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. HS000451

System Type:	LAGOON
Situs:	3700 PELLA RD
Legal Description:	T07N-R06E-S20-Lot 14&15
Owner:	

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

Issued:	01/05/2011
Expires:	01/05/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

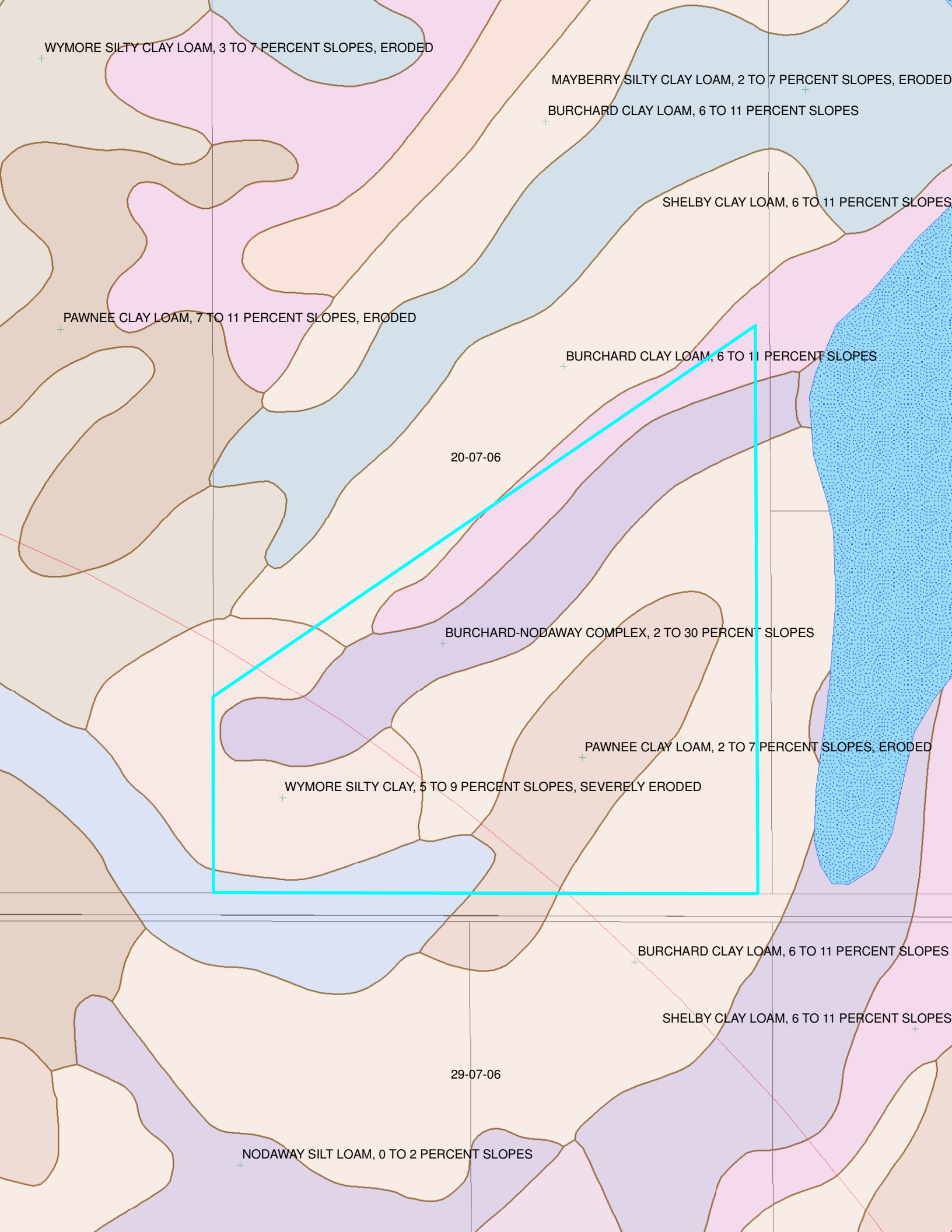
On-site Waste System Permit Holder:

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

KURT VIRGIL
4620 W MARY LOUISE LN
LINCOLN NE 68528


WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
20-07-06
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
29-07-06
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES

APR 19 2011

D S20, T7, R6 Lot 14 & 15

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4-14-11

System Location (Indicate correct number and street)

Address 3700 W Bell2 Rd (no rural route) City Hallam, NE, Zip 68368

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: NA ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line > 100 ft.
   stream > 50 ft.
   pressure line > 25 ft.
   property line > 20 ft.

