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. HS000300

System Type: LAGOON

Situs: T8N, R5E, SEC 16, LOT 17

Legal Description: T08N-R05E-S16-Lot 17

Owner:

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00

Issued:	10/20/2009
Expires:	10/20/2010

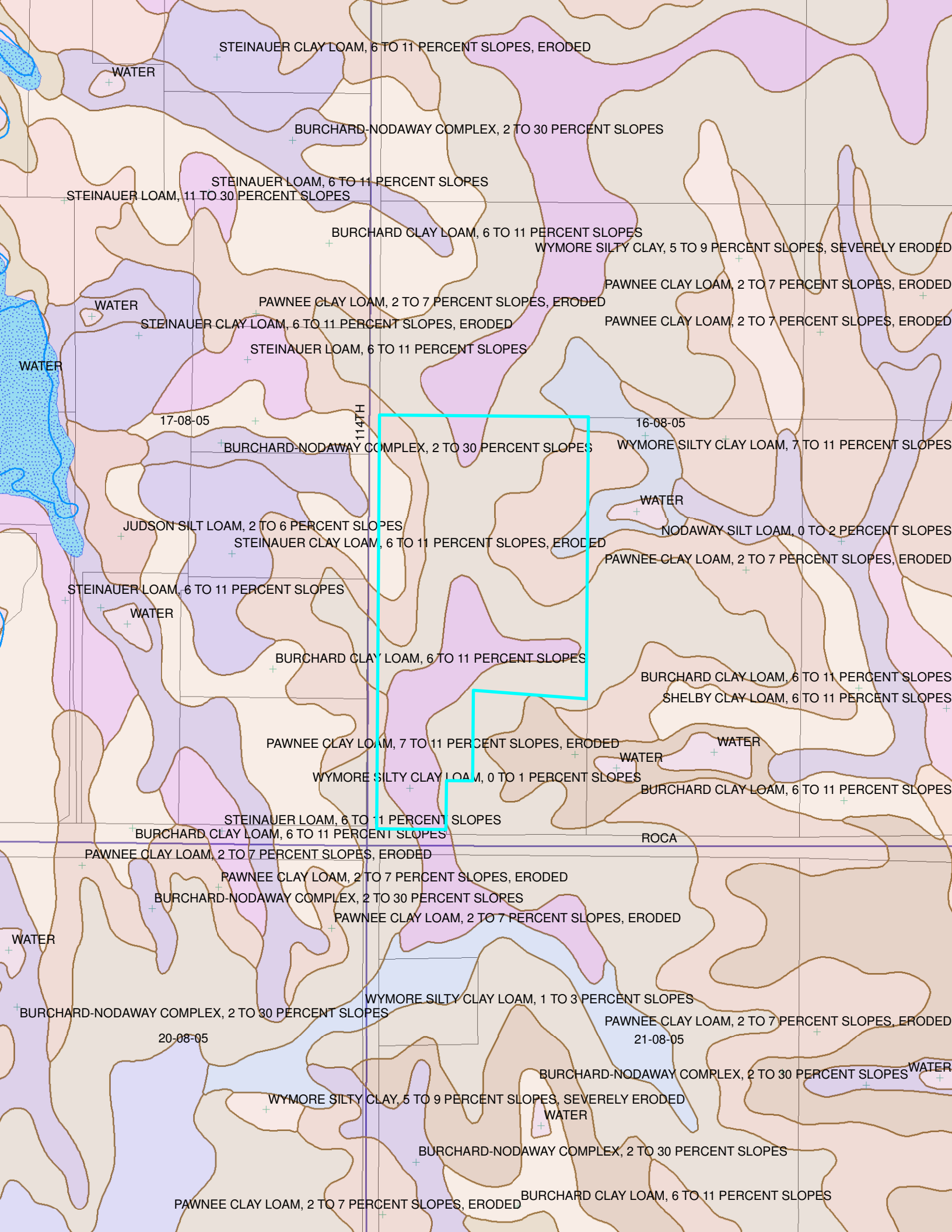
Bruce D. Dart, PhD, Health Director

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

MINDIE HUGHES
4342 MADISON AVE
LINCOLN NE 68504


STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
WATER
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
WATER
17-08-05
114TH
16-08-05
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
WATER
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
WATER
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER
WATER
WYMORE SILTY CLAY LOAM, 0 TO 1 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
ROCA
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
20-08-05
21-08-05
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WATER
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES

