Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

No. HS000442

System Type:	LAGOON
Situs:	10260 W SPRAGUE RD
Legal Description:	T08N-R05E-S28-Lot 15
Owner:	RITCHIE, STEPHEN V & SANDRA M 10250 W SPRAGEU RD CRETE NE 68333

Permit Fee:	$185.00
Total Fees:	$185.00
Issued:	11/19/2010
Expires	11/19/2011

Judith A Halstead

Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

HOLLY CONTRACTING
71860 567TH AVE
FAIRBURY NE 68352-4018

LLCHD HS000442

NOV 1 8 2010

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000442

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:** N 40° 37' 33.3" W096° 51' 38.2
   Township 8 Range 5 1/4 ____ 1/4 ____ Section 28
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 10250 W. SPRAGUE ROAD

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 Describe ____

3. **Type of Present Individual Disposal System** ☐ septic system ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** ALTER/REPAIR AS ~~NEED~~ REQUIRED FOR TITLE 124 NDEQ, replaced lagoon

5. **Work to be done by:** ☐ owner ☒ contractor's name Holly Commercial Co. Dave & Holly

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name STEVE RITCHIE Address 10250 W. SPRAGUE RD. [illegible] NE. [illegible]333 Phone: 402-[illegible]

Applicant Signature (owner or lessee) X Steve Ritchie

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

HEALTH DEPARTMENT USE ONLY

Date received 11/19/10 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 11/19/10 Amount [illegible] Check No. [illegible] Initials SH

Revised 3-09

11-22-2010 12:31:51

LLCHD HS000442

NOV 18 2010

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000442

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:** N 40° 37' 33.3" W096° 51' 38.2"
   Township 8 Range 5 1/4 1/4 Section 28
   Block Lot Addition
   Parcel ID -- -- -- -- (i.e. 99-99-999-999-999)
   Street Address (no rural route) 10250 W. SPRAGUE ROAD

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 Describe

3. **Type of Present Individual Disposal System** ☐ septic system ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** ALTER/REPAIR AS ~~NEED~~ REQUIRED FOR TITLE 124 NDEQ, ~~Replaced~~ lagoon

5. **Work to be done by:** ☐ owner ☒ contractor's name HOLLY CONTRACTING Co. Gary L. Holly

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name STEVE RITCHIE Address 10250 W. SPRAGUE RD. SPRAGUE, NE. 68333 Phone: 402-[illegible]-5311

Applicant Signature (owner or lessee) X Steve Ritchie

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

HEALTH DEPARTMENT USE ONLY

Date received 11/19/10 REVIEW: ☑ Approved ☐ Disapproved By:

Site visits
Date ___/___/___ By
Date ___/___/___ By
Date ___/___/___ By

Installation final written approval
Date ___/___/___ By

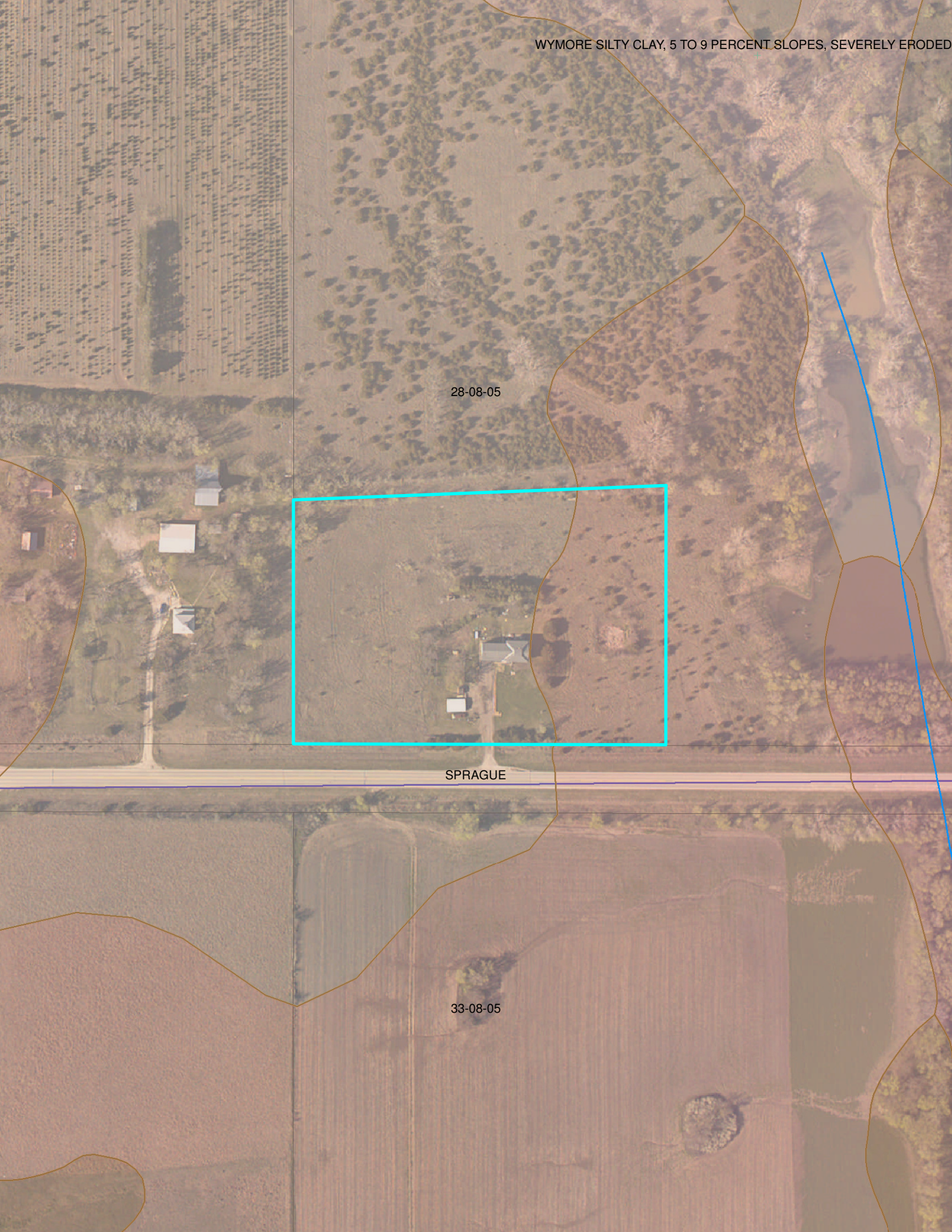
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: ___/___/___ Amount Check No. Initials

Revised 3-09

11-19-2010 11: 9:50


WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
28-08-05
SPRAGUE
33-08-05

NOV 18 2010

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000442

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:** N 40° 37' 33.3" W096° 51' 38.2"
   Township 8 Range 5 1/4 ____ 1/4 ____ Section 28
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 10250 W. SPRAGUE ROAD

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 Describe ____

3. **Type of Present Individual Disposal System** ☐ septic system ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** ALTER/REPAIR AS ~~NEED~~ REQUIRED FOR TITLE 124 NDEQ, replace lagoon

5. **Work to be done by:** ☐ owner ☒ contractor's name HOLLY CONTRACTING CO. GARY L HOLLY

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name STEVE RITCHIE Address 10250 W. SPRAGUE RD, CRETE, NE. 68333 Phone: 402-826-5317

Applicant Signature (owner or lessee) X Steve Ritchie

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 11/19/10 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date 11/8/10 By Doug Smith line lagoon - Needs fence
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 7/19/11 By Doug Smith

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

SCANNED

Business Office Use Only

Received: Date: 11/19/10 Amount 185.00 Check No. 2663 Initials BH

Revised 3-09

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

D

Permit Number: REPAIR
HS000442

WASTE WATER LAGOON

Sewage Disposal System
As Built Plans & Specifications

HOLLY CONTRACTING CO.
71860 567 Ave.
Fairbury, NE 68352

Date 11/09/10

STEVE & SANDY RITCHIE

System Location (Indicate correct number and street)

Address 10250 W. SPRAGUE RD (no rural route) City CRETE NE, Zip 68333

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

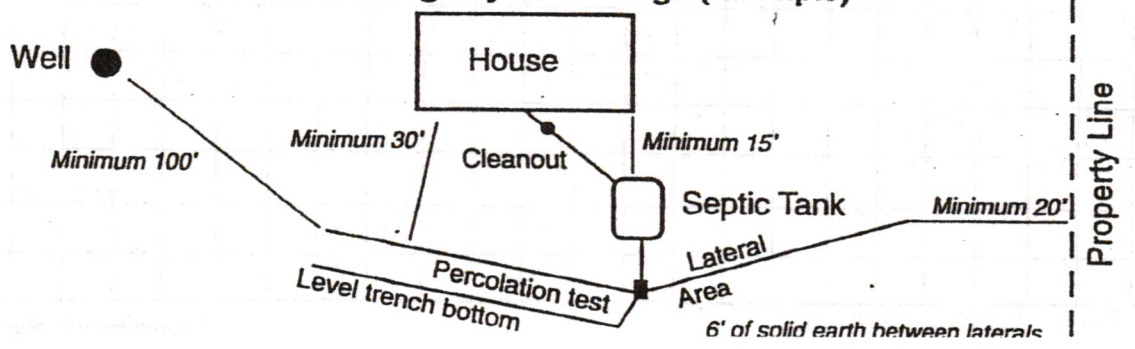
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

