LLCHD HS000466

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

**A**

Permit Number HS000466

# 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 14311 Stagecoach Rd (no rural route) City Panama, NE Zip

Legal Description 4 7 8

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

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

## B. Owner

Name Jim Shadley Signature

Address City/State/Zip

Home Phone Work Phone 402-450-4611 Jm

## C. Certified Installer

Name: Jeff Kreifels Signature

Address 4101 So. 8 City/State/Zip Lincoln NE 68510

Work Phone

## D. Engineer

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

Designer Name Firm Work Phone

## E. This system will serve a

21.01

☑ 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 frwd
**ACTION** ☑ Approved ☐ Disapproved
Signature

**2. Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd
Date frwd
**ACTION** ☑ Approved ☐ Disapproved
Signature See attached

**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 3-16-11 Amount Paid 335.00
Received By BA Cash/Check No. 37714

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

Form A Updated: 5/10

3-30-2011 11: 2:41

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

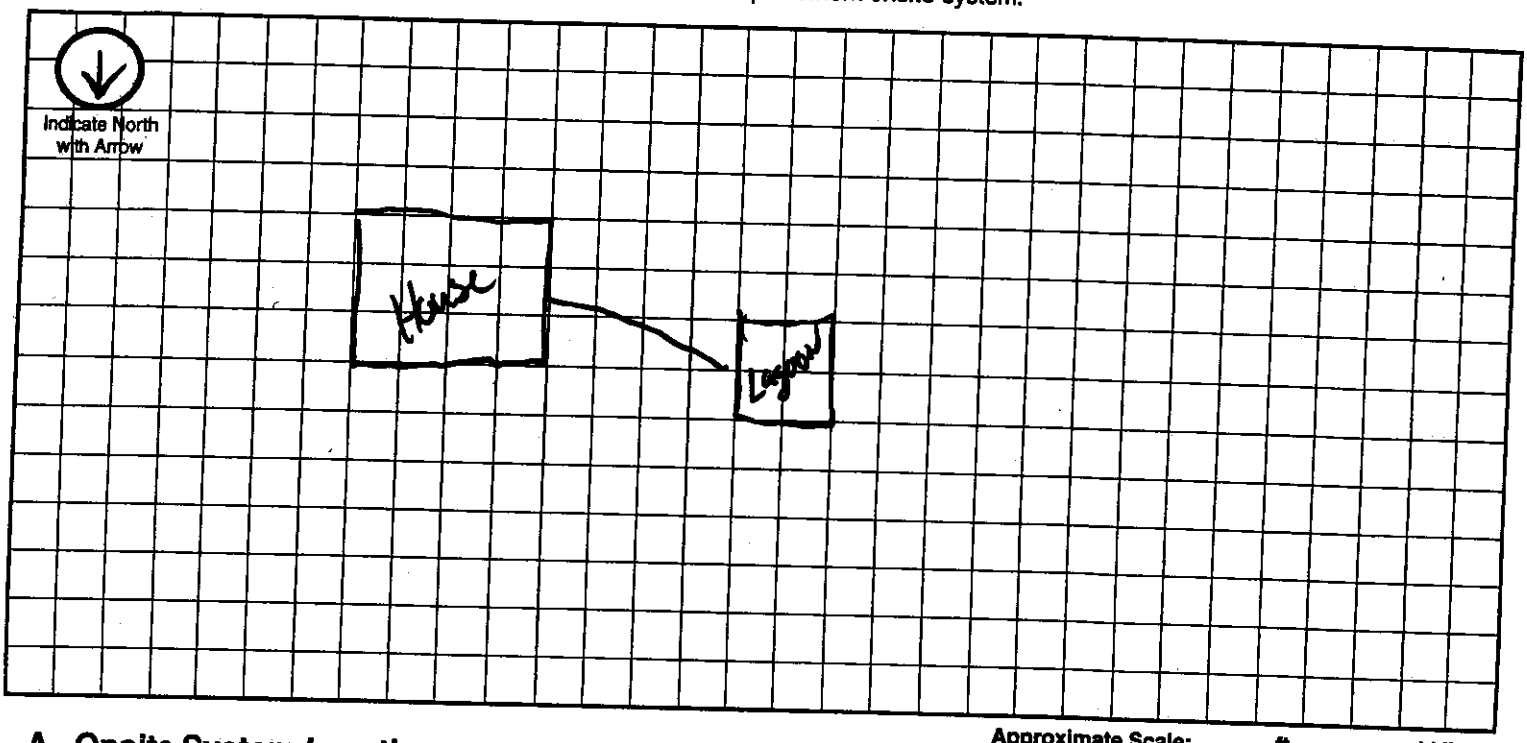
C

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) 14311 Stagecoach Rd City Panama NE, Zip _____

