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. HS000070

System Type: LAGOON

Situs: 21400 NW 84th St.

Legal Description: T12N-R05E-S11-Lot 20

Owner:

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00

Issued: 03/25/2008
Expires: 03/25/2009

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

ADAMS ENTERPRISES
5950 ABIGAIL DR.
LINCOLN, NE 68516

LLCHD HS000070

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

A

Permit Number
HS000070

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 21400 NW 84th St. City Raymond, NE Zip

(no rural route)

Legal Description S11, T12, R5, 6th Principal Meridian, Lot 20 SW

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: 160

B. Owner

Name Mike Adams Signature Mike Adams

Address 201 N. 8th St. Suite 430 City/State/Zip Lincoln NE 68508

☐ Check if owner designed system Home Phone 437-3712 Work Phone 499-8635 cell

C. Contractor

Name: Adams Enterprises Inc. Mike Adams Company Name Adams Enterprises Inc.

Address 201 N. 8th St. #430 City/State/Zip Lincoln NE 68508

☐ Check if contractor designed system Work Phone 499-8635

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

Designer Name Easement Trenching Firm Michael Casement Work Phone 432-7880

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 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
Comments *Lake must be 1 ft. above floodplain!*
Date rec'd 3/11/08
Date frwd 3/11/08
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3/12/08
Date frwd 3/12/08
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Lagoon to be out of floodplain.
Date rec'd 3/12/08
Date frwd 3/12/08
ACTION ☒ Approved ☐ Disapproved
Signature

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

3-12-2008 15:19:35

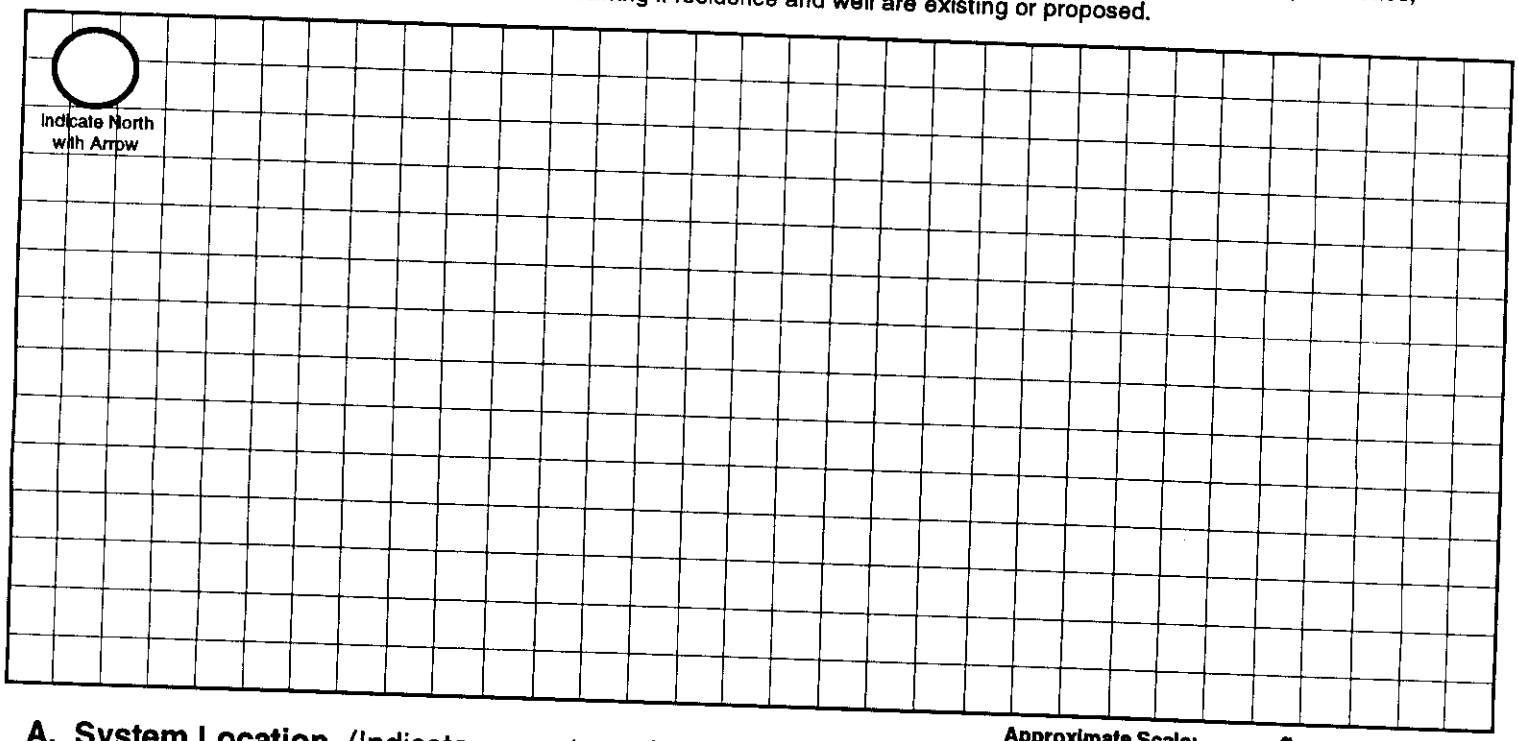
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000070

