11-9-2010 14:24:44

LLCHD HS000427

CITY OF LINCOLN
NEBRASKA

NOV 09 2010

HS 000427

NIXIE 891 DE 1 00 11/05/10

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 68510151499 *1095-09203-05-28

LLCHD HS000427

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

A

Permit Number HS000427

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 12377 South 176th Street (no rural route) City Bennett, NE Zip NE 68317

Legal Description 2 / 8 / 8 30

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

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

B. Owner

Name ~~Roger Hempel~~ Clinton Bahnky Signature _____

Address 5321 Pinnacle Court City/State/Zip Lincoln NE 68516

Home Phone _____ Work Phone 402-440-7242

C. Certified Installer

Name: Blain Johnson Signature _____

Address 0553 E Hwy 41 Adams NE 68301 City/State/Zip _____

Work Phone 402.416.2270

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 3 Is there a Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 20

☐ 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 10/27/10
Date frwd 10/27/10
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 10-29-10 Amount Paid 335.00
Received By LL Cash/Check No. 3010

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

Form A Updated: 5/10

11-1-2010 15:11:52

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

A

Permit Number HS000427

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 12377 South 176th Street (no rural route) City Bennett NE Zip NE 68317

Legal Description _____

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

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

B. Owner

Name Clinton Bohaty Signature _____

Address 5231 Pinehurst Court City/State/Zip Lincoln NE 68516

Home Phone _____ Work Phone 402-440-4242

C. Certified Installer

Name: Blain Johnson Signature _____

Address 8533 E Hwy 41 Adams NE 68301 City/State/Zip _____

Work Phone 402.610.2270

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number _____

Designer Name _____ Firm _____ Work Phone _____

F. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 20

☐ 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 _____ Date fwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments OK
Date rec'd 10-25-2010 Date fwd 10-25-2010
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____ Date fwd _____
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 Update 5/10

TOTAL P.02

LLCHD HS000427

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

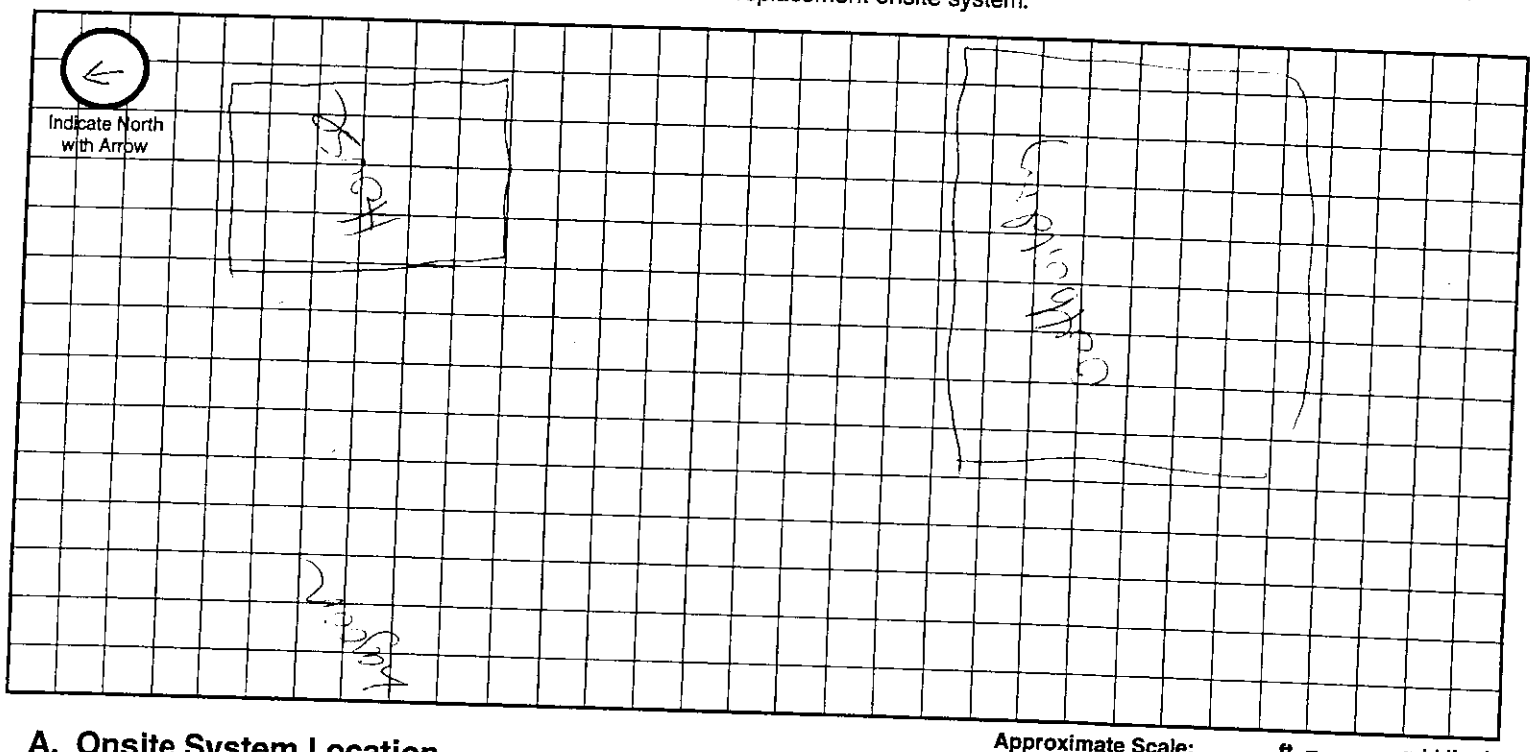
C

Permit Number: HS000427

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) 12377 South 176 Street City Bennett 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 _____

Installer _____ Date 10/25/10

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. HS000427

System Type: LAGOON

Situs: 12377 S. 176th St.

