LLCHD HS000308

COPY

STATE OF NEBRASKA

Dave Heineman
Governor

DEPARTMENT OF ENVIRONMENTAL QUALITY
Michael J. Linder
Director
Suite 400, The Atrium
1200 'N' Street
P.O. Box 98922
Lincoln, Nebraska 68509-8922
Phone (402) 471-2186
FAX (402) 471-2909
website: www.deq.state.ne.us

DEC 0 3 2010

Lincoln Williams
2143 Lake Street
Lincoln, NE 68502

RE: Onsite Wastewater Treatment System, NDEQ IIS No. 96198
Four-bedroom Dwelling at 5111 New Castle Road
NW ¼, NE ¼, Sec. 32, T9N, R7E, Lancaster County

Construction Permit No. 10OWT027

Dear Mr. Williams:

Documents describing the above-referenced project have been approved and stamped accordingly. Pursuant to Neb. Rev. Stat. Sec. §81-1506(2)(Reissue 1987), a permit for construction (enclosed) is hereby granted. This construction permit expires one year from the date of issuance.

Compliance with minimum sanitary engineering design criteria was the only consideration in the review of this project. Items such as quality of material, structural soundness, electrical and mechanical design features were not considered unless specifically noted in the review comments. This approval does not release you, the owner, from your responsibility to provide an operable facility. An operating permit is required prior to use of the system.

Construction shall be as described in the approved documents. It is your responsibility to make sure the facility is built as approved. We recommend you have your engineer review these documents with your installer prior to construction. If, for any reason, significant modifications are necessary, written approval must be obtained from the Department before changes are made to the system.

One set of documents is being made a part of the public record. The remaining documents are being returned to the submitting engineer for distribution.

A construction completion card is also being sent to the submitting engineer. Your engineer must complete, sign and return the card when construction is done to verify that the construction is in compliance with the approved plans and specifications. Once the Department has received the construction completion card from the engineer and the system has been properly registered by the installer, then the Department will evaluate for compliance and issue an operating permit for the on-site wastewater treatment system if all regulatory requirements have been met.

If you have any questions please contact Gary Buttermore, P.E. at (402) 471-8283.

Sincerely,

for Patrick W. Rice
Assistant Director

PWR/gwb/rkh

Cc: Jeremy Williams, P.E.. Design Associates of Lincoln, 1609 "N" Street, Lincoln NE 68508
John Chess, LLCHD, 3140 "N" Street, Lincoln NE 68510

2010008045

An Equal Opportunity/Affirmative Action Employer
Printed with soy ink on recycled paper

10-11-2011 11:27:48

LLCHD HS000308

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

NOV 03 2009

A

Permit Number
HS000308

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 16-32-203-003-000

A. Onsite System Location

Address 5111 New Castle rd (no rural route) City Lincoln, NE Zip 68516

Legal Description NE 32 9 7 Silver Springs Add 3 3
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: _____

B. Owner

Name Lincoln & Kristi Williams Signature _____

Address 2143 Lake St City/State/Zip Lincoln, NE 68502

☐ Check if owner designed system Home Phone 402-430-8761 Work Phone _____

C. Contractor

Name: Mike Adams Company Name Adams Custom Homes

Address P.O. Box 23108 City/State/Zip Lincoln, NE 68542

☐ Check if contractor designed system Work Phone 402-499-8635

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

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

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 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 11/12/09
Date frwd 11/12/09
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11-13-09
Date frwd 11-13-09
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 11-13-09
Date frwd 11-13-09
ACTION ☒ Approved ☐ Disapproved
Signature Jim Rounds

Installation Final Written Approval
By _____ 9-6-11 (Septic)
Date 10/11/11

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

10-11-2011 11:15: 2

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. HS000308

System Type: LAGOON

Situs: 5111 NEW CASTLE RD

Legal Description: T09N-R07E-S32-3-Lot 3

Owner: WILLIAMS, LINCOLN & KRISTI
2143 LAKE ST
LINCOLN NE
68502

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	11/13/2009
Expires:	11/13/2010

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

LLCHD-000308

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

NOV 03 2009

A

SCANNED

Permit Number HS000308

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 16-32-203-003-000

A. Onsite System Location

Address 5111 New Castle rd (no rural route) City Lincoln, NE Zip 68516

Legal Description NE 32 9 7 Silver Springs Add 3 3
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:

B. Owner

Name Lincoln & Kristi Williams Signature

Address 2143 Lake St City/State/Zip Lincoln. NE 68502

☐ Check if owner designed system Home Phone 402-430-8761 Work Phone

C. Contractor

Name: mike Adams Company Name Adams Custom Homes

Address P.O. Box 23108 City/State/Zip Lincoln. NE 68542

☐ Check if contractor designed system Work Phone 402-499-8635

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Inc Work Phone 402-890-6004

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 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 11/12/09
Date frwd 11/12/09
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 11-12-09 Amount Paid 325.00
Received By BH Cash/Check No. 7214

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

Form A Updated: 5-07

LLCHD HS000308

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

NOV 03 2009

A

Permit Number
HS000308

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 16-32-203-003-000

A. Onsite System Location

Address 5111 New Castle rd (no rural route) City Lincoln, NE Zip 68516

Legal Description NE 32 9 7 Silver Springs Add 3 3
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: _____

B. Owner

Name Lincoln & Kristi Williams Signature _____

Address 2143 Lake St City/State/Zip Lincoln, NE 68502

☐ Check if owner designed system Home Phone 402-430-8761 Work Phone _____

C. Contractor

Name: Mike Adams Company Name Adams Custom Homes

Address P.O. Box 23107 City/State/Zip Lincoln, NE 68542

☐ Check if contractor designed system Work Phone 402-499-8635

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

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

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 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 11/12/09
Date frwd 11/12/09
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

11-12-2009 15:31:21