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 ☐	☐

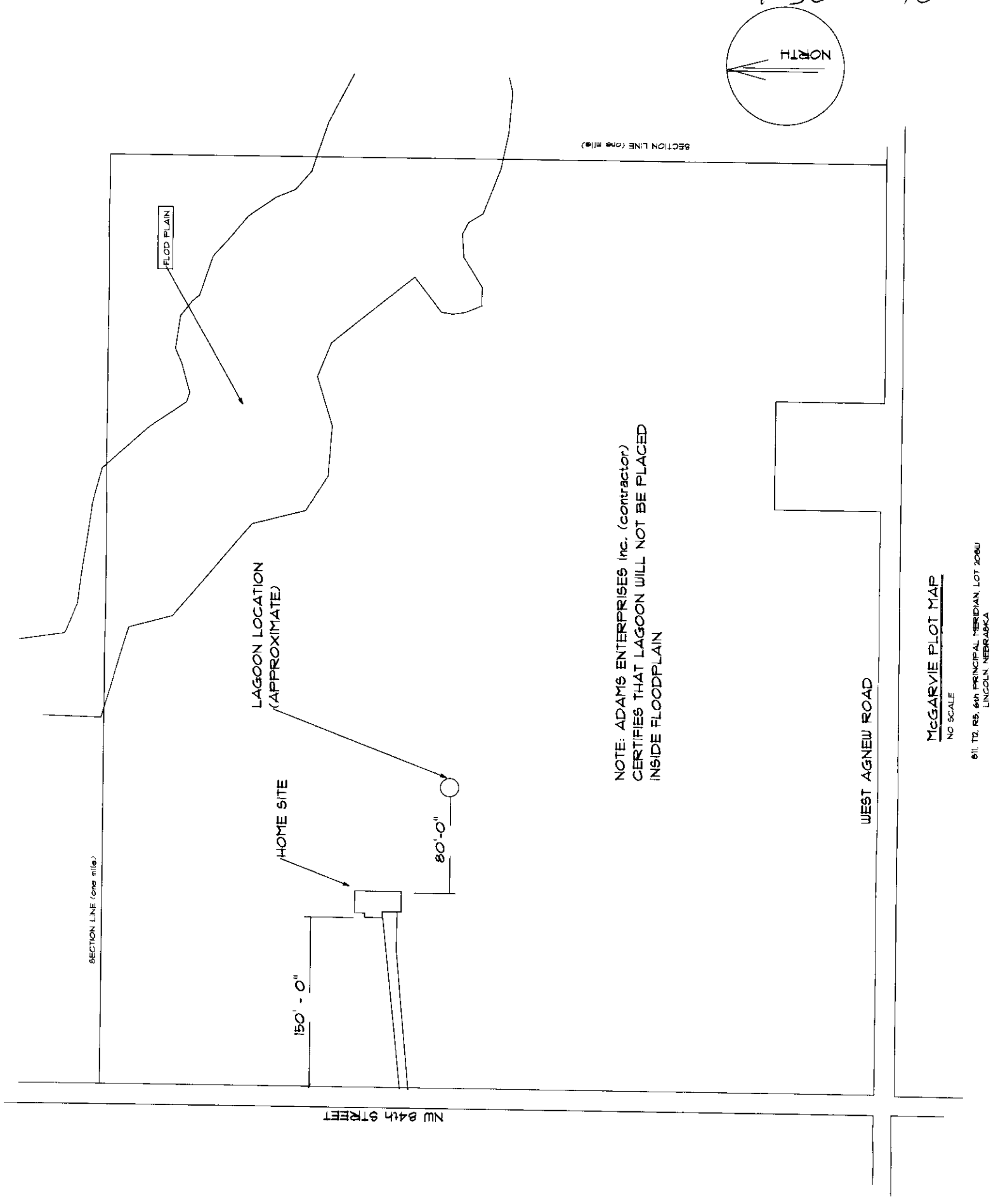
E. Required Signatures

Home Building Contractor [signature] Adams Custom Homes Adams Enterprises Inc. Date 3-11-08