## 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 3-14-11

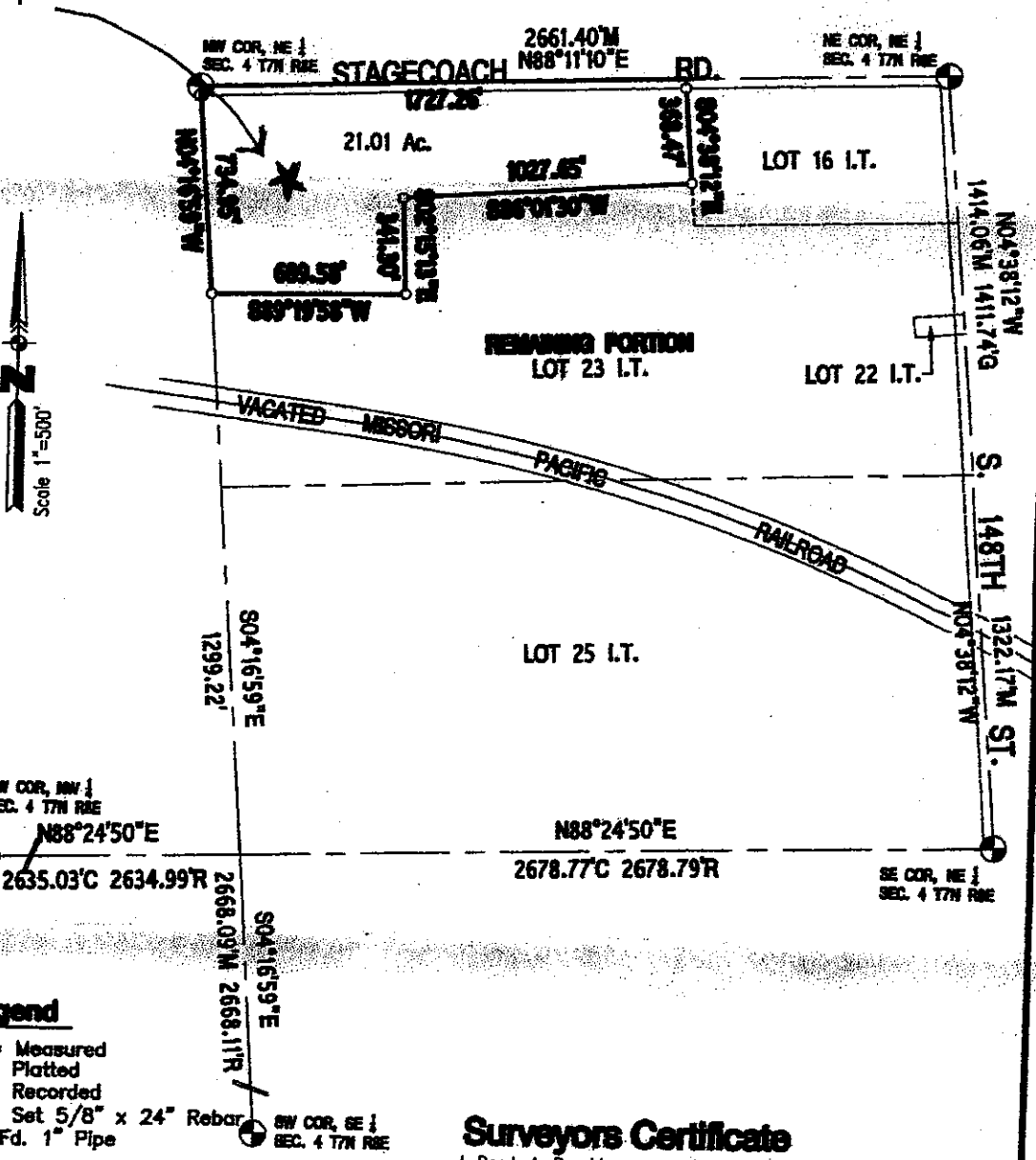
LLCHD 33570

# OFFICIAL SURVEY RECORD

**A SURVEY OF A 21.01 ACRE PARCEL OF LAND, LOCATED WITHIN LOT 23 IRREGULAR TRACTS, IN THE NORTHEAST QUARTER OF SECTION 4 TOWNSHIP 7 NORTH RANGE 8 EAST OF THE SIXTH PRINCIPAL MERIDIAN, LANCASTER COUNTY, NEBRASKA.**

**APRIL 10, 2010**

New Home Site




Shadley House

**Legend**

M = Measured
P = Platted
R = Recorded
O = Set 5/8" x 24" Rebar
● = Fd. 1" Pipe

**ALLEN SURVEYING**
2510 KINGO CT.
LINCOLN NE 68521
PH. (402) 466-4566

## Surveyors Certificate

I, Derek A. Beenblossom, a duly Registered Land Surveyor under the laws of the State of Nebraska, do hereby certify that this survey was executed by me, or under my direct supervision, and that iron monuments were set at all points marked "O". All distances are in feet and hundredths of a foot.

Signed this 10th day of APRIL, 2010.

Derek A. Beenblossom

REGISTERED LAND SURVEYOR LS-510 DEREK A BEENBLOSSOM

Keystone HOMES

Lincoln Trade Center
5910 South 58th Street, Suite B-2
Lincoln, Nebraska 68516
Telephone: 402/420-7711
Cell: 402/610-6513
