UTP

CITY OF LINCOLN
[illegible]

AUG 24 2010

NIKIE 681 DE 1 CO 08/22/10 -

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 68510151499 *1095-00152-22-34

[illegible]

PERSONAL [illegible]

UTP

CITY OF LINCOLN
[illegible]

AUG 24 2010

NIKIE 681 DE 1 CO 08/22/10 -

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 68510151499 *1095-00152-22-34

[illegible]

PERSONAL [illegible]

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. HS000393

System Type:	LAGOON
Situs:	17886 SALTILLO RD
Legal Description:	T09N-R08E-S36-Lot 6
Owner:	UNRUH, BENJAMIN JACOB & FAYETT 2519 S 34 ST LINCOLN NE 68506

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

TITUS GANGER
7531 S 29TH
LINCOLN NE 68516

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. HS000393

System Type:	LAGOON
Situs:	17886 SALTILLO RD
Legal Description:	T09N-R08E-S36-Lot 6
Owner:	UNRUH, BENJAMIN JACOB & FAYETT 2519 S 34 ST LINCOLN NE 68506

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

TITUS GANGER
7531 S 29TH
LINCOLN NE 68516

LLCHD HS000393

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street, Lincoln NE 68510-1514
Phone: 402-441-8643

AUG 11 2010

A

Permit Number HS000393

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 17986 (no rural route) City _____, NE Zip _____

Legal Description _____

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Fayetta _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Weatherhogg Signature _____

Address 405 Washington St City/State/Zip Douglas, NE 68344

Work Phone 402-310-9048

D. Engineer

❑ Check and complete if engineer designed system P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ❑ Yes ☒ No Total Acres _____

❑ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 375

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 8/13/10 **ACTION** ☑ Approved ❑ Disapproved

Site visits _____ Date frwd 8/13/10 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 _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Received 8-16-10 Amount Paid 325.00
Received By AL Cash/Check No. 265

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

8-16-2010 13:30:38 * Existing lot w/ buildings

Form A Updated: 5/10

LLCHD HS000393

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street, Lincoln NE 68510-1514
Phone: 402-441-8643

AUG 11 2010

A

Permit Number HS000393

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 17986 (no rural route) City _____, NE Zip _____

Legal Description _____

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Fayetta _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Weatherhogg Signature _____

Address 405 Washington St City/State/Zip Douglas, NE 68344

Work Phone 402-310-9048

D. Engineer

❑ Check and complete if engineer designed system P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ❑ Yes ☒ No Total Acres _____

❑ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 375

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 8/13/10 **ACTION** ☑ Approved ❑ Disapproved

Site visits _____ Date frwd 8/13/10 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 _____