LLCHD HS000300

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

A

Permit Number: H5000300

Sewage Disposal System

Request for Site Clearance and Permit

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

☐ 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 X (no rural route) City _____ NE, Zip _____

Legal Description N½ x NW¼ SW¼ 16 8 5
1/4 1/4 Section Township Range 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 MINDIE + PHILLIP HUGHES Signature _____

Address 4342 MADISON AVE City/State/Zip LINCOLN, NE 68504

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

C. Contractor

Name X 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 GARY L. HOLLY Firm HOLLY CONTRACING CO. Work Phone 402-587-0120

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 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 _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
3. **City or County Engineer** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 10-16-09
Amt Paid $325.00
Rec'd By BHall Cash/Check No. 1091

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

10-16-2009 15:42:50

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

A

Permit Number: H5000300

Sewage Disposal System

Request for Site Clearance and Permit

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

☐ 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 X 15320 SW 114th City _____ NE, Zip _____

(no rural route)

Legal Description N½ X NW¼ SW¼ 16 8 5 _____ 17
1/4 1/4 Section Township Range 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 MINDIE + PHILLIP HUGHES Signature _____

Address 4342 MADISON AVE City/State/Zip LINCOLN, NE 68504

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

C. Contractor

Name X 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 GARY L. HOLLY Firm HOLLY CONTRACING CO. Work Phone 402-587-0120

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 X 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 10/20/09 Date frwd 10/20/09 **ACTION** ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-19-09 Date frwd 10-19-09 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-19-09 Date frwd 10-19-09 **ACTION** ☒ Approved ☐ Disapproved Signature _____

ditch line + lagoon - need fence O.K. - fence installed

Installation Final Written Approval

By _____

Date 11/03/10

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

LAGOON

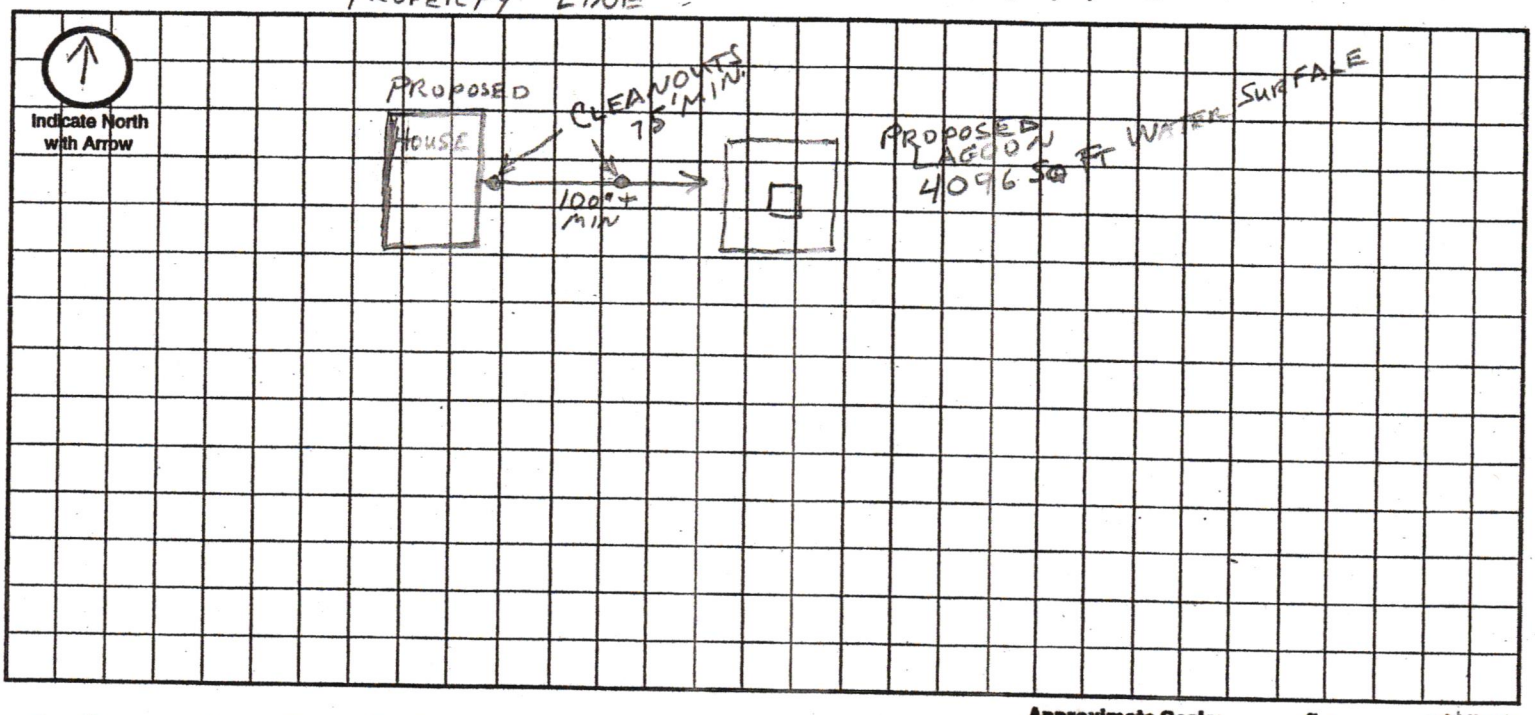
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) X _____ 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 X _____ Date 10-9-09