Installer [signature] Cement Trenching Date 3-11-08

FORM 23-102 10-96

HS000070


NORTH
SECTION LINE (one mile)
FLOD PLAIN
LAGOON LOCATION
(APPROXIMATE)
HOME SITE
80'-0"
150' - 0"
SECTION LINE (one mile)
NOTE: ADAMS ENTERPRISES Inc. (contractor)
CERTIFIES THAT LAGOON WILL NOT BE PLACED
INSIDE FLOODPLAIN
WEST AGNEW ROAD
NW 84th STREET
McGARVIE PLOT MAP
NO SCALE
6th P.M., T12, R5, LINCOLN, NEBRASKA
LINCOLN PRINCIPAL MERIDIAN, LOT 20SW

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

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Permit Number
HS000070

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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: 160

B. Owner

Name Mike Adams Signature Mike Adams

Address 201 N. 8th St. Suite 430 City/State/Zip Lincoln NE 68508

☐ Check if owner designed system Home Phone 438-3712 Work Phone 499-8635 cell

C. Contractor

Name: Adams Enterprises Inc. Mike Adams Company Name Adams Enterprises Inc.

Address 201 N. 8th St. #430 City/State/Zip Lincoln NE 68508

☐ Check if contractor designed system Work Phone 499-8635

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

Designer Name Casement Trenching Michael Casement Firm Work Phone 432-7880

E. This system will serve a

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☐ Commercial Establishment/Other Facility Specify 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
Lake must be 1 ft. above floodplain!!
Date rec'd 3/11/08
Date frwd 3/11/08
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3/12/08
Date frwd 3/12/08
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Lagoon to be out of floodplain.
Date rec'd 3/12/08
Date frwd 3/12/08
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 8/5/08

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

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*Pit must be 1 ft. above floodplain
Date rec'd 3/11/08
Date frwd 3/11/08
ACTION ☒ Approved ☐ Disapproved
Signature
- lagoon well above flood plain D.S.

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 8/5/08
Date Doug Lamm

Adams Enterprises
Business Office Use Only
Date Received 3/13/08 Amount Paid $305.00
Received By AA Cash/Check No. 3554