Installation Final Written Approval

By _____

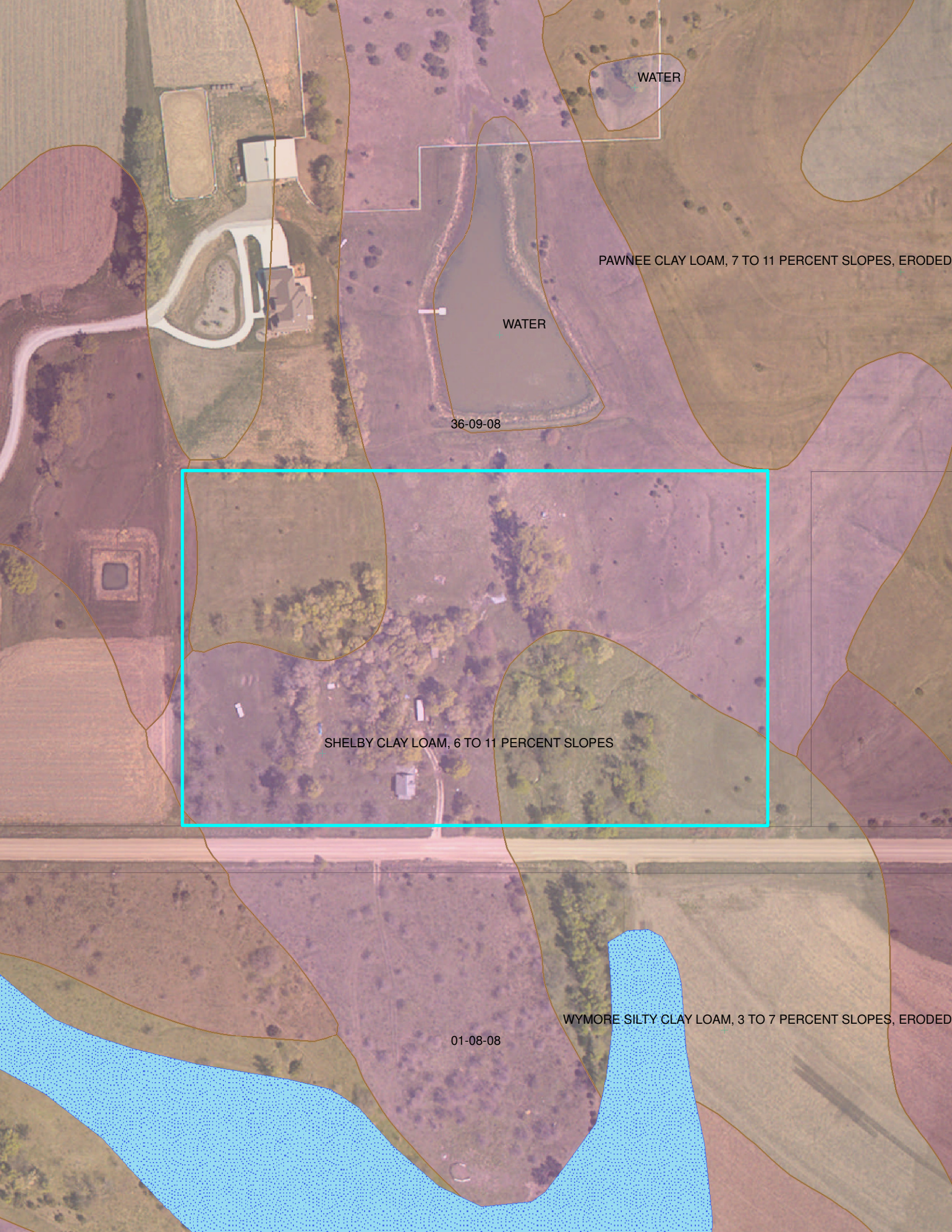
Date _____

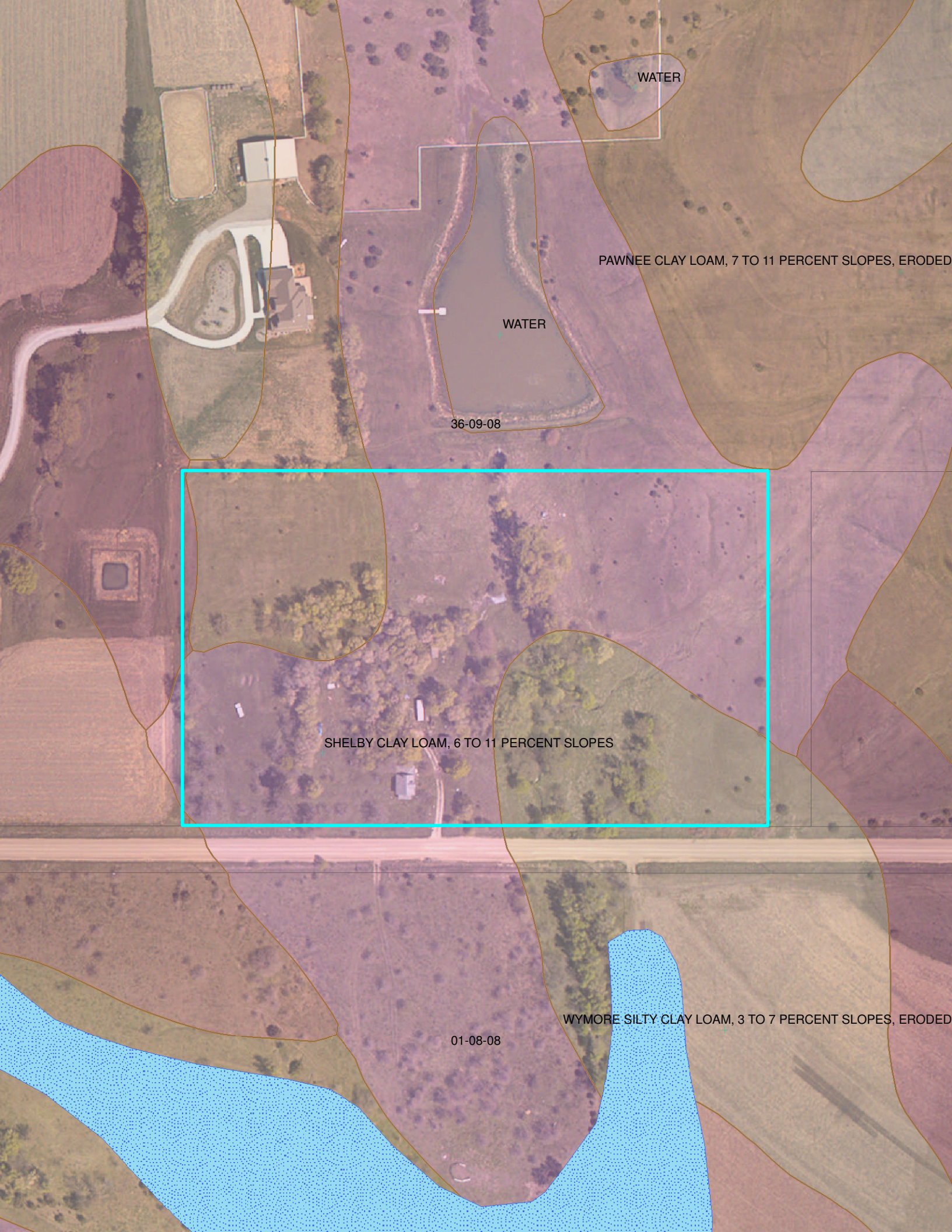
Business Office Use Only
Date Received 8-16-10 Amount Paid 325.00
Received By AL Cash/Check No. 265

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

8-16-2010 13:30:38 * Existing lot w/ buildings

Form A Updated: 5/10


WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER
36-09-08
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
01-08-08


WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER
36-09-08
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
01-08-08

LLCHD HS000393

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N St[illegible] Lincoln NE 68510-1514
Phone 402-[illegible]6613

AUG 11 2010

A

Permit Number HS000393

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 17986 [illegible] City [illegible] NE Zip [illegible]
(no rural route)

Legal Description [illegible]
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: [illegible] PID [illegible]

B. Owner

Name Faye Ha Signature [signature]

Address [illegible] City/State/Zip [illegible]

Home Phone [illegible] Work Phone [illegible]

C. Certified Installer

Name: Scott Weatherhogg Signature [signature]

Address 405 Washington St City/State/Zip Davis, NE 68346

Work Phone 402-310-9048

D. Engineer

❑ Check and complete if engineer designed system P.E. License Number: [illegible]

Designer Name [illegible] Firm [illegible] Work Phone [illegible]

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ❑ Yes ☒ No Total Acres [illegible]

❑ Commercial Establishment/Other Facility Specify [illegible] Design flow in gallons per day 375

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 [illegible]
Date rec'd 8/13/10
Date frwd 8/13/10
ACTION ☑ Approved ❑ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments [illegible]
Date rec'd [illegible]
Date frwd [illegible]
ACTION ❑ Approved ❑ Disapproved
Signature [illegible]

3. City or County Engineer
Comments [illegible]
Date rec'd [illegible]
Date frwd [illegible]
ACTION ❑ Approved ❑ Disapproved
Signature [illegible]

Installation Final Written Approval
By [illegible]
Date [illegible]

