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. HS000453

System Type: LAGOON

Situs: 4452 AGNEW RD

Legal Description: T12N-R07E-S08-Lot 11

Owner:

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

Issued:	01/06/2011
Expires:	01/06/2012

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

HAES CONTRACTING
4760 UNION HILL RD
LINCOLN NE 68516

LLCHD HS000453

A

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

Permit Number: HS000453

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 4452 Agnew Rd (no rural route) City Ceresco NE, Zip 68017

Legal Description 1/4 1/4 Section 8 Township 12 Range 7 Subdivision Addition Block 11 Lot

Geographical Location (if known): Longitude Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Mike Hermance Signature Mike Hermance

Address 4452 Agnew Rd City/State/Zip Ceresco NE 68017

☐ Check if owner designed system Home Phone 402-785-2435 Work Phone

C. Contractor

Name Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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

Designer Name Scott Haas Firm Haas Contracting Work Phone 402-499-1166

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 1/6/11 Date frwd 1/6/11
   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

- line + lagoon - Needs fence OS

By

Date

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

1-6-2011 11: 4:18

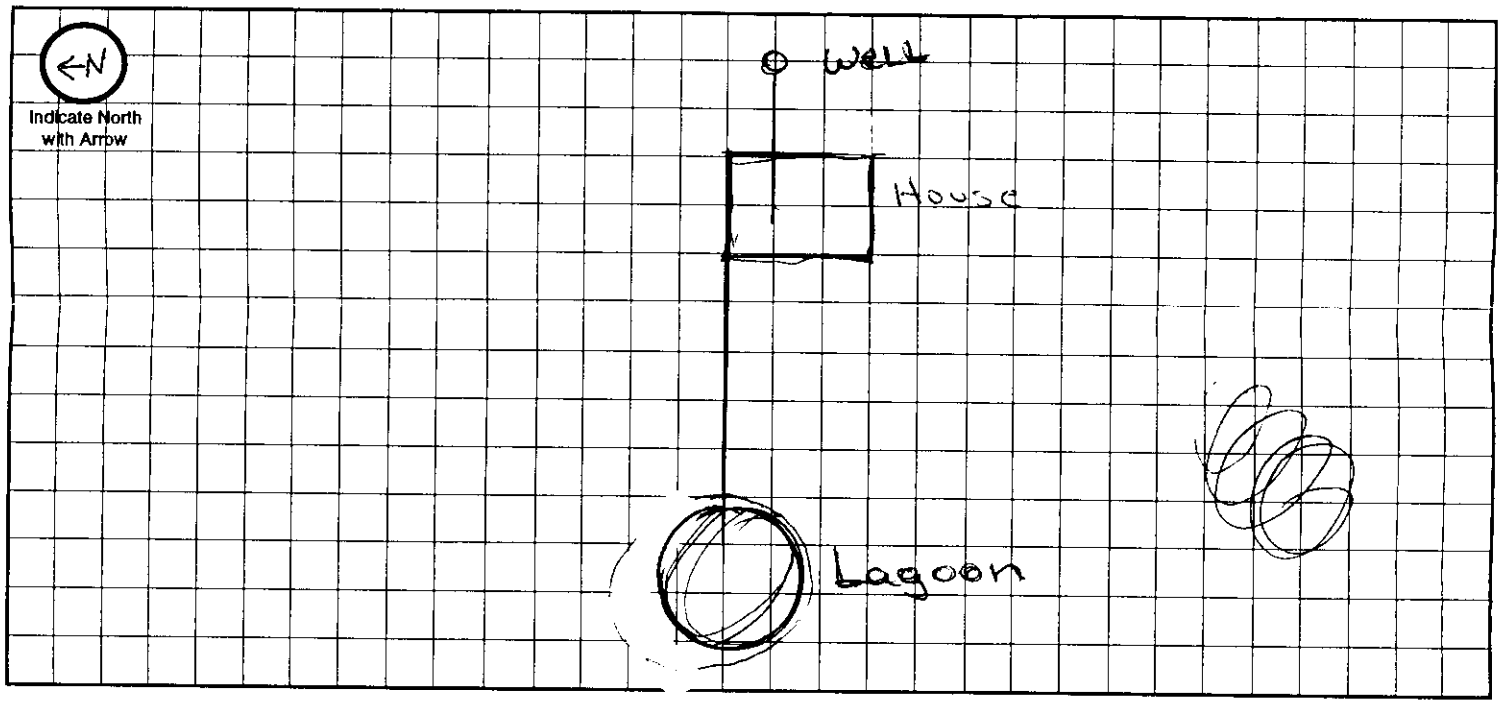
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000453

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) 4452 Agnew Rd City Ceresco NE, Zip 68017

