUARTER OF

SCANNED

Section: 16 , T 7 N, R 6 E, of the 6th P.M. LANCASTER County, Nebraska

S.W. 14th & OLIVE CREEK ROAD



Subject property apparently falls within the confines of Zone " A & X " as determined by the FEMA–FIA Flood Rate Map community 310134, panel 0555/0535 E, revised 9–21–01.

P = Platted
M = Measured
● = Found as noted
■ = Set #5 Rebar & L.S. #483 Cap
▲ = Set Temp. Point.

SURVEYOR'S CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. All dimensions are in feet and decimals of a foot.

Signed this day of 11–8–2007

Billy Joe Kerr

Billy Joe Kerr, L.S.

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR