5-1-2012 9:54:50

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

A

Permit Number HS000607

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 16700 Olive Creek Rd. (no rural route) City Adams, NE Zip 68301

Legal Description 11 T7 R8 SE SW + SW SE

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: _____

B. Owner

Name Grey Retzlaff Signature [signature]

Address 24200 S 190th Street City/State/Zip Adams NE 68301

☐ Check if owner designed system Home Phone 402 788-2811 Work Phone _____

C. Contractor

Name: Harry Muhlbach Company Name H.L. Muhlbach Constr

Address 5701 Vine Str City/State/Zip Lincoln, Ne 68505

☐ Check if contractor designed system Work Phone 402-430-7304

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 2 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 4/23/12 Clay Dunphy 4/24/12 – SC + Lagoon
Date rec'd 4/30/12 Date frwd 4/25/12
ACTION ☐ Approved ☐ Disapproved Signature [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 _____
Date _____

Business Office Use Only
Date Received 4-26-12 Amount Paid 345.00
Received By BA Cash/Check No. 6283

White - Health Department Yellow - Engineer Pink - Building & Safety Form 0008 Updated 3/12

* Maps indicate Crete Silt Loam - Moch Clay was visible + appeared to be compacted well in the bottom of the lagoon - NH

LLCHD

LLCHD HS000607

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

A

Permit Number HS000607

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 16700 Olive Creek Rd. (no rural route) City Adams, NE Zip 68301

Legal Description 11 T7 R8 SE SW + SW SE
(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: _____

B. Owner

Name Grey Retzlaff Signature [signature]

Address 24200 S 190th Street City/State/Zip Adams NE 68301

☐ Check if owner designed system Home Phone 402-788-2811 Work Phone _____

C. Contractor

Name: Harry Muhlbach Company Name H.L. Muhlbach Constr.

Address 5701 Vine Str City/State/Zip Lincoln, Ne 68505

☐ Check if contractor designed system Work Phone 402-430-7304

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 2 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 Gary Dunphy 4/23/12; 4/30 NA – Inc + Lagoon
Date rec'd 4/30/12 Date frwd 4/25/12 **ACTION** ☒ Approved ☐ Disapproved Signature [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 _____
Date _____

Business Office Use Only
Date Received 4-26-12 Amount Paid 345.00
Received By BB Cash/Check No. 6283

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

5-1-2012 9:39:31

Maps show Sharpsburg silt loam - Much clay was Muhlbach and appeared to be compacted well in the bottom