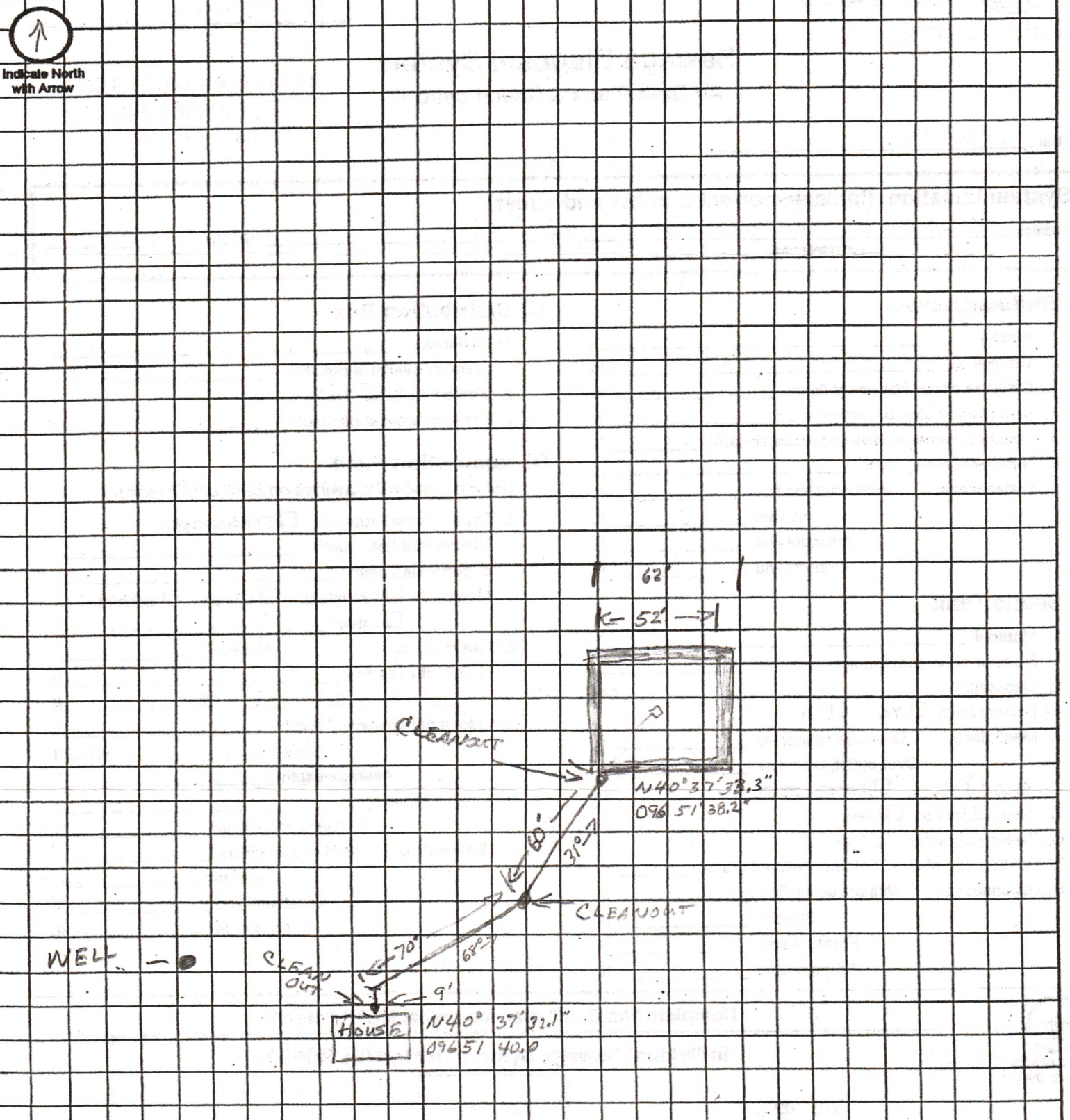
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: NONE grid line/s