Installer Gary L. Holly HOLLY CONTRACTING CO. Date OCT 9, 2009

FORM 23-102 10-96

SEP 20 2010

D

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

Permit Number: HS 000300

PHILLIP & MINDIE HUGHES

Sewage Disposal System
As Built Plans & Specifications

Date SEPT. 3, 2010 WASTEWATER LAGOON

S16-T8-R5
Lot 19

System Location (Indicate correct number and street)

Address 15320 SW 114TH (no rural route) City CRETE NE, Zip 68333

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

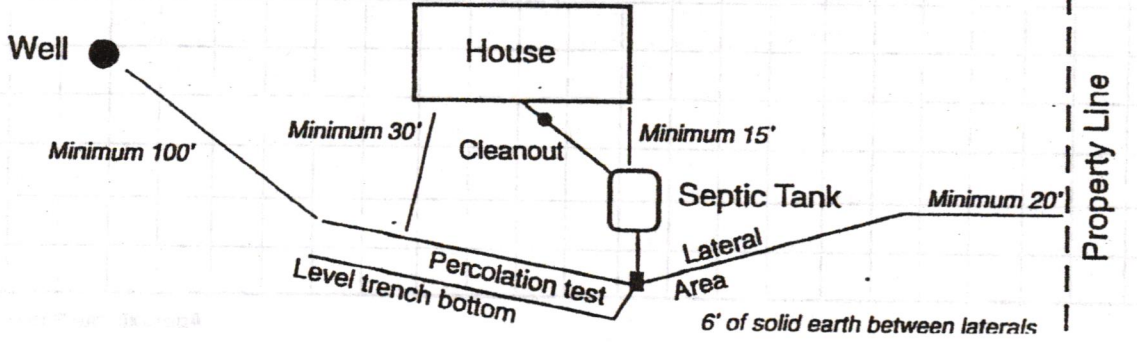
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