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

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

8-13-2010 14:46:11 * Existing lot w/ buildings

Form A Updated: 5/10

LLCHD HS000393

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

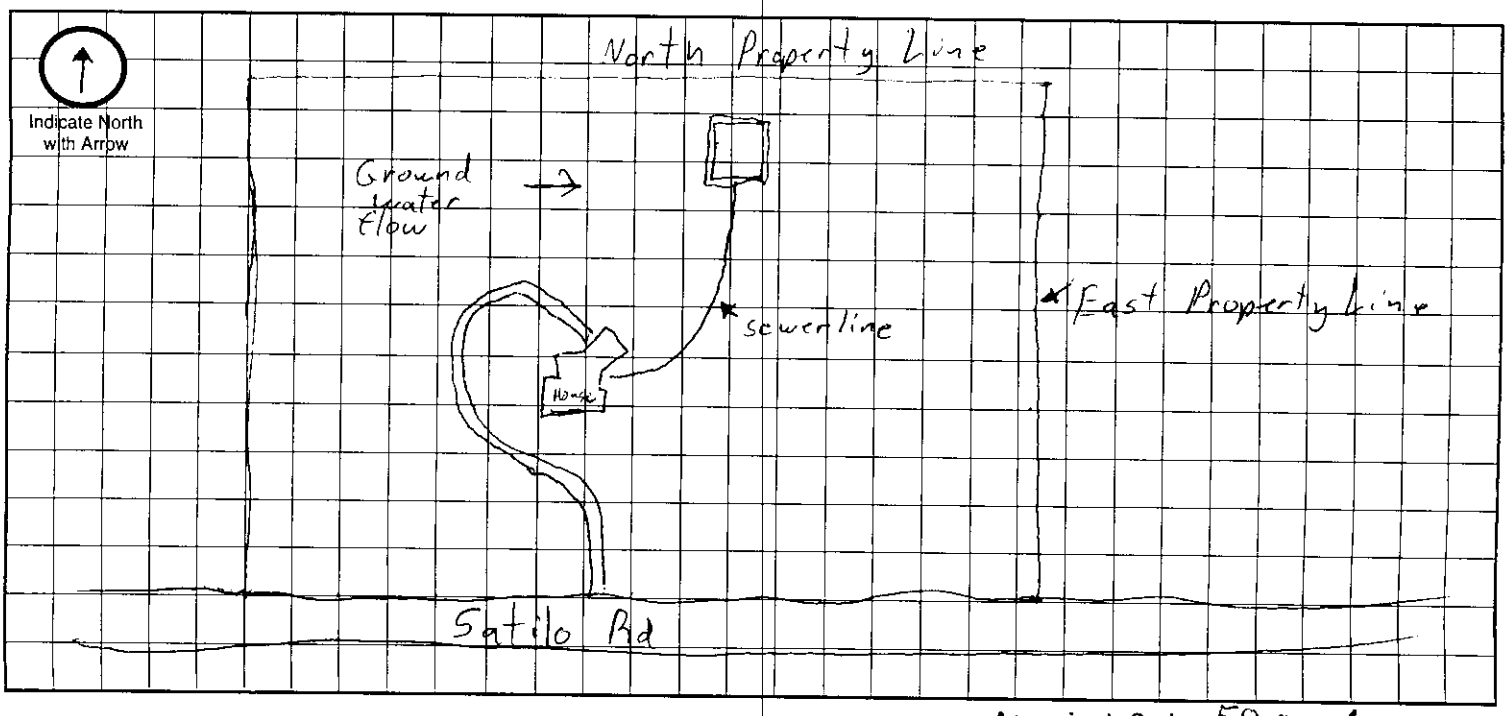
C

Permit Number: HS000393

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: 50 ft. = 1 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 8/10/10

Installer Scott West & Assoc Date 8/9/10

Title 124
Appendix K

Nebraska Department of Environmental Quality

Form B

FOR NDEQ USE ONLY
PERMIT NUMBER: _____
APPROVED BY: _____
DATE APPROVED: _____

Ver. Aug. 2007

Application for Construction/Operating Permit For An Onsite Wastewater Treatment System

(PLEASE PRINT OR TYPE)

A. Owner Information:

Owner: _____ _____ _____
Name Street, P.O. Box, or Route City

Owner: _____ _____ _____ _____ _____
Signature State Zip Phone (Home) (Work)

B. Engineer Information:

Designer: _____ _____
Name Firm Phone (Work)

C. System Location:

Legal Description of Lot: _____ _____ _____ _____ _____ _____ _____ _____
Section Township Range 1/4 1/4 Subdivision Block Lot#

