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. HS000392

System Type: LAGOON

Situs: 12355 Panama Rd.

Legal Description: T07N-R08E-S08-Lot 13

Owner:

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

Issued:	08/18/2010
Expires:	08/18/2011

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

MARK OTTO
907 RIDGE RD PL
HICKMAN NE 68372-1418

LLCHD HS000392

SCANNED

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

A

Permit Number
HS000392

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 12355 Panama Road (no rural route) City Panama NE Zip

Legal Description 8, 7, 8 14
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: 20.03+

B. Owner

Name Scott Heinrich Signature

Address 12255 PANAMA City/State/Zip Harrison NE 69352

☐ Check if owner designed system Home Phone Work Phone 540 0877

C. Contractor

Name: Paul Weber Company Name Weber Well

Address 10133 Willow Cove Lane City/State/Zip Firth NE 68358

☒ Check if contractor designed system Work Phone 580-8311

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

Designer Name Firm Work Phone

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 8/13/10
Date frwd 8/13/10
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8/13/10
Date frwd 8/13/10
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8-13-10
Date frwd 8-13-10
ACTION ☑ Approved ☐ Disapproved
Signature Jim Plowman

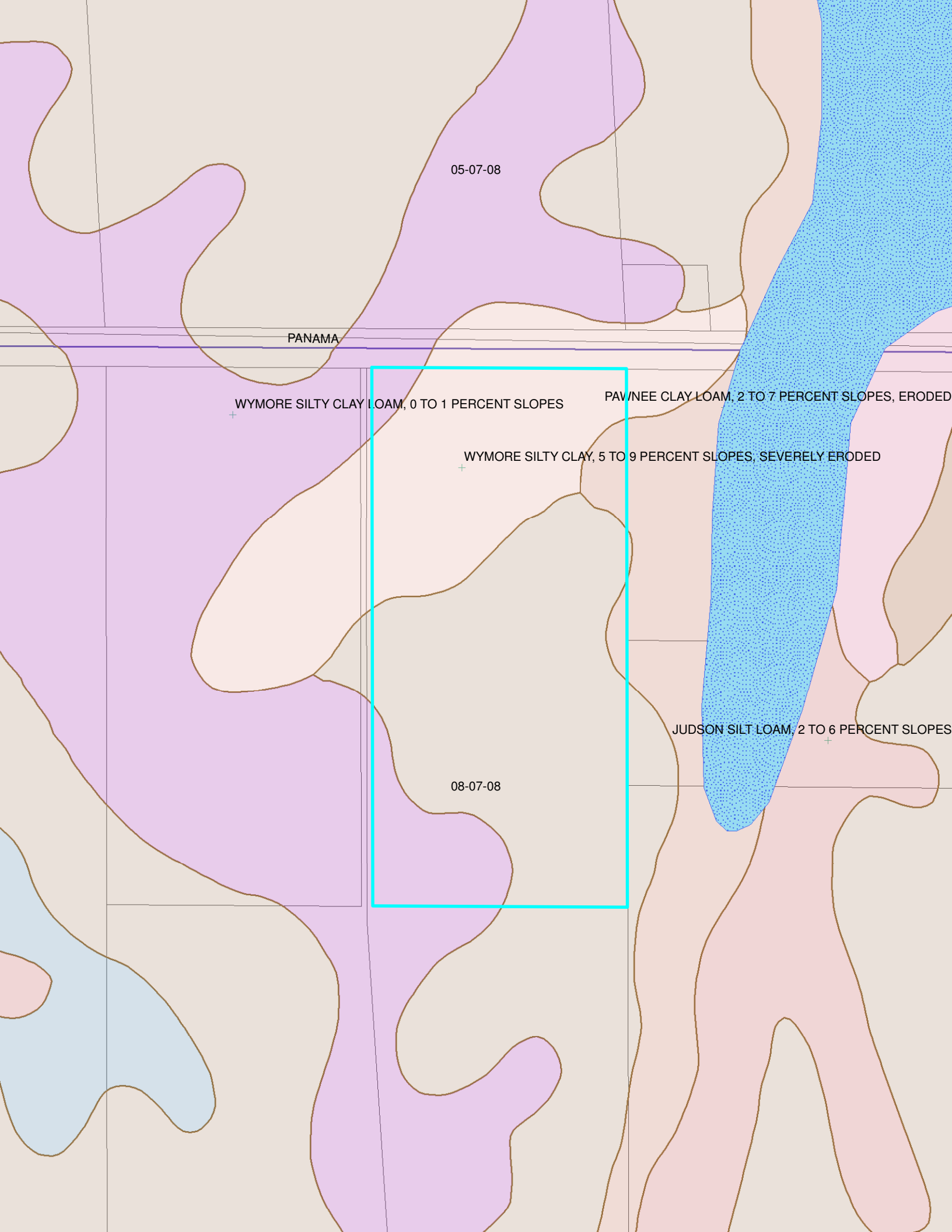
Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 8-16-10 Amount Paid 325.00
Received By Cash/Check No. 2462

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

8-16-2010 13:29:32

Form A Updated: 5-07


05-07-08
PANAMA
WYMORE SILTY CLAY LOAM, 0 TO 1 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
08-07-08

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Address 12355 Panama Road (no rural route) City Panama, NE Zip

Legal Description 8, 7, 8 14
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: Latitude:

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B. Owner

Name Scott Heinrich Signature

Address 12355 PANAMA City/State/Zip Hickman NE 68372

☐ Check if owner designed system Home Phone Work Phone 540 0877

C. Contractor

Name: Paul Weber Company Name Weber Well

Address 10133 W. Willow Cove Lane City/State/Zip Firth NE 68358

☒ Check if contractor designed system Work Phone 580-9311

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Comments
Date rec'd 8/13/10 Date frwd 8/13/10
ACTION ☑ Approved ☐ Disapproved Signature

3. City or County Engineer
Comments
Date rec'd 8-13-10 Date frwd 8-13-10
ACTION ☒ Approved ☐ Disapproved Signature Jim Plouch

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

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

B

Permit Number: HS000392

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of
Reviewing Official _____ Date _____

8/M/32010 116952:13

LLCHD HS000392

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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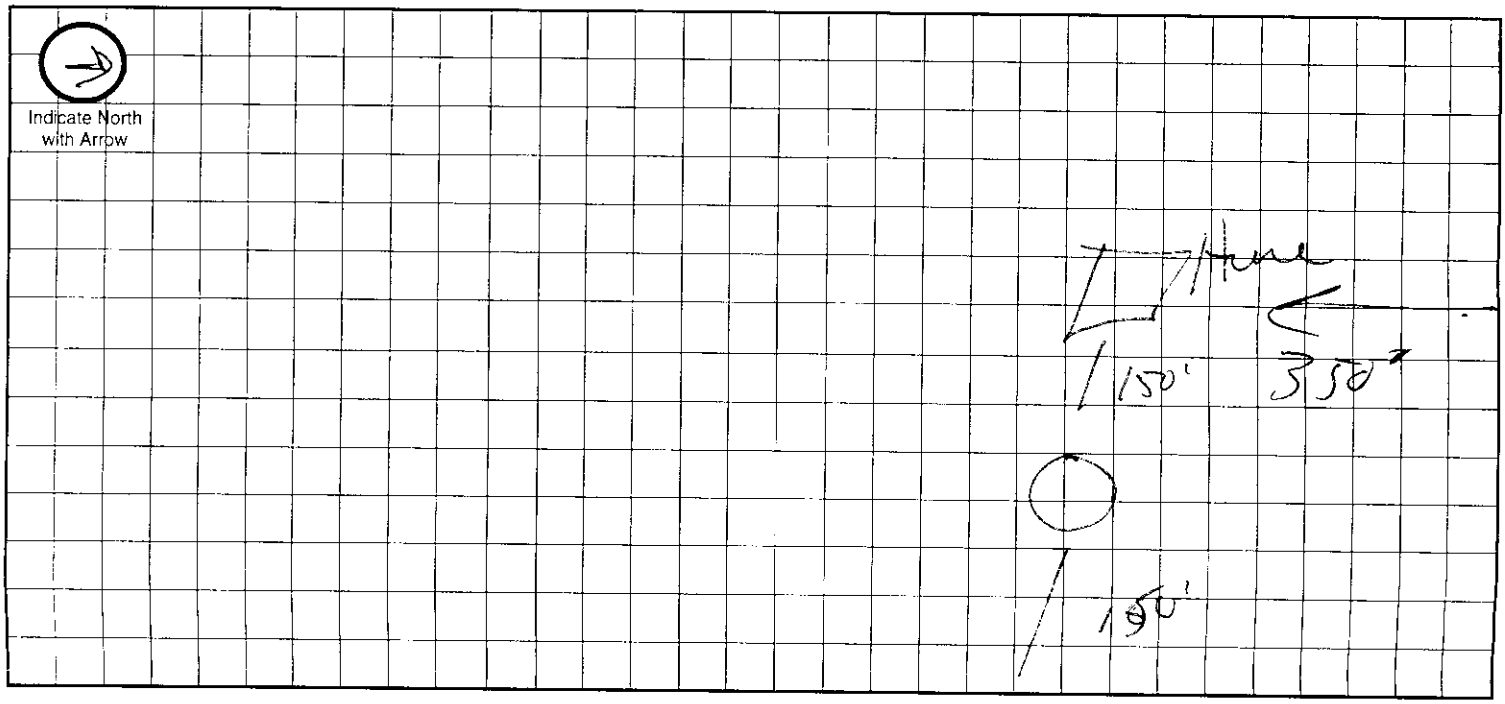
C

Permit Number: HS000392

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ **grid line/s**

A. Onsite System Location

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ❑ Concrete ❑ Plastic ❑ Other_____ ❑ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

❑ Drainfield Absorption Area (percoloation test required) ❑ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

❑ Trench ❑ Bed ❑ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ❑ Perforated pipe ❑ Half-Round ❑ Chamber ❑ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed._____

E. 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 ☒	☒

F. Required Signatures

Home Building Contractor _____ Date _____

Installer Paul w/ho Will will Date 3-12-12

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SCANNED

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Date rec'd 8/13/10
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2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8/13/10
Date frwd 8/13/10
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
W/Lake line + lagoon — Need fence D.S.
Date rec'd 8-13-10
Date frwd 8-13-10
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plough

SCANNED

Installation Final Written Approval
By
Date 8/19/11

Business Office Use Only
Date Received 8-16-10 Amount Paid 325.00
Received By AL Cash/Check No. 2902

SCANNED

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

Form A Updated: 5-07