Fax: 402/420-1700
a division of Lyon Enterprises L.L.C.

**CUSTOM • QUALITY • AFFORDABLE**

Date: 8 March 2011

TO: Action Plumbing AT: Jeff Kreifels

FR: Chad Lyon RE: 14311 Stagecoach - Legal Descript.

Number of Pages: 3 Drawings: _____ Fax Number: (402)423-6978

**MESSAGE:** ALSO NOTE COURTESY COPIES LISTED BELOW

Jeff:

With this transmittal we are forwarding the legal description as described by the Lancaster County Engineer.

Should you have any questions or comments regarding the above, please do not hesitate to call.

cc: 10690 Sect. 14

GED

SIDENTIAL

FIELD

CODES-BLDG. PERMIT

LANCASTER COUNTY ENGINEERING DEPARTMENT
441 Cherrycreek Road, Building C
Lincoln, NE 68528
(402)441-7681
**DRIVEWAY APPLICATION**
**ONE ACCESS ONLY**

PERMIT # 6830

ADDRESS: 14311 Stagecoach Road

DATE: July 26, 2010

Application is hereby made to the Lancaster County Engineering Department, pursuant to Resolution #3708, by Jon & Kathi Shadley Lyon Enterprises) 5910 S. 58th Suite B-2 68516 to construct a private driveway from the County road to the adjacent property of the applicant, said property being described as Lot 31 I.T. on to Stagecoach Road 4-7-8