County: _____ Have you checked on the need for a Local Permit? ☐ Yes No ☐

☐ Check here if system mailing address is not the same as the owners and complete mailing information

System mailing Address: _____ _____ _____ _____
Street, P.O. Box, or Route City State Zip

D. This System Will Serve A: Lagoon

☐ Dwelling

Number of Bedrooms: _____

Is There a Whirlpool Bathtub: ☐ Yes ☐ No

☐ Establishment (Name) _____

Design Flow in Gallons per day: _____

Type of Wastewater: ☐ Domestic ☐ Non-Domestic

E. Septic Tanks:

Number of Tanks in Series: _____ Tank Size (gallons) _____ _____ _____ _____ _____
1st 2nd 3rd 4th 5th

F. Absorption system: Lagoon

Percolation Rate: _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ (ft. sq.) Square Feet Proposed: _____ (ft. sq.)

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Gravel ☐ Other Lateral Material: _____

G. Setbacks: Check the Boxes Below If the Required Setback Has Been Satisfied: Ch. 5, Title 124

Distance From	Private Well	Public Well 500	Public Well 1000	Surface Water	Ground Water	Pressure Water lines	Property Lines	Foundations	CLASS I
Tank (ft)	50 ☐	☐	☐	50 ☐	NA ☐	10 ☐	5 ☐	Yours ☐	CLASS II ☐
Field (ft)	100 ☐	☐	☐	50 ☐	4 ☐	25 ☐	5 ☐	Neighbors ☐	CLASS III ☐

8-13-201_ 11:18:11

LLCHD HS000393

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N St[illegible] Lincoln NE 68510-1514
Phone 402-[illegible]6613

AUG 11 2010

A

Permit Number HS000393

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 17986 [illegible] City [illegible] NE Zip [illegible]
(no rural route)

Legal Description [illegible]
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: [illegible] PID [illegible]

B. Owner

Name Faye Ha Signature [signature]

Address [illegible] City/State/Zip [illegible]

Home Phone [illegible] Work Phone [illegible]

C. Certified Installer

Name: Scott Weatherhogg Signature [signature]

Address 405 Washington St City/State/Zip Davis, NE 68346

Work Phone 402-310-9048

D. Engineer

❑ Check and complete if engineer designed system P.E. License Number: [illegible]

Designer Name [illegible] Firm [illegible] Work Phone [illegible]

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ❑ Yes ☒ No Total Acres [illegible]

❑ Commercial Establishment/Other Facility Specify [illegible] Design flow in gallons per day 375

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 [illegible]
Date rec'd 8/13/10
Date frwd 8/13/10
ACTION ☑ Approved ❑ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments [illegible]
Date rec'd [illegible]
Date frwd [illegible]
ACTION ❑ Approved ❑ Disapproved
Signature [illegible]

3. City or County Engineer
Comments [illegible]
Date rec'd [illegible]
Date frwd [illegible]
ACTION ❑ Approved ❑ Disapproved
Signature [illegible]

Installation Final Written Approval
By [illegible]
Date [illegible]