B. Septic Tank

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

D. Absorption Field

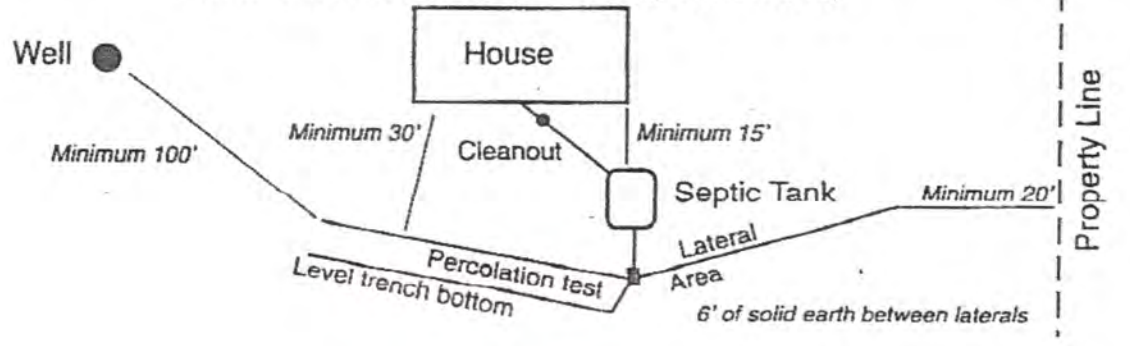
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: NA
   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)

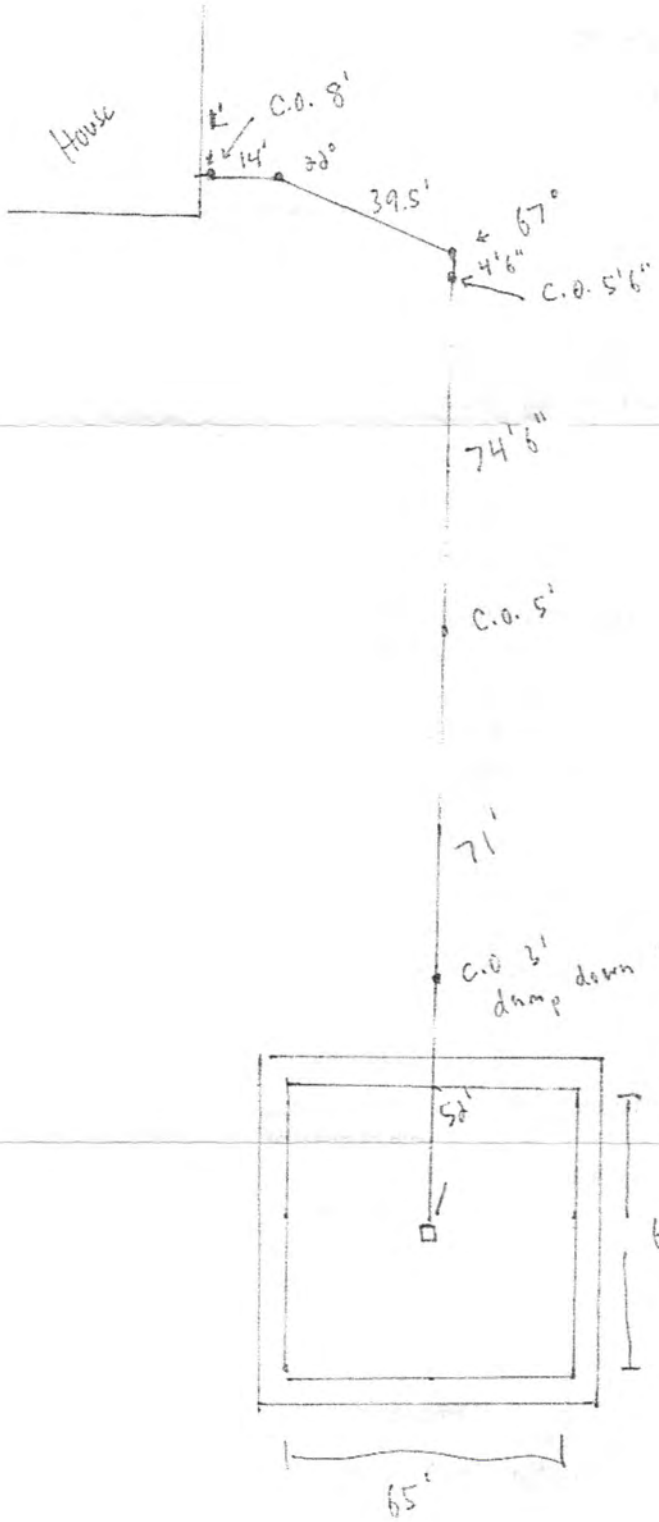


Todd Stertz Lagoon
3700 W Pella Rd
Hallam, Ne

N →

Well

⟷ = 10'



All setbacks met.

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

SCANNED

A

Permit Number
HS000451

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 3700 W. Pella Rd (no rural route) City HALLAM, NE Zip 68368

Legal Description 20 7 6 15 & 16 SW

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

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: 26.49

B. Owner

Name ~~SAME~~ MARTHA HeHenbaugh Signature MA

Address 3700 Pella Rd City/State/Zip HALLAM / NE / 68368

☐ Check if owner designed system Home Phone _____ Work Phone 429-6996

C. Contractor

Name: KURT T VIRGIL Company Name KURT T VIRGIL EXCAVATING

Address 4620 W. MARY LOUISE LN City/State/Zip Lincoln / NE / 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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

Designer Name _____ 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 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 4/13/11 D.S
Isne + lagoon, Needs fence
Date rec'd 1/5/11
Date frwd 1/5/11
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 Doug Rusk
Date 5/23/11

Business Office Use Only
Date Received 1-5-11 Amount Paid 335.00
Received By BH Cash/Check No. 2442

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