3-Beckman
450-4611
Jim mob.6

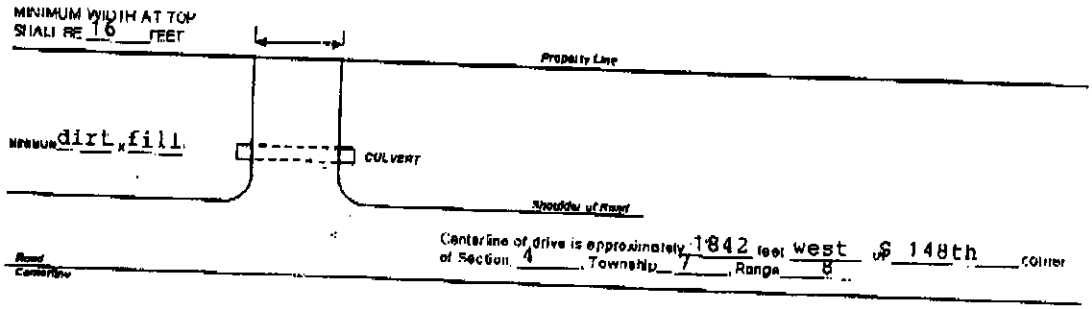
The private driveway shall have a minimum width of 16 feet. Where a culvert is required beneath the private driveway, as determined by an authorized representative of this Department, a dirt-fill ~~CONCRETE~~ shall be installed by the applicant at his or her own expense.

The general features of the private driveway are indicated on the sketch below and all pertinent information (such as sizes, distances and dimensions) is shown. Said private driveway at the property line of the applicant shall be 6 inches below the shoulder line of the road. No drive shall be located within 24' of any drive on adjacent property. The road onto which this private driveway shall connect is surfaced with gravel materials and said surfacing has a width of 28 feet at this location.

**NOTE: IF DRIVEWAY APPROACH ON PUBLIC RIGHT-OF-WAY IS GOING TO BE PAVED, THE FOLLOWING CONDITIONS APPLY: WE RECOMMEND SAID DRIVEWAY BE 4" CONCRETE OR 6" ASPHALT WITH 20' RADIUS FLARE. DRIVEWAY SHALL BE SLOPED TO PREVENT DRAINAGE ONTO THE STREET. DRIVEWAY SHALL BE INSPECTED PRIOR TO INSTALLATION. MAINTENANCE AND UPKEEP OF ANY PAVED, CONCRETE OR ASPHALT DRIVEWAY, SHALL BE THE SOLE RESPONSIBILITY OF THE PROPERTY OWNER THAT THE DRIVEWAY SERVES. IF DRIVEWAY ACCESS IS TO A GRAVELED COUNTY ROAD, ASPHALT OR CONCRETE DRIVEWAY SHALL STOP AT THE PROPERTY LINE AND SHALL NOT ENCROACH ON THE COUNTY RIGHT-OF-WAY.**

FIELD CHECK AND RECOMMENDATION FOR APPROVAL BY: Jeff Manske DISTRICT 4 SUPERVISOR

***If concrete pipe is desired by applicant, said applicant will be responsible for all costs incurred for cleaning and maintenance or replacement at such time that may be designated by the Lancaster County Engineering Department.**




COMMENTS:

I (We) agree to construct the private driveway in accordance with the above information within three (3) months from the date of issuance of this permit. It is my (our) understanding that this permit may be canceled at any time by the applicant prior to the construction of the work, and that this permit is valid for only three (3) months from the date of issuance; however, if more time is required, contact this office at 441-7681 for time extension approval. **DO NOT APPLY FOR A SECOND PERMIT!** I (We) further agree, to relinquish any and all other accesses/driveways to the above referenced property.

PHONE: 420-7711 (HOME) 610-6515 (WORK) CELL

SIGNED: APPLICANT

The above application is hereby ~~Approved/Disapproved~~, subject to the general rules and regulations governing this work and subject to such regulations as the County may deem necessary.