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

Form A Updated: 5-07

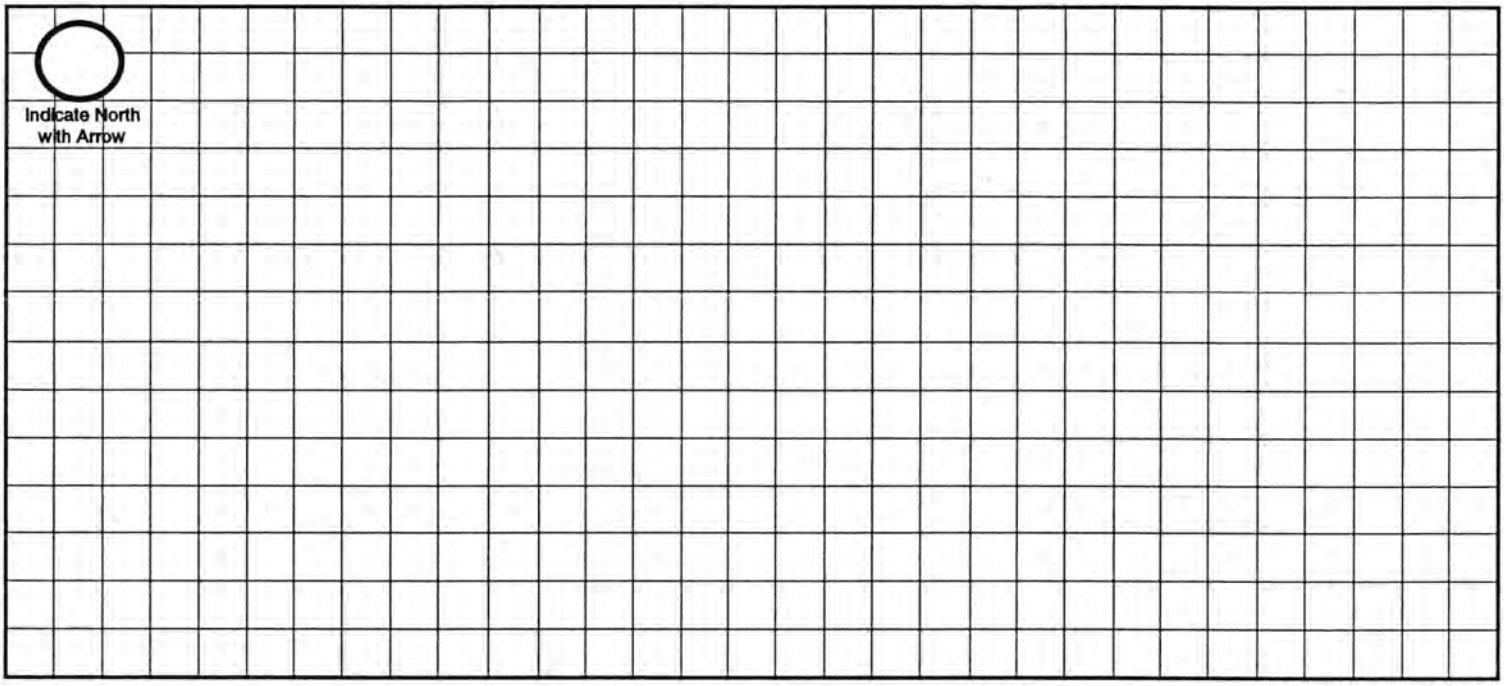
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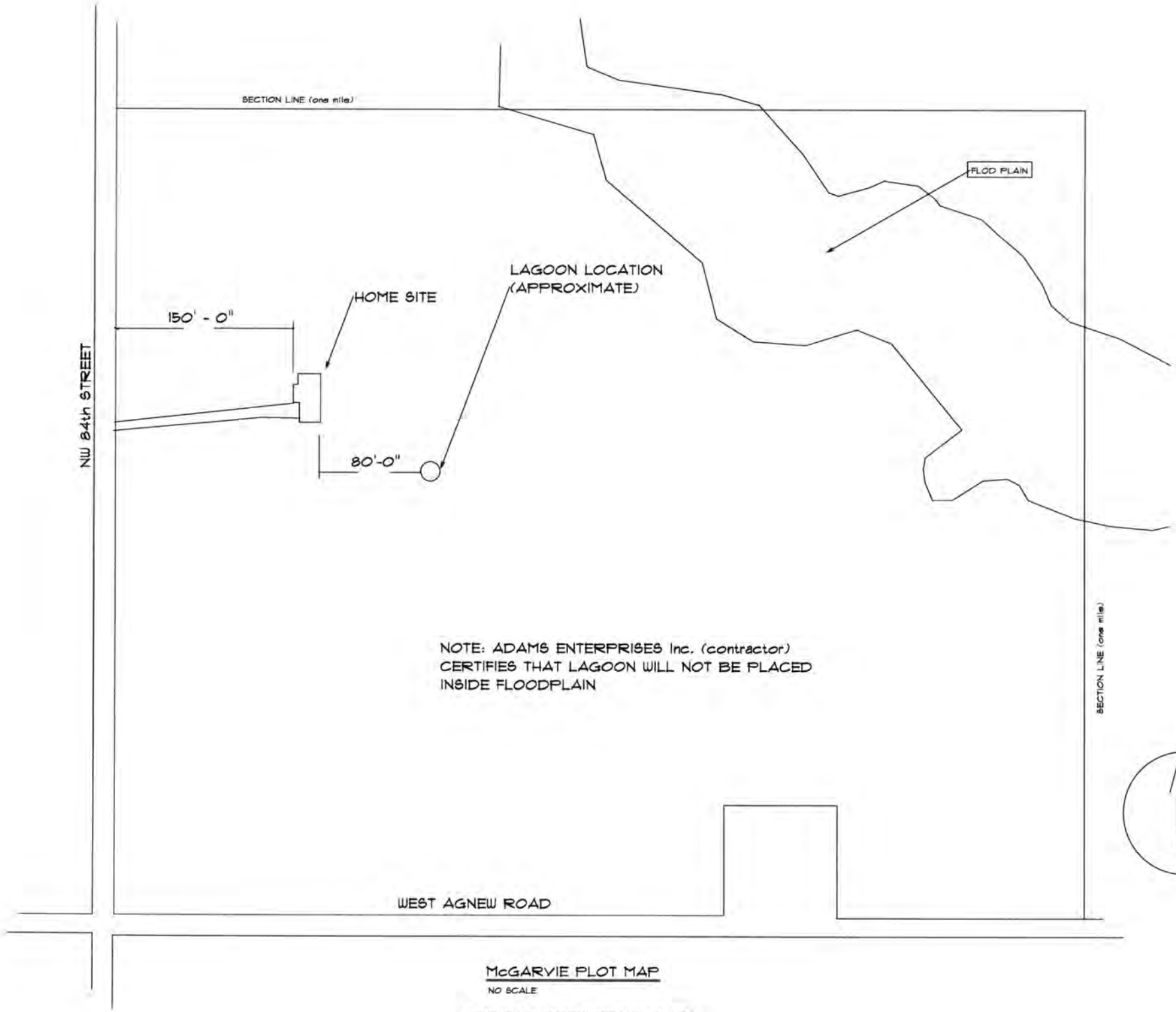
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Installer [signature] Casement Trenching Date 3-11-08