Legal Description: T08N-R08E-S02-Lot 30

Owner:

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00

Issued: 10/29/2010
Expires: 10/29/2011

Judith A Halstead

Judith A. Halstead, MS, Health Director

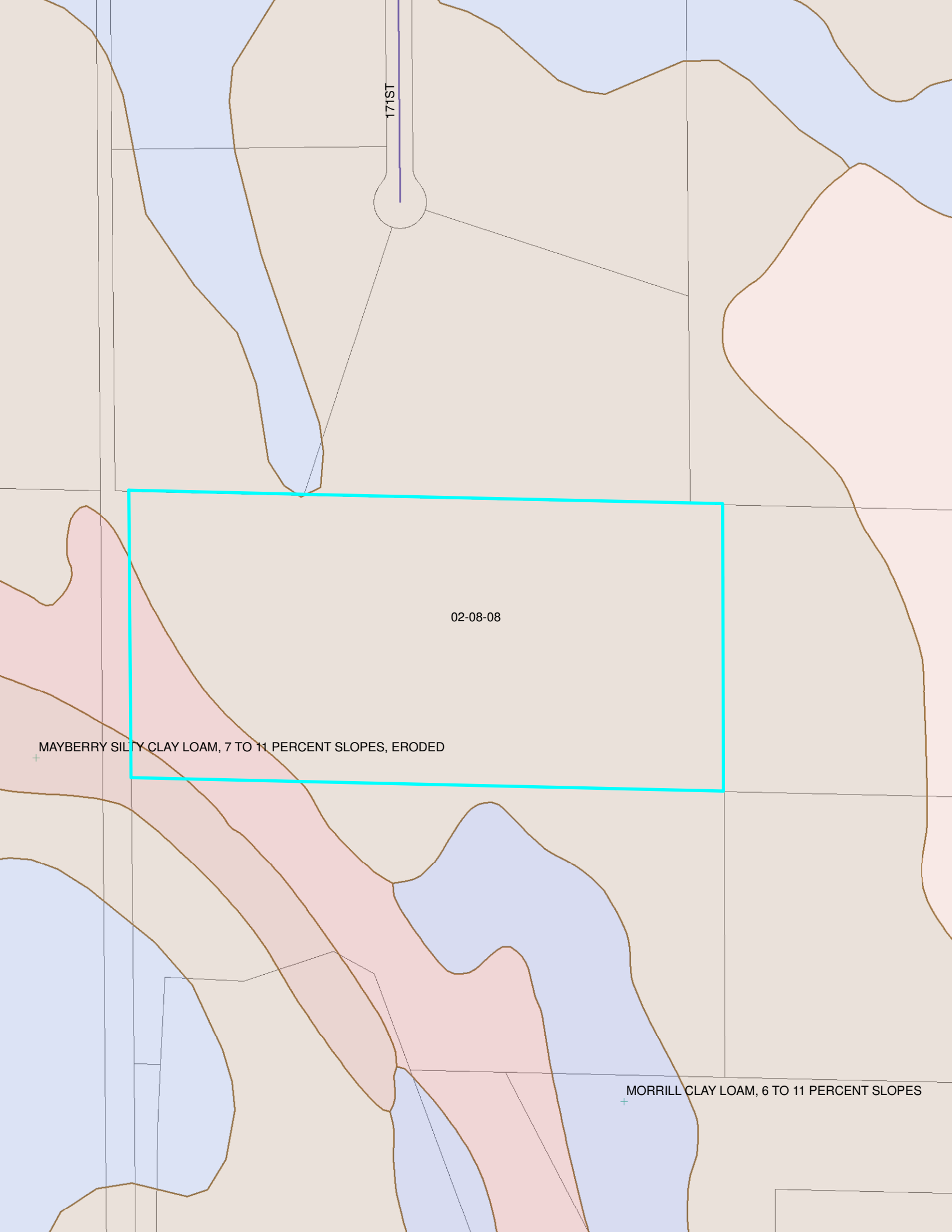
On-site Waste System Permit Holder:

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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

BLAINS ELECTRIC INC
PO BOX 172
FIRTH NE 68358


171ST
02-08-08
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES

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

A

Permit Number HS000427

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 12377 South 176th Street (no rural route) City Bennett, NE Zip NE 68317

Legal Description 2 8 8 30

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

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

B. Owner

Name ~~Roger Hempel~~ Clinton Bohaty Signature_____

Address 5321 Rundown Court City/State/Zip Lincoln NE 68516

Home Phone_____ Work Phone 402-440-4242

C. Certified Installer

Name: Blain Johnsen Signature Blain Johnsen

Address 8533 E Hwy 41 Adams NE 68301 City/State/Zip_____

Work Phone 402.610.2270

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 3 Is there a Whirlpool Bathtub? ☑ Yes ❑ No Total Acres 20

❑ 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 10/27/10
Date frwd 10/27/10
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_____

SCANNED

Installation Final Written Approval
By_____
Date 10/5/11

Business Office Use Only
Date Received 10-29-10 Amount Paid 335.00
Received By BH Cash/Check No 2010

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

Form A Updated: 5/10