DATE: 8-5-2010

SIGNED: Kenneth D. Schroeder LANCASTER COUNTY SURVEYOR

ACCESS/ACCESS PERMIT ADDRESS

LLCHD-US000466

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

**D**

Permit Number:

# Onsite Wastewater Treatment System

## As Built Plans & Specifications

Date _____ Legal Description _____
1/4 1/4 SectionTownship Range

### Onsite System Location

Address (no rural route) _____ City _____ NE, Zip _____

Owner _____ Address _____

### A. Sewer Pipe

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

☐ Label with Manufacturer, address and gallon capacity

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" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
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 ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

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

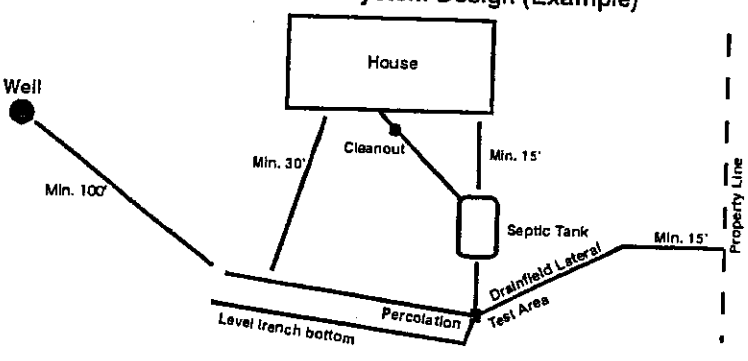
### D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

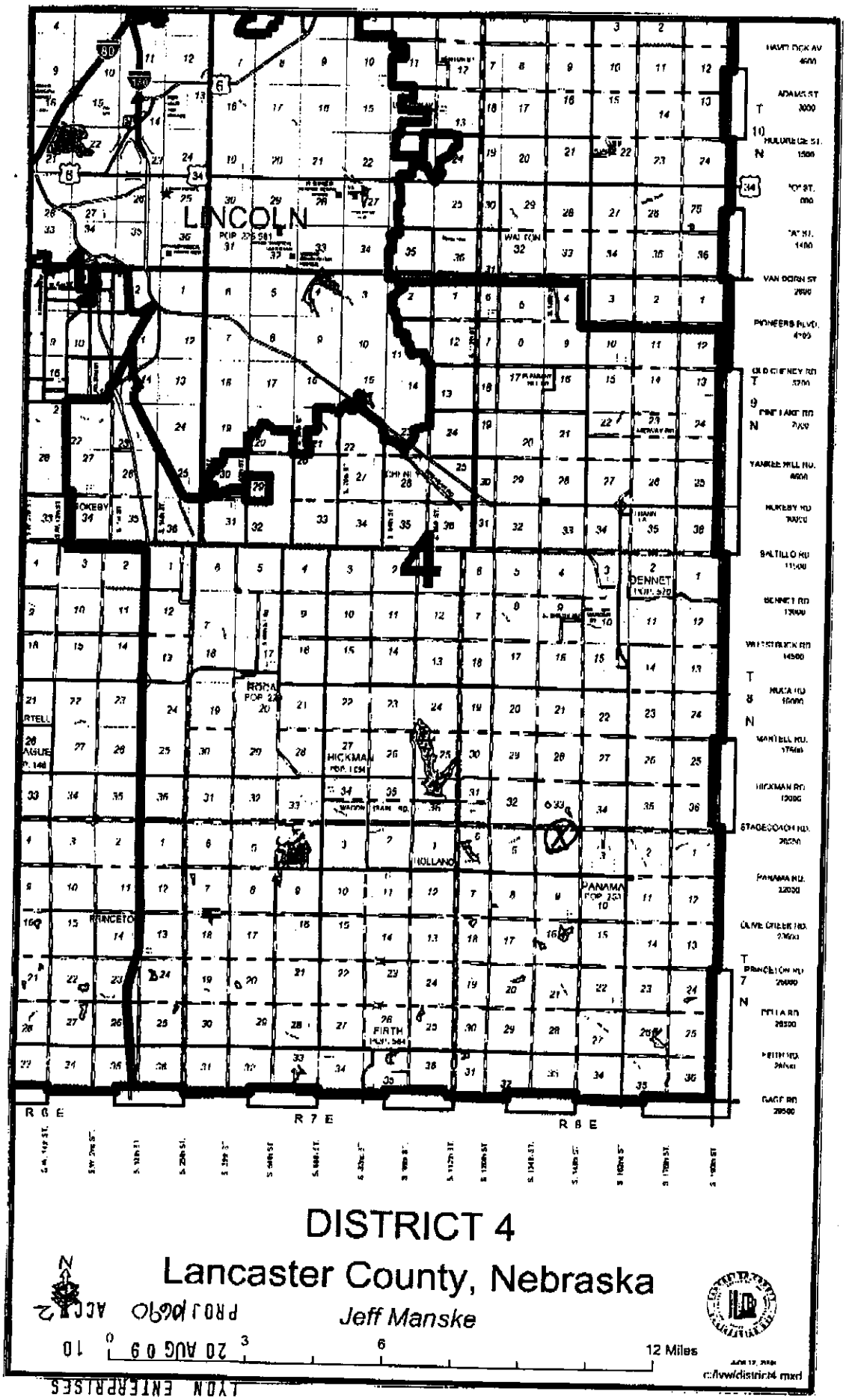
1. Type: ☐ Half rounds ☐ Perforated pipe _ ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