FORM 23-102 10-96

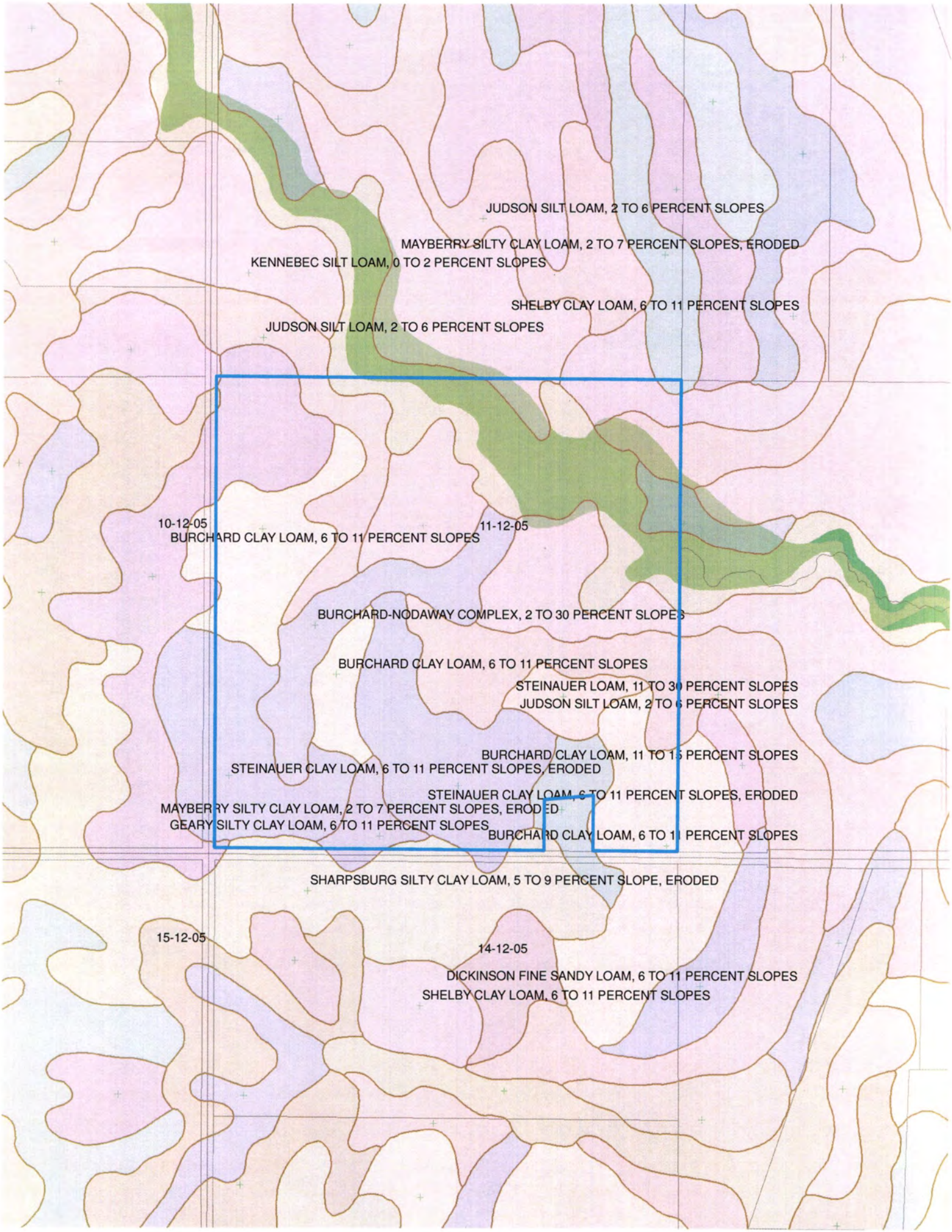


McGARVIE PLOT MAP

NO SCALE

S11, T12, R5, 6th PRINCIPAL MERIDIAN, LOT 208W
LINCOLN, NEBRASKA

H5C00070


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
10-12-05
11-12-05
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
15-12-05
14-12-05
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES