LLCHD HS000396

SCANNED

A

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

Permit Number: HS000396

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 11700 S 17st. Cir. (no rural route) City Bennett NE, Zip 68317

Legal Description 2 8 8 Hunter's Ridge 7
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 Richard Schatt Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Kelly Walinski Company Name Wellmann Plumbing Inc.

Address 3130 S 6th. #100 City/State/Zip Lincoln, Ne. 68502

☐ Check if contractor designed system Work Phone 402-434-2400

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

Designer Name Wellmann Plumbing 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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 9/20/10 Date frwd 9/20/10 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 8/[illegible]

Amt Paid [illegible]

Rec'd By [illegible] Cash/Check No. 47649

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

9-8-2010 11:37:28

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. HS000396

System Type: LAGOON

Situs: 11700 S. 171st Cir.

Legal Description: T09N-R08E-S02-Lot 7

Owner:

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

Issued: 08/31/2010
Expires: 08/31/2011

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

WELLMAN PLUMBING
3130 S 6TH
LINCOLN NE 68502

LLCHD HS000396

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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Legal Description 2 (1/4) 8 (1/4) 8 (Section) Township (Range) Hunter's Ridge (Subdivision) (Addition) 2 (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 Richard Schatt Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Kelly Wolinski Company Name Wellmann Plumbing Inc.

Address 3150 S 6th. #100 City/State/Zip Lincoln, Ne. 68502

☐ Check if contractor designed system Work Phone 402-434-2400

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

Designer Name Wellman Plumbing Firm _____ Work Phone _____

E. This System Will Serve a

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☐ Commercial Establishment/Other Facility Specify _____

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Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 8/27/10
Amt Paid 325-
Rec'd By BM Cash/Check No. 47649

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

8-31-2010 10:13:39

LLCHD HSE00396

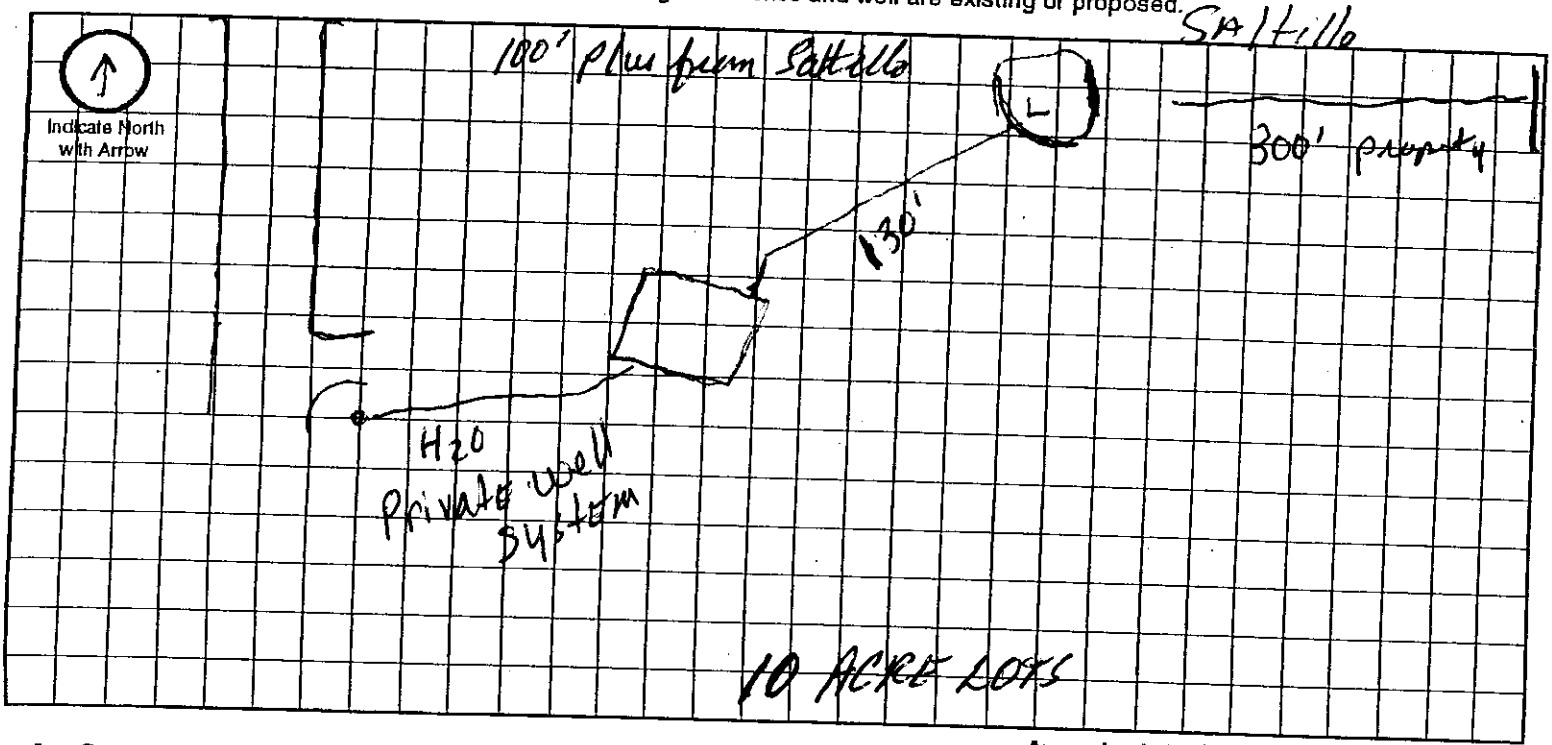
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 11700 S 171 Circle City Bennet NE, Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other NA

