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. HS000190

System Type: LAGOON

Situs: 2600 Krauter Place

Legal Description: T08N-R07E-S19-1-Lot 7

Owner:

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00

Issued: 11/26/2008
Expires: 11/26/2009

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

ARTZ AND SONS
6801 BUCKS CIRCLE
LINCOLN NE 68523

SCANNED

Onsite Wastewater Treatment System
Property Transfer Inspection Report

Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

FOR OFFICE USE ONLY rev 6/06
APD No. HPT00 390
Initialized 11/24/08 By
FOS Rec'd 11/24/08 By
Amt $90.00 ck# 4335
Posted 11/24/08 By
Return to Water Team Support Staff

Property Address: 20050 So. 96th Hickman Neb.

Legal Description: T 8 R 7 S 36 ¼ Subdiv. _____ Blk ____ Lot 53 I.T

Parcel ID: 15-36-300-025-000

Owner Name: Kevin Isebell (Buyer) Phone #1: _____ Phone #2: _____

Owner E-mail address: _____ Fax # _____

Authorized Agent*: Bob Carter Phone #1: 440-8400 Phone #2: _____

Agent Address (not required for PTI): _____

Agent E-mail address: _____ Fax # _____

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.)

Onsite Water Supply System (check one)

- [X] Private Well
- [ ] Shared Well
- [ ] Public Water

Onsite Wastewater Treatment System (check one)

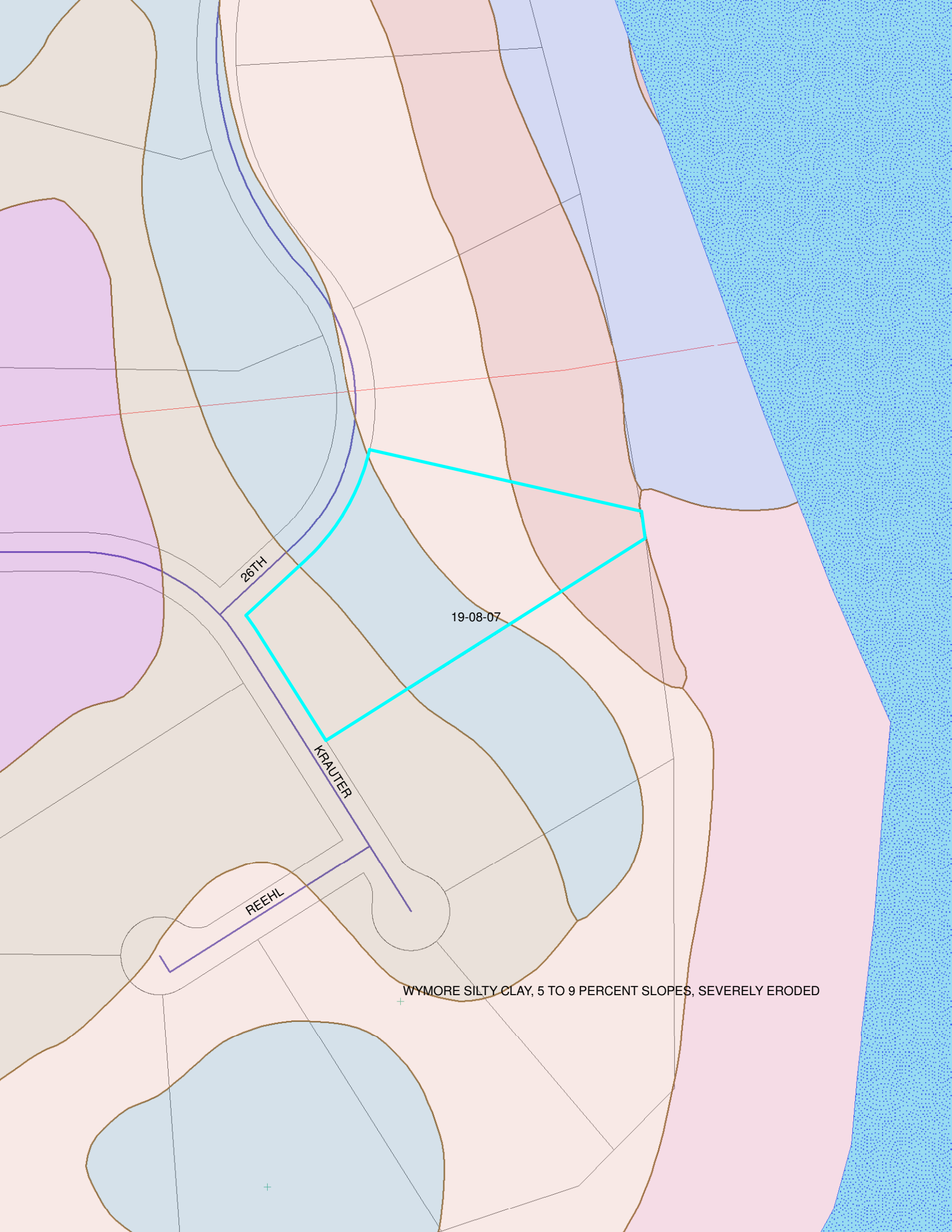
- [X] Lagoon
- [ ] Standard Septic
- [ ] Non-Standard (specify) _____
- [ ] Community System