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

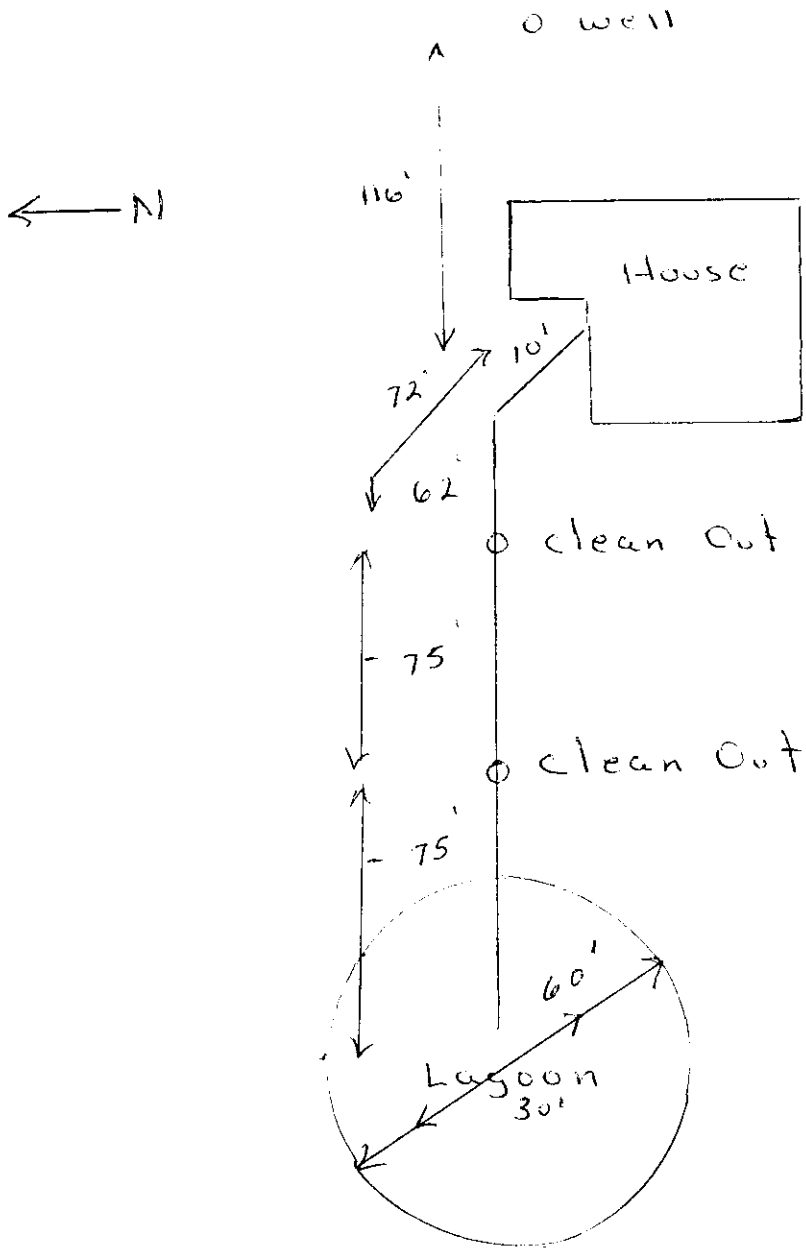
Home Building Contractor Mike Christensen Date 12-1-10

Installer Scott Haes Date 12-1-10

FORM 23-102 10-96

1-6-2011 11: 4:20

HERMANCE LAGOON



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

D

Permit Number: H5000453

Sewage Disposal System

As Built Plans & Specifications

Date 12-1-10

System Location (Indicate correct number and street)

Address 4452 Agnew Rd (no rural route) City Ceresco NE, Zip 68017

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 116 ft.
   stream N/A ft.
   pressure line N/A ft.
   property line _____ ft.

B. Septic Tank

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

D. Absorption Field

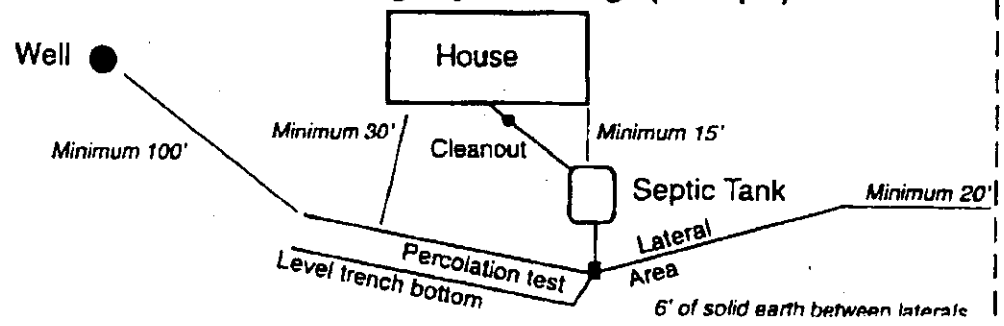
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: N/A
   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.