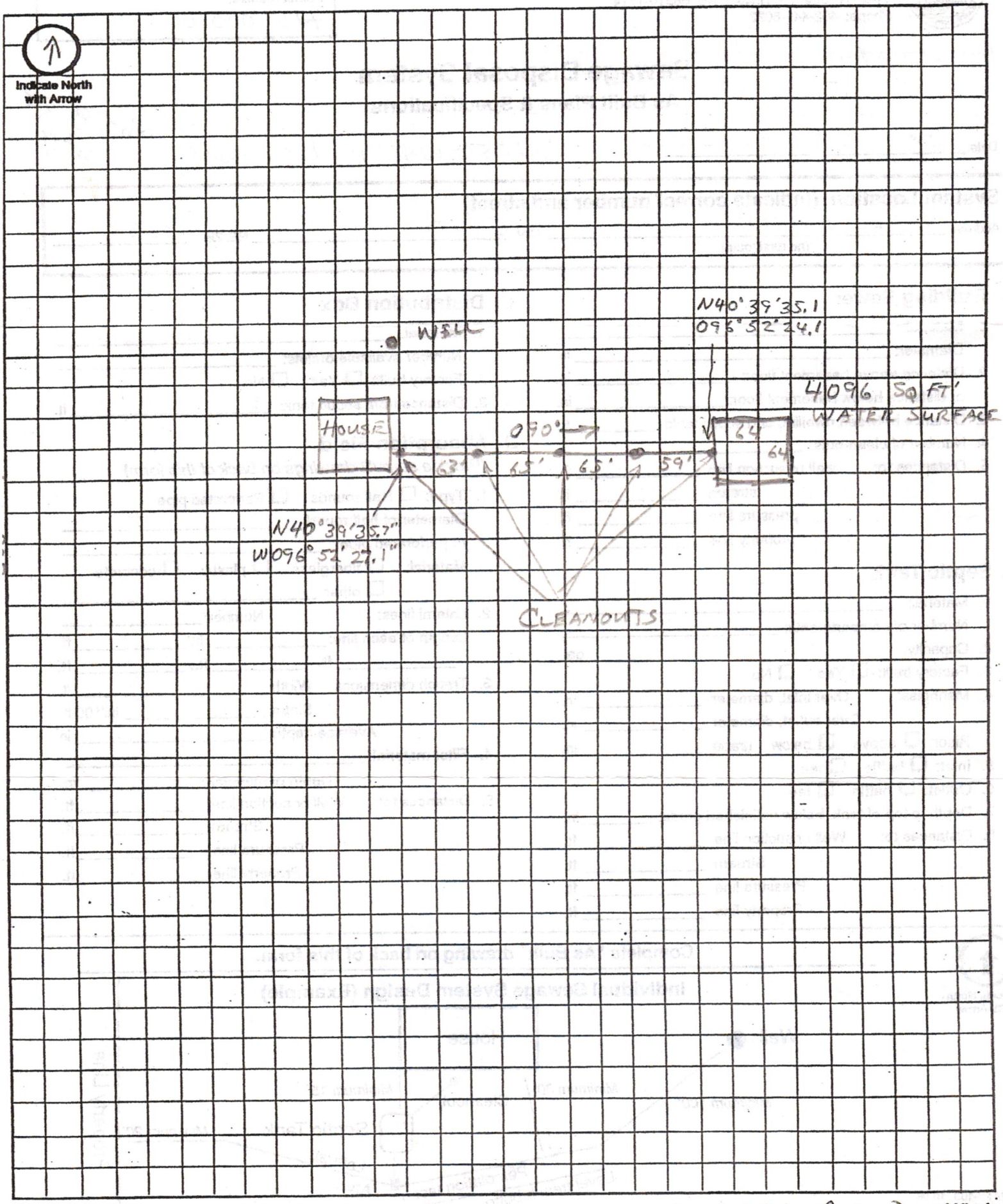
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



PHILLIP + MINDIE HUGHES
15320 SW 114TH

As Built Drawing



Approximate Scale: 0 ft. = 0 grid line/s

Inst # 2009049340 Tue Sep 08 10:54:34 CDT 2009
Filing Fee: $10.50 Stamp Tax: $0.00 Exempt 5 cpockg
Lancaster County, NE Assessor/Register of Deeds Office WDEED
Pages 2

IH

JOINT TENANCY WARRANTY DEED

RONALD W. DITTMER and KATHLEEN A. DITTMER, Husband and Wife, and TERRY DITTMER and GENEAN DITTMER, Husband and Wife, GRANTORS, in consideration of One and No/100 Dollars (and other valuable consideration) received from GRANTEES, PHILLIP D. HUGHES and MINDIE M. HUGHES, Husband and Wife, conveys to GRANTEES, as joint tenants and not as tenants in common, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

NKAP 2.17 SW 1/4

A tract of land located in the West Half of the Southwest Quarter (W½ SW¼) of Section 16, Township 8 North, Range 5 East of the 6th P.M., Lancaster County, Nebraska, described as follows: Commencing at the SW Corner of said W½ SW¼; Thence N00°15'03"E (Assumed Bearing) on the West line of said W½ SW¼, 1953.92 Feet to the Point of Beginning; Thence Continuing N00°15'03"E on said West line, 689.44 Feet to the NW Corner of said W½ SW¼; Thence S89°36'21"E on the North Line of said W½ SW¼, 1321.96 feet to the NE Corner of said W½ SW¼; Thence S00°17'07"W on the East line of said W½ SW¼, 689.44 Feet; Thence N89°36'21"W Parallel with the North Line of said W½ SW¼, 1321.55 Feet to the Point of Beginning, containing 20.92 acres more or less.

GRANTORS, jointly and severally, covenant with GRANTEES that GRANTORS:

1) are lawfully seised of such real estate and that it is free from encumbrances except reservations, restrictions, and covenants of record, and easements whether or not of record;

2) have legal power and lawful authority to convey the same;

3) warrant and will defend title to the real estate against the lawful claims of all persons.

Executed September 3, 2009.

Ronald W. Dittmer
Ronald W. Dittmer

Terry Dittmer
Terry Dittmer

Kathleen A. Dittmer
Kathleen A. Dittmer

Genean Dittmer
Genean Dittmer