Required Information for Standard and Non-Standard Systems:

1.	The septic tank shows indication of collapse or leakage	Yes	No
2	The sludge layer is less than 12 inches below the outlet baffle	Yes	No
3.	The bottom of scum layer is less than 3 inches above the bottom of the outlet baffle	Yes	No
4.	The location of laterals has been identified and a drawing has been completed	Yes	No
5.	The laterals and surrounding areas show visible signs of failure	Yes	No
6.	The laterals have been probed	Yes	No
7.	The laterals show evidence of excess effluent	Yes	No
8.	Has the system been modified, altered, or extended since the original permit was issued? If yes, please describe: _____	Yes	No
9.	Other evidence the system is in failure or at increased risk of failure (describe) _____	Yes	No
10.	Is the house vacant? If yes, for how long: _____	Yes	No

Required Information for Lagoons:

1.	Evidence of damage to the dike due to animal burrows, damage, cracks, crevices	Yes	(No)
2.	Evidence of wastewater overflow or encroachment within 1 foot of dike top	Yes	(No)
3.	Evidence of over the ground surface water inflow	Yes	(No)
4.	Presence of cattails, other emergent plants or trees that might damage the lagoon seal or dike construction See comment Not significant	(Yes)	No
5.	Other evidence the system is in failure or at increased risk of failure (describe)	Yes	(No)
6.	A fence is present that meets standards See comment 11/24/08 Corrected	~~Yes~~	(No)
7.	Is the house vacant? If yes, for how long: _____	Yes	(No)


26TH
19-08-07
KRAUTER
REEHL
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED

LLCHD HS000190

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

A

SCANNED

Permit Number HS000190

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 2600 Kearter Place (no rural route) City County Lan., NE Zip

Legal Description 19, 8, 7 Whitetail Ridge Add. 1 7

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: 3.15

B. Owner

Name Aaron Piepers Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name ~~Ben Earnest~~ Betz & Sons. Corp! Company Name BETZ & Sons Const.

Address 6801 Bucks Ln. City/State/Zip Lincoln Neb. 68523

☐ Check if contractor designed system Work Phone 432-1418

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

Designer Name Ben Earnest Firm Earnest Well Drilling Work Phone 402-761-2205

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
Date rec'd 11/25/08
Date frwd 11/25/08
ACTION ☑ Approved ☐ Disapproved
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 11-25-08 Amount Paid 315.00
Received By TH Cash/Check No. 15326

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

Form A Updated: 5-07

11-25-2008 13:50:42

LLCHD HS000190

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

A

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☒ Check if system mail address is not the same as the owner's address Total Acres: 3.15

B. Owner

Name Aaron Piepers Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name ~~Ben Earnest~~ Aete & Sons. Corp. Company Name Aete & Sons Const.

Address 6801 Bucks cr. City/State/Zip Lincoln Neb. 68523

☐ Check if contractor designed system Work Phone 432-1418

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Date frwd 11/25/08
ACTION ☑ Approved ☐ Disapproved
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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 5-07

11-25-2008 8:30:46