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

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

8-13-2010 14:46:11 * Existing lot w/ buildings

Form A Updated: 5/10

LLCHD HS000393

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

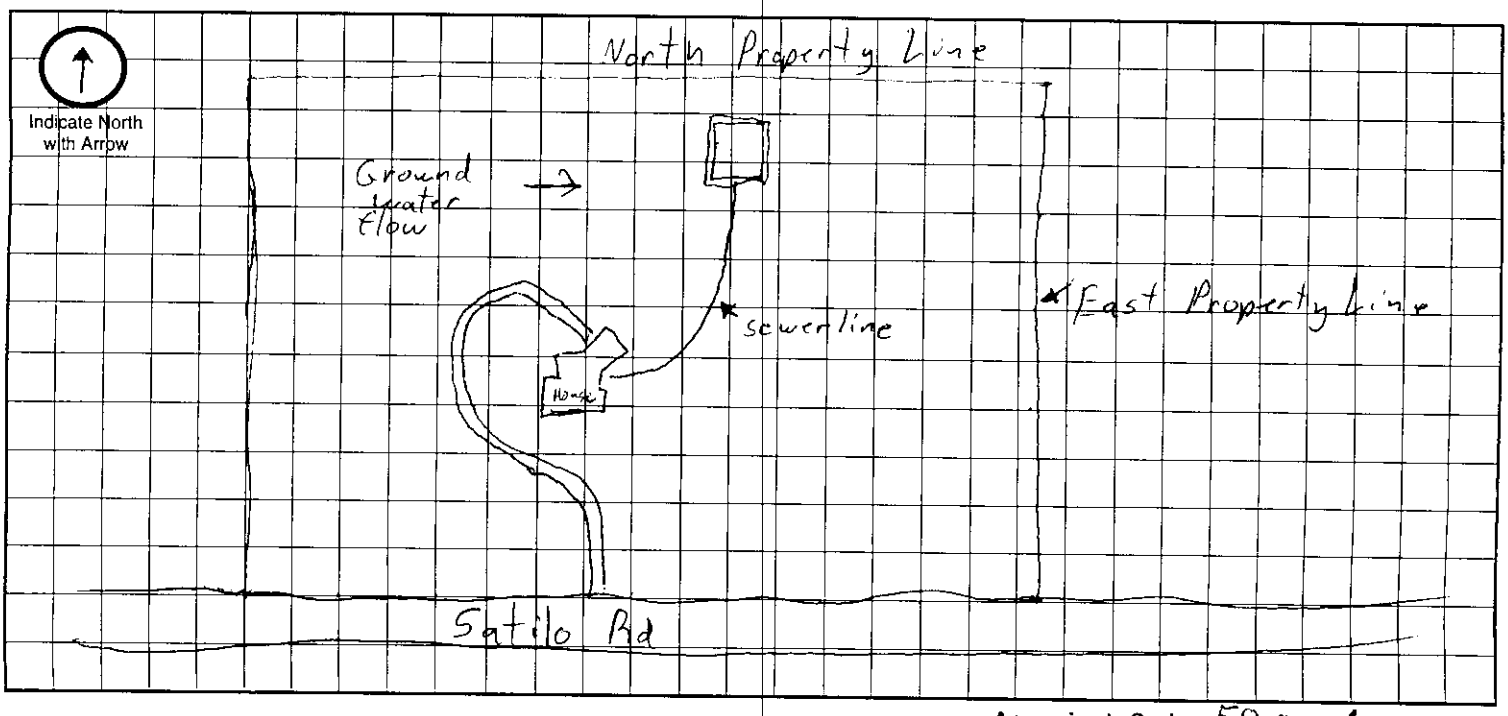
C

Permit Number: HS000393

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: 50 ft. = 1 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 8/10/10

Installer Scott West & Assoc Date 8/9/10

Title 124
Appendix K

Nebraska Department of Environmental Quality

Form B

FOR NDEQ USE ONLY
PERMIT NUMBER: _____
APPROVED BY: _____
DATE APPROVED: _____

Ver. Aug. 2007

Application for Construction/Operating Permit For An Onsite Wastewater Treatment System

(PLEASE PRINT OR TYPE)

A. Owner Information:

Owner: _____ _____ _____
Name Street, P.O. Box, or Route City

Owner: _____ _____ _____ _____ _____
Signature State Zip Phone (Home) (Work)

B. Engineer Information:

Designer: _____ _____
Name Firm Phone (Work)

C. System Location:

Legal Description of Lot: _____ _____ _____ _____ _____ _____ _____ _____
Section Township Range 1/4 1/4 Subdivision Block Lot#

County: _____ Have you checked on the need for a Local Permit? ☐ Yes No ☐

☐ Check here if system mailing address is not the same as the owners and complete mailing information

System mailing Address: _____ _____ _____ _____
Street, P.O. Box, or Route City State Zip

D. This System Will Serve A: Lagoon

☐ Dwelling

Number of Bedrooms: _____

Is There a Whirlpool Bathtub: ☐ Yes ☐ No

☐ Establishment (Name) _____

Design Flow in Gallons per day: _____

Type of Wastewater: ☐ Domestic ☐ Non-Domestic

E. Septic Tanks:

Number of Tanks in Series: _____ Tank Size (gallons) _____ _____ _____ _____ _____
1st 2nd 3rd 4th 5th

F. Absorption system: Lagoon

Percolation Rate: _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ (ft. sq.) Square Feet Proposed: _____ (ft. sq.)