**Complete As-Built drawing on the back fo this form.**

**Onsite Wastewater System Design (Example)**




icate North
ith Arrow




LYON ENTERPRISES
20 AUG 09

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

**A**

Permit Number

# 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 14311 Stagecoach Rd (no rural route) City Panama NE Zip

Legal Description 4 7 8

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

Geographical Location (If known): Lat/Long: PID

**B. Owner**

Name Jim Shedley Signature

Address City/State/Zip

Home Phone Work Phone 402-450-4611 Jm

**C. Certified Installer**

Name: Jeff Roeiels Signature

Address 4101 So. 8 City/State/Zip Lincoln NE 68510

Work Phone

**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 21.01

☐ 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 frwd
ACTION ☐ Approved ☐ Disapproved
Signature

**2. Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd 3-14-11
Date frwd 3-14-11
ACTION ☑ Approved ☐ Disapproved
Signature Lee Boyer Morris

**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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5/10

**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. HS000466**

**System Type:** LAGOON

**Situs:** 14311 Stagecoach Rd.

**Legal Description:** T07N-R08E-S04-Lot 31

**Owner:**

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

| | |
|---|---|
| Issued: | 03/16/2011 |
| Expires: | 03/15/2012 |

Judith A Halstead

Judith A. Halstead, MS, Health Director

