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

A

Permit Number HS000281

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 10840 N.W. 105TH (no rural route) City MALCOLM, NE Zip 68402

Legal Description ITSE 16 11 NORTH 5 EAST 21

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

B. Owner

Name RICHARD & HEATHER SMALL Signature Richard Small Heather Small

Address PO BOX 381 City/State/Zip CERESCO NE 68017

☐ Check if owner designed system Home Phone 402 499 5353 Work Phone 402 476 6660 x1710

C. Contractor

Name: owner Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jakowbek Firm Raymond Contracting, Inc Work Phone 402-890-6009

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 Date rec'd 9/17/09 **ACTION** ☑ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature _____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

3. City or County Engineer Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

SCANNED

Installation Final Written Approval
By _____
Date _____

FAX 441-3890

Business Office Use Only
Date Received 9-17-09 Amount Paid 315.00
Received By BR Cash/Check No. 7176

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

SCANNED

LLCHD HS000281

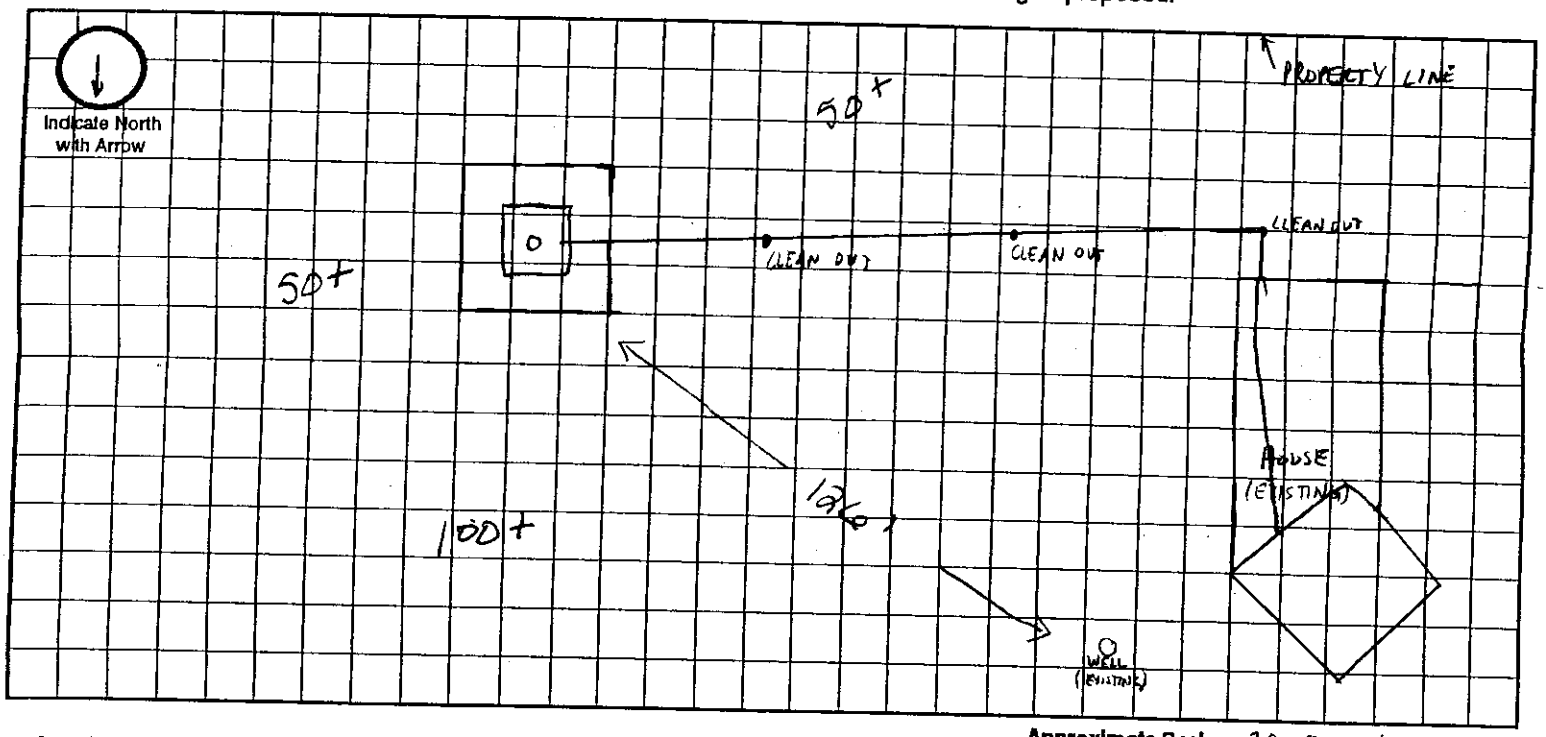
Lincoln-Lancaster County Health Department
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C

Permit Number: HS000281

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: 20 ft. = 1 grid line/s

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Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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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 Richard Small Date 9-14-09