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Gravel ☐ Other Lateral Material: _____

G. Setbacks: Check the Boxes Below If the Required Setback Has Been Satisfied: Ch. 5, Title 124

Distance From	Private Well	Public Well 500	Public Well 1000	Surface Water	Ground Water	Pressure Water lines	Property Lines	Foundations	CLASS I
Tank (ft)	50 ☐	☐	☐	50 ☐	NA ☐	10 ☐	5 ☐	Yours ☐	CLASS II ☐
Field (ft)	100 ☐	☐	☐	50 ☐	4 ☐	25 ☐	5 ☐	Neighbors ☐	CLASS III ☐

8-13-201_ 11:18:11

010184

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. HS000393

System Type: LAGOON

Situs: 17886 SALTILLO RD

Legal Description: T09N-R08E-S36-Lot 6

Owner: UNRUH, BENJAMIN JACOB & FAYETT
2519 S 34 ST
LINCOLN NE
68506

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

TITUS GANGER
7531 S 29TH
LINCOLN NE 68516

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

AUG 11 2010

SCANNED

A

Permit Number H5000393

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 17886 Satillo Rd (no rural route) City Rural, NE Zip Ne

Legal Description 36 9 8 6th Principal Meridian 6 Sw

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Lat/Long: PID 22-36-300-003-000

B. Owner

Name Fayetta Unruh Signature Fayetta Unruh

Address 2519 S 34 st City/State/Zip Lincoln Ne 68506

Home Phone 913-269-3421 Work Phone

C. Certified Installer

Name: Scott Weatherhogg Signature Scott Weatherhogg

Address 405 Washington St City/State/Zip Douglas, NE 68344

Work Phone 402-310-9048

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 375

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 8/13/10 **ACTION** ☑ Approved ☐ Disapproved

Site visits Date frwd 8/13/10 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

Need Fence 10/20/10 DD

Installation Final Written Approval

By

Date 12/2/11

Business Office Use Only
Date Received 8-16-10 Amount Paid 325.00
Received By AL Cash/Check No. 205

SCANNED

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

Form A Updated: 5/10

* Existing lot w/ buildings

SCANNED

Title 124
Appendix K

Nebraska Department of Environmental Quality

Form B

FOR NDEQ USE ONLY	
PERMIT NUMBER:	
APPROVED BY:	
DATE APPROVED:	

Ver. Aug. 2007

Application for Construction/Operating Permit For An Onsite Wastewater Treatment System

(PLEASE PRINT OR TYPE)

A. Owner Information:

Owner: Fayetta Unruh (Name)
Owner: Fayetta Unruh (Signature)

2519 S. 34th St (Street, P.O. Box, or Route) Lincoln (City) Ne (State) 68506 (Zip) 913-269-3421 (Phone (Home)) (Work)

B. Engineer Information:

Designer: _____ (Name) _____ (Firm) _____ (Phone (Work))

C. System Location:

Legal Description of Lot: 36 (Section) 9 (Township) 8 (Range) ____ (1/4) 6th Principal Meridian (1/4 Subdivision) ____ (Block) GSW (Lot#)

County: Lancaster

Have you checked on the need for a Local Permit? ☑ Yes ☐ No

☐ Check here if system mailing address is not the same as the owners and complete mailing information

System mailing Address: _____ (Street, P.O. Box, or Route) _____ (City) _____ (State) _____ (Zip)

D. This System Will Serve A: Lagoon

☑ Dwelling

Number of Bedrooms: 4

Is There a Whirlpool Bathtub: ☐ Yes ☑ No

☐ Establishment (Name) _____

Design Flow in Gallons per day: _____

Type of Wastewater: ☐ Domestic ☐ Non-Domestic

E. Septic Tanks:

Number of Tanks in Series: _____ Tank Size (gallons) _____ (1st) _____ (2nd) _____ (3rd) _____ (4th) _____ (5th)

F. Absorption system: Lagoon

Percolation Rate: _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ (ft. sq.) Square Feet Proposed: _____ (ft. sq.)