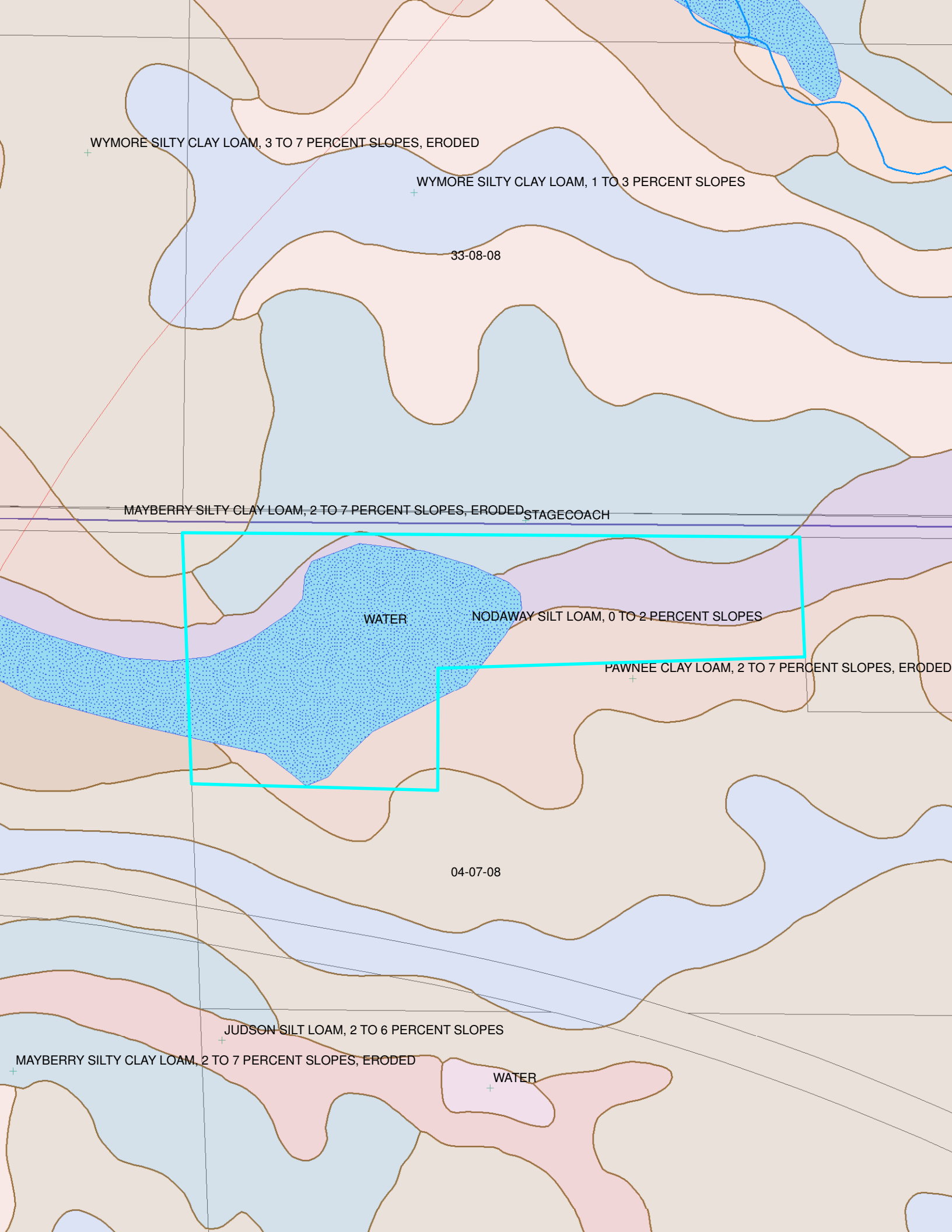
On-site Waste System Permit Holder:

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

ACTION PLUMBING
4101 S 8TH ST
LINCOLN NE 68502


WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
33-08-08
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
STAGECOACH
WATER
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
04-07-08
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER

SCANNED

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

**A**

Permit Number
HS000466

# Onsite Wastewater Treatment System
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Name Jim Shadley Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone 402-450-4611 JIM

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Address 4101 So. 8 City/State/Zip Lincoln NE 68510

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***DO NOT WRITE BELOW THIS LINE***

**Approval Process** ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

**1. Health Department**
Site visits 3/30/11 Line & Lagoon
3/16/11 - Lagoon too close to well & needs moved
Date rec'd 3/15/11
Date frwd 3/15/11
**ACTION** ☑ Approved ☐ Disapproved
Signature _____

**2. Supt. Bldg. Insp. or Village Clerk**
Comments _____
Date rec'd _____
Date frwd _____
**ACTION** ☑ Approved ☐ Disapproved
Signature See attached

**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 3-16-11 Amount Paid 335.00
Received By BA Cash/Check No. 37714

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

Form A Updated: 5/10