LLCHD HS000432

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

SCANNED OCT 28 2010

A

Permit Number H5000432

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 17001 Midway Road (no rural route) City Bennet, NE Zip 68317

Legal Description 23, 9, 8 10

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

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

B. Owner

Name Jake Sitzer Signature _____

Address 8331 Carl Ridge Road Apt 408 City/State/Zip 68506

Home Phone _____ Work Phone 402.416.5691

C. Certified Installer

Name: Blain Johnson Signature Blain Johnson

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

Work Phone 402.611.2270

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 2 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 11/1/10
Date frwd 11/1/10
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 11/4/2010
ACTION ☒ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 11-3-10 Amount Paid 330.00
Received By DH Cash/Check No. 5837

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

Form A Updated: 5/10

11-10-2010 14:29:25

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. HS000432

System Type: LAGOON

Situs: 17001 Midway Rd.

Legal Description: T09N-R08E-S23-Lot 10

Owner:

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

Issued: 11/08/2010
Expires: 11/08/2011

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

BLAINES ELECTRIC
8533 HWY 41
ADAMS NE 68301

LLCHD HS000432

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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Legal Description 23, 9, 8, 10

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

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

B. Owner

Name Jake Sithes Signature _____

Address 8351 Cart Ridge Road Apt 4CE City/State/Zip 68506

Home Phone _____ Work Phone 402.416.5691

C. Certified Installer

Name: Blain Johnson Signature _____

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

Work Phone 402.616.2270

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

Designer Name _____ Firm _____ Work Phone _____

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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

LLCHD HS000432

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

OCT 28 2010

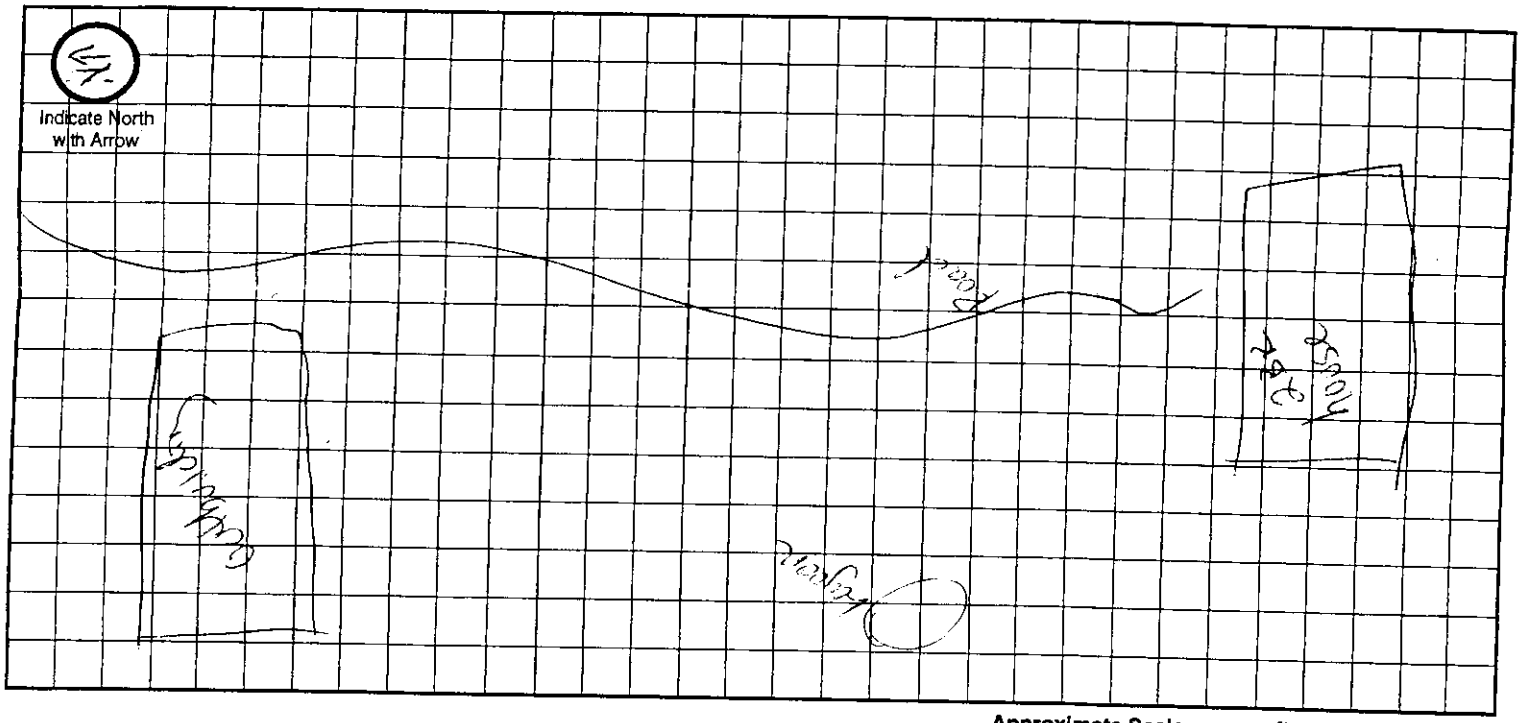
C

Permit Number:

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) 17001 Midway Road 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_____

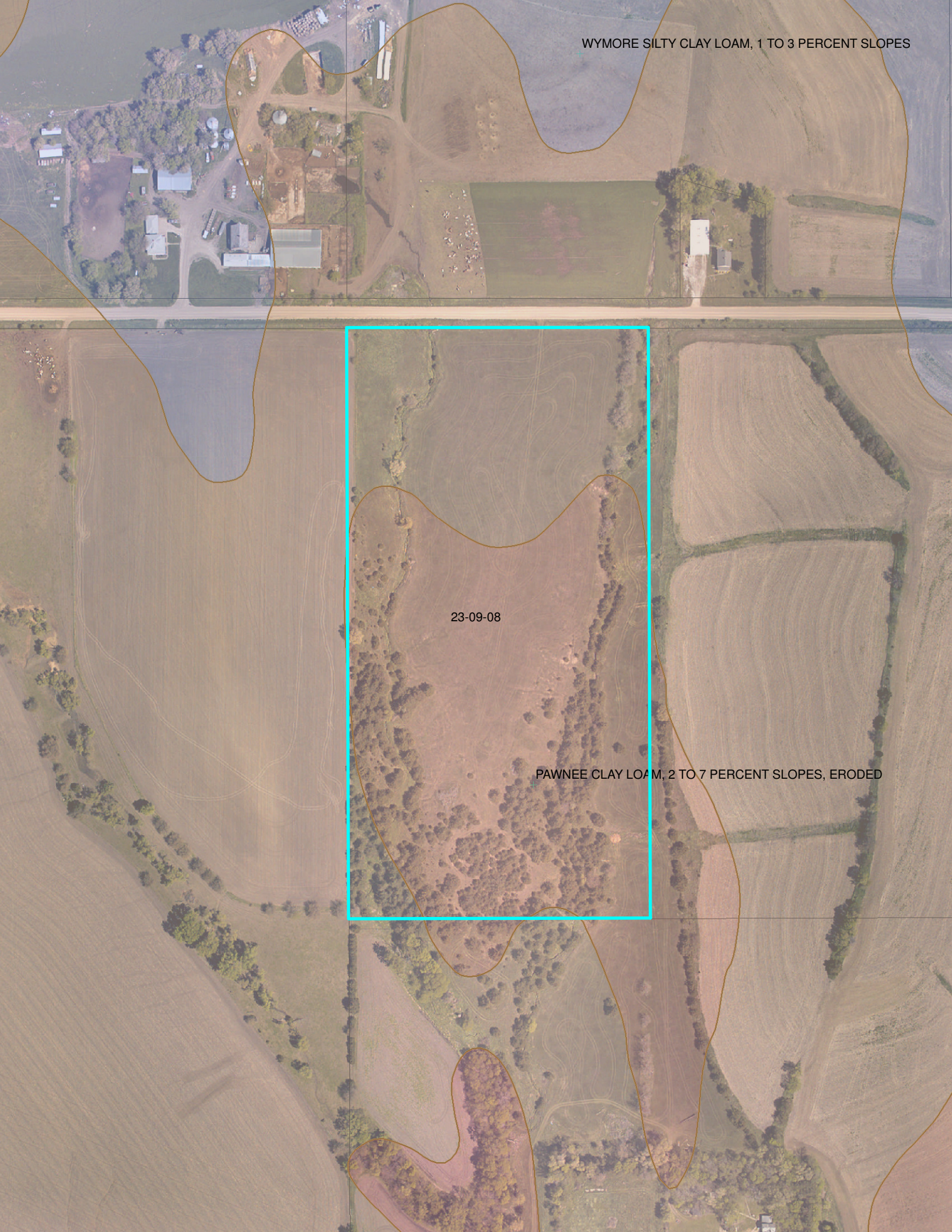
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 10/26/10


WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
23-09-08
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED

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1. Health Department
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Date rec'd 11/1/10
Date frwd 11/1/10
ACTION ☒ Approved ☐ Disapproved
Signature _____

* Line a Lagoon
* Some tree removal necessary - west side of pit is too short.

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 11/04/2010
ACTION ☒ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date 3/15/12

* Spoke w/ Mr. Johnson, homeowner will NOT let him back onsite to address the tree issues. Note

Business Office Use Only
Date Received 11-8-10 Amount Paid 335.00
Received By bdl Cash/Check No. 5937

SCANNED

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

Form A Updated: 5/10