Form A Updated: 5-07

LLCHD HS000607

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

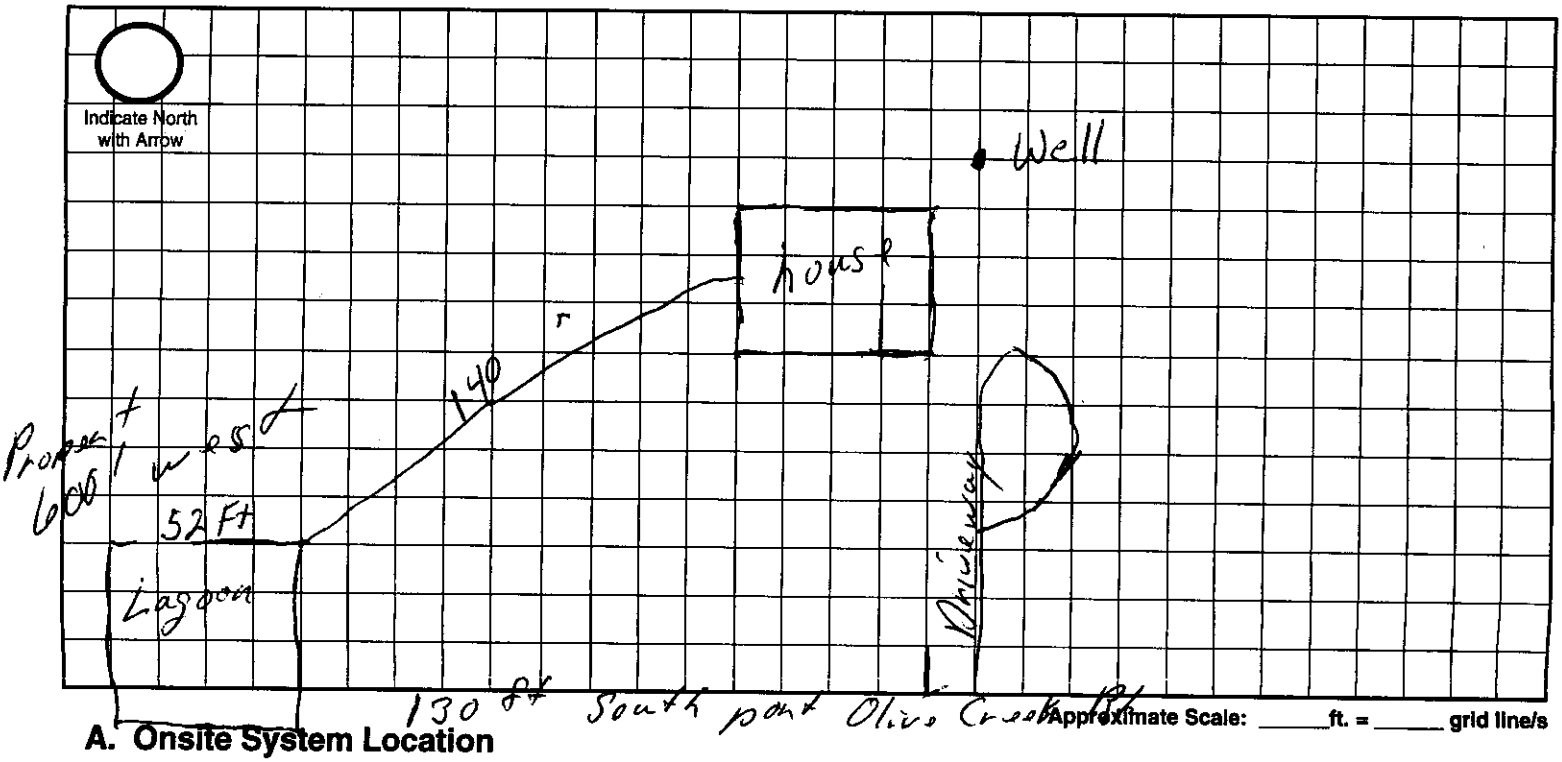
C

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) _____ City _____ 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 Larry T. Millback Date _____

Installer _____ Date _____

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. HS000607

System Type: LAGOON

Situs: 16700 OLIVE CREEK RD

Legal Description: T07N-R08E-S11

Owner: BRADY, VIOLET M

LINCOLN NE
68505

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	04/26/2012
Expires:	04/26/2013

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

GREG RETZLAFF
24200 S. 190TH
ADAMS NE 68301

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

SCANNED

A

Permit Number HS000607

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 16700 Olive Creek Rd. (no rural route) City Adams, NE Zip 68301

Legal Description 11 T7 R8 SE SW + SW SE

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: _____

B. Owner

Name Grey Retzlaff Signature [signature]

Address 24200 S 190th Street City/State/Zip Adams NE 68301

☐ Check if owner designed system Home Phone 402 788-2811 Work Phone _____

C. Contractor

Name: Harry Muhlbach Company Name H.L. Muhlbach Constr

Address 5701 Vine Str City/State/Zip Lincoln, Ne 68505

☐ Check if contractor designed system Work Phone 402-430-7304

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 2 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 Gary Dwyer 4/23/12
4/09/12 – pre + lagoon
Date rec'd 4/20/12
Date frwd 4/25/12
ACTION ☒ Approved ☐ Disapproved
Signature [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 [signature]
Date 5/8/12

Business Office Use Only
Date Received 4-26-12 Amount Paid 345.00
Received By DD Cash/Check No. 6283

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

Form A Updated: 5-07

* Maps Wilbur-Hadar Crete Silt Loam - Much Clay was visible & appeared to be compacted well in the bottom of the lagoon - NH