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 _____ Date _____

nstaller _____ Date _____

8-31-2010 10:13:41

VILLAGE OF BENNET
685 Monroe Street
P.O. Box 255
Bennet, NE 68317

Phone 782-3300
Fax 782-3320
E-mail bennetvlg@diodecom.net

Fax

To: Nate **From:** Pat Rule

Fax: 441-3890 **Pages:** 2 (INCLUDES COVER PAGE)

Phone: 441-8643 **Date:** 08.23.2010

Re: **cc:**

☐ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Lagoon approval @ 11700 S. 171st

A

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Name Richard Short Signature _____

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Business Office Use Only

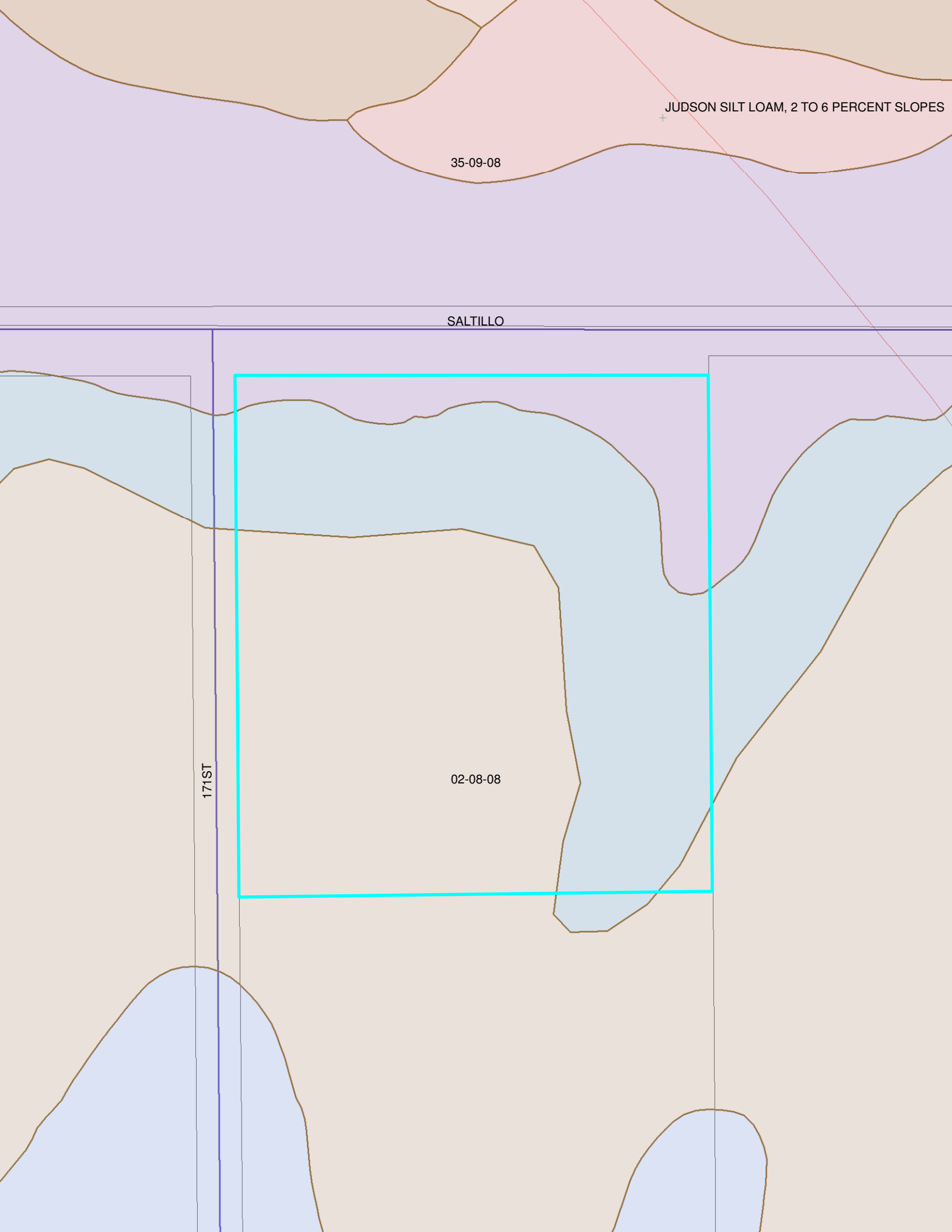
Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

TOTAL P.02


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
35-09-08
SALTILLO
171ST
02-08-08

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Date 8/8/11

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