Installer Kris L. Johnson Date 9-14-09

FORM 23-102 10-96
9-18-2009 12:29: 9

LLCHD HS000281

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1. Health Department
Site visits _____
Date rec'd 9/17/09
Date frwd _____
ACTION ☒ Approved ☐ Disapproved
Signature _____

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Installation Final Written Approval
By _____
Date _____

FAX 441-3890

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

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

9-17-2009 14:55:36

Form A Updated: 5-07

LLCHD HS000281

Lincoln-Lancaster County Health Department
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3140 N Street • Lincoln NE 68510-1514
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Installation Final Written Approval
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Date _____

FAX 441-3890

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Received By _____ Cash/Check No. _____

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

9-17-2009 14:56:47

Form A Updated: 5-07

LLCHD HS000281

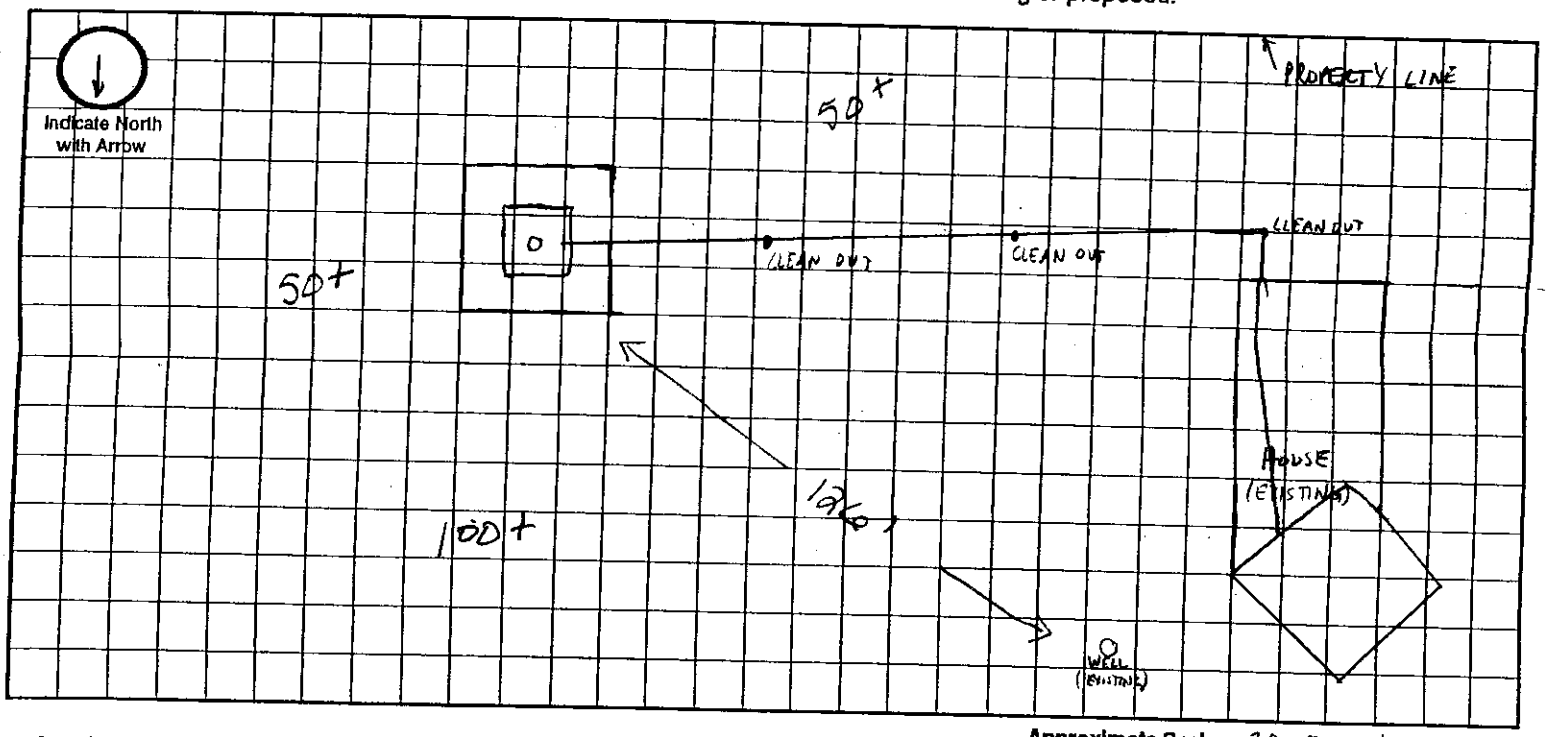
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Installer Kris L. Johnson Date 9-14-09

FORM 23-102 10-96
9-17-2009 14:56:48

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

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Comments
Date rec'd 9/17/09
Date frwd 9/17/09
ACTION ☒ Approved ☐ Disapproved
Signature Nadine Lutt

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

FAX 441-3890

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

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

TOTAL P.01

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. HS000281

System Type: LAGOON

Situs: 10840 NW 105th

Legal Description: T11N-R05E-S16-Lot 21

Owner:

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

Issued:	09/17/2009
Expires:	09/17/2010

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428