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Gravel ☐ Other Lateral Material: _____

G. Setbacks: Check the Boxes Below If the Required Setback Has Been Satisfied: Ch. 5, Title 124

Distance From	Private Well	Public Well 500	Public Well 1000	Surface Water	Ground Water	Pressure Water lines	Property Lines	Foundations	CLASS I
Tank (ft)	50 ☐	☐	☐	50 ☐	NA ☐	10 ☐	5 ☐	Yours ☐	CLASS II ☐
Field (ft)	100 ☐	☐	☐	50 ☐	4 ☐	25 ☐	5 ☐	Neighbors ☐	CLASS III ☐

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

SCANNED

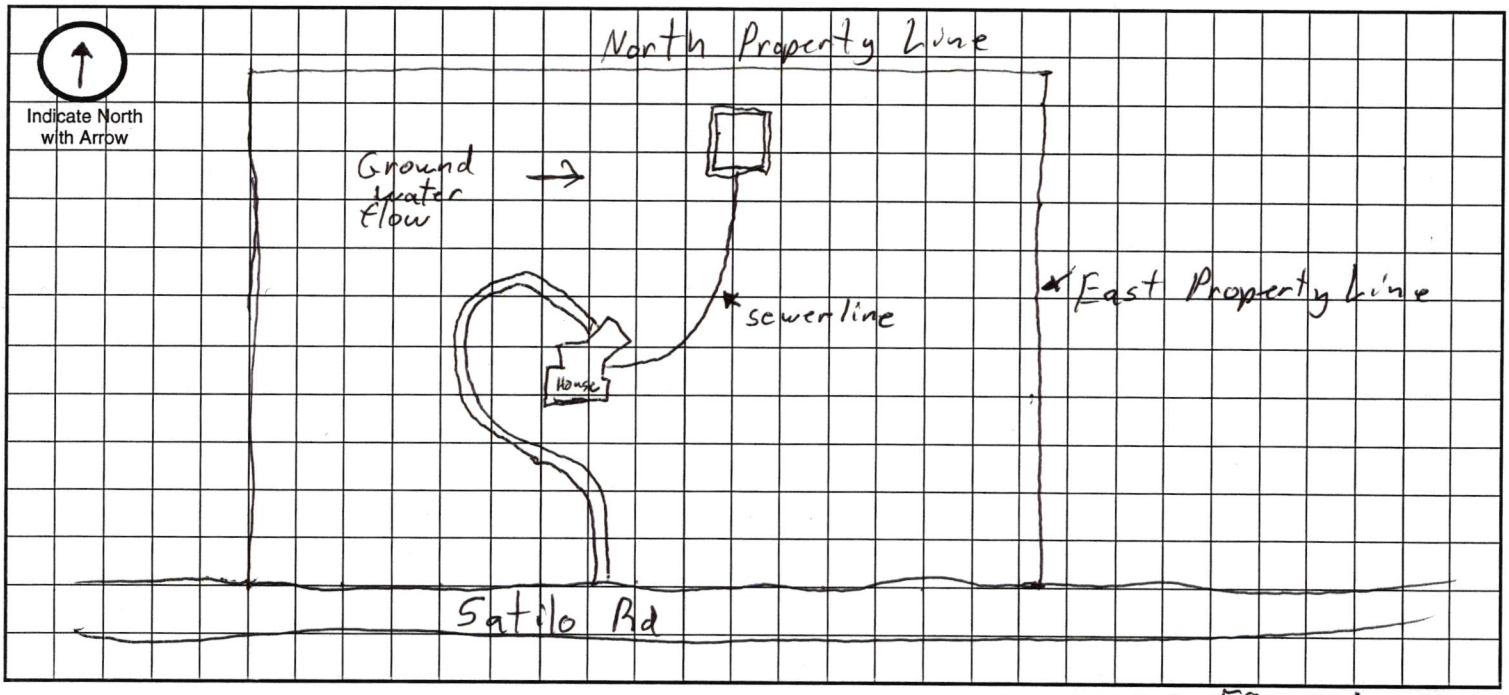
C

Permit Number: HS000393

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: 50 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 17886 Satillo Rd City Bennet NE, Zip 68317

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 8/10/10

Installer Scott Heath Rang Date 8/9/10