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

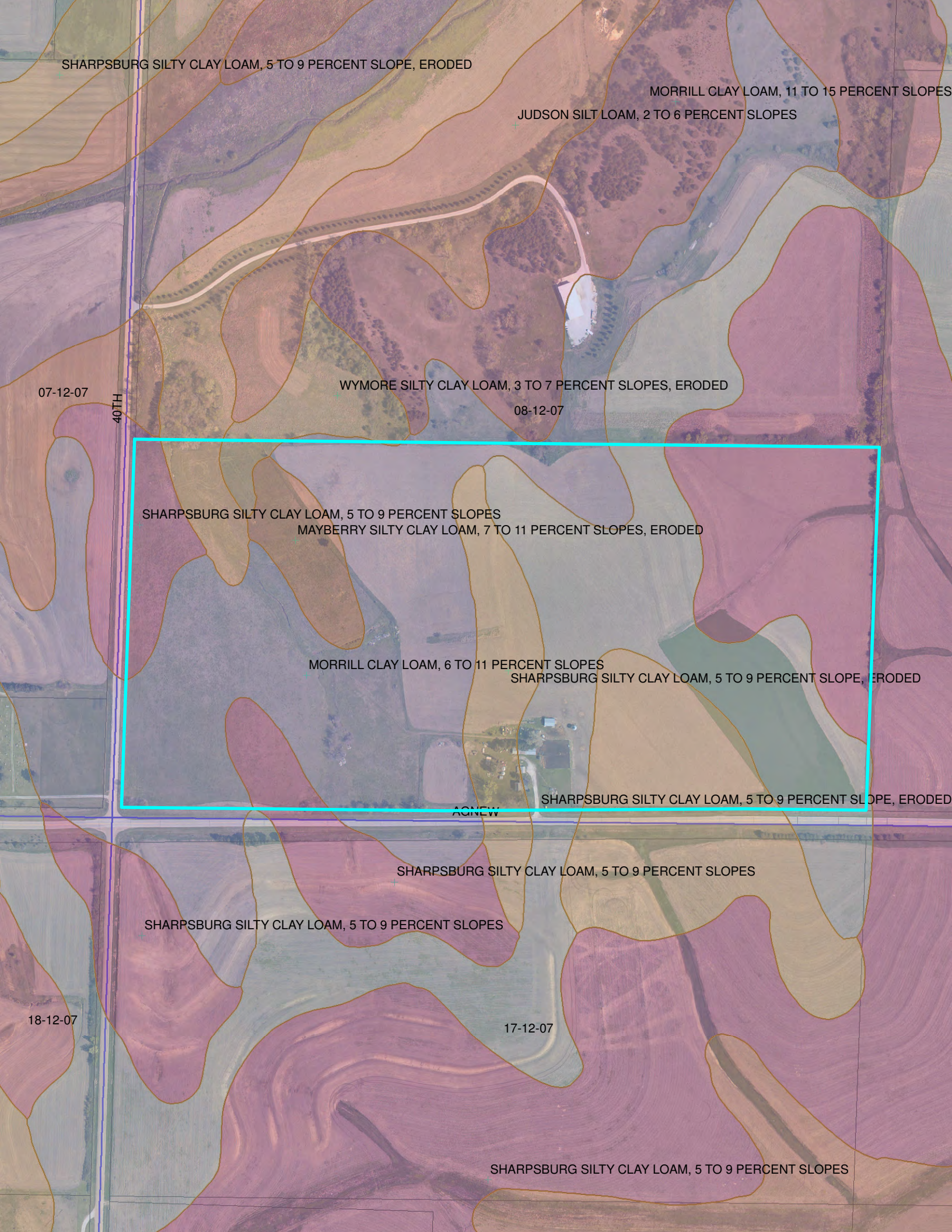
cate North
th Arrow

Individual Sewage System Design (Example)



423-103 10-96

Back →


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
07-12-07
40TH
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
08-12-07
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
AGNEW
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
18-12-07
17-12-07
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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JAN 05 2011

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Permit Number: H5000453

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Name Company Name

Address City/State/Zip

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450
1650

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

Designer Name Scott Haes Firm HAES CONTRACTING Work Phone 402-499-1166

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3. **City or County Engineer** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

- line - lagoon - Need fence DS

By

Date 8/28/12

Business Office Use Only

Date Rec'd 1-6-11
Amt Paid 335.00
Rec'd By B. Hall Cash/Check No. 9489

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