Monday – noon

Nate:

They need permit by Wednesday morning. Preferably tomorrow

Doug

Nate, talked w/ Scott Haes

– It actually is a 7 bd house. The 5 bd was put on the app. because there is a future possibility of 2 more bd. in basement.

Doug.

Nate C. Hartman

From: Mike J. Petersen
Sent: Tuesday, December 11, 2012 2:06 PM
To: Nate C. Hartman
Subject: 16100 Fox Run Rd
Attachments: Mike Petersen.vcf

Nate- 16100 Fox Run Rd (lot 1 Fox Run 1st Addition) is a legal buildable lot not in the flood plain. -Mp



Mike Petersen
Building & Safety Dept.
Plans Examiner II

(402) 441-6445 Work
mjpetersen@lincoln.ne.gov

555 S. 10th Street Room 203
Lincoln, NE 68508

Nate C. Hartman

From: Ken D. Schroeder
Sent: Tuesday, December 11, 2012 2:38 PM
To: Nate C. Hartman
Subject: sewage disposal system
Attachments: part of sec 27-9-8.pdf; part of sec 32-10-5.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 1, Fox Run 1st Addition" located in the NE 1/4 of Section 27, T9N, R8E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec 27-9-8)*
And for a sewage disposal system for lot 1, "Borgman Acres" located in the SE 1/4 of Section 32, T10N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec 32-10-5)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

LLCHD HS000709

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

A

Permit Number ~~7359~~

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

HS000709

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 16100 Fox Run Road (no rural route) City Bennet, NE Zip _____

Legal Description _____ Fox Run 1st 1

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

Geographical Location (if known): Lat/Long: _____ PID 22-27-203-001-000

B. Owner

Name Jason & Julie Hippen Signature X _____

Address 2114 central Ave City/State/Zip Nebraska City, NE 68410

Home Phone 402-223-7984 Work Phone 402-432-3128

C. Certified Installer

Name: Haes Contracting Inc Signature _____

Address 4760 Union Hill Rd City/State/Zip Lincoln, NE 68516

Work Phone 402-499-1166

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 3

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 350

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

DO NOT WRITE BELOW THIS LINE SIZED GALLONS Per Day

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

1. Health Department Date rec'd 12/12/12 **ACTION** ☑ Approved ☐ Disapproved
Site visits _____ Date frwd 12/12/12 Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 12-14-12 Amount Paid $355.-
Received By ~~$355.-~~ Cash/Check No. 10332

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

Form A Updated: 5/10

12-18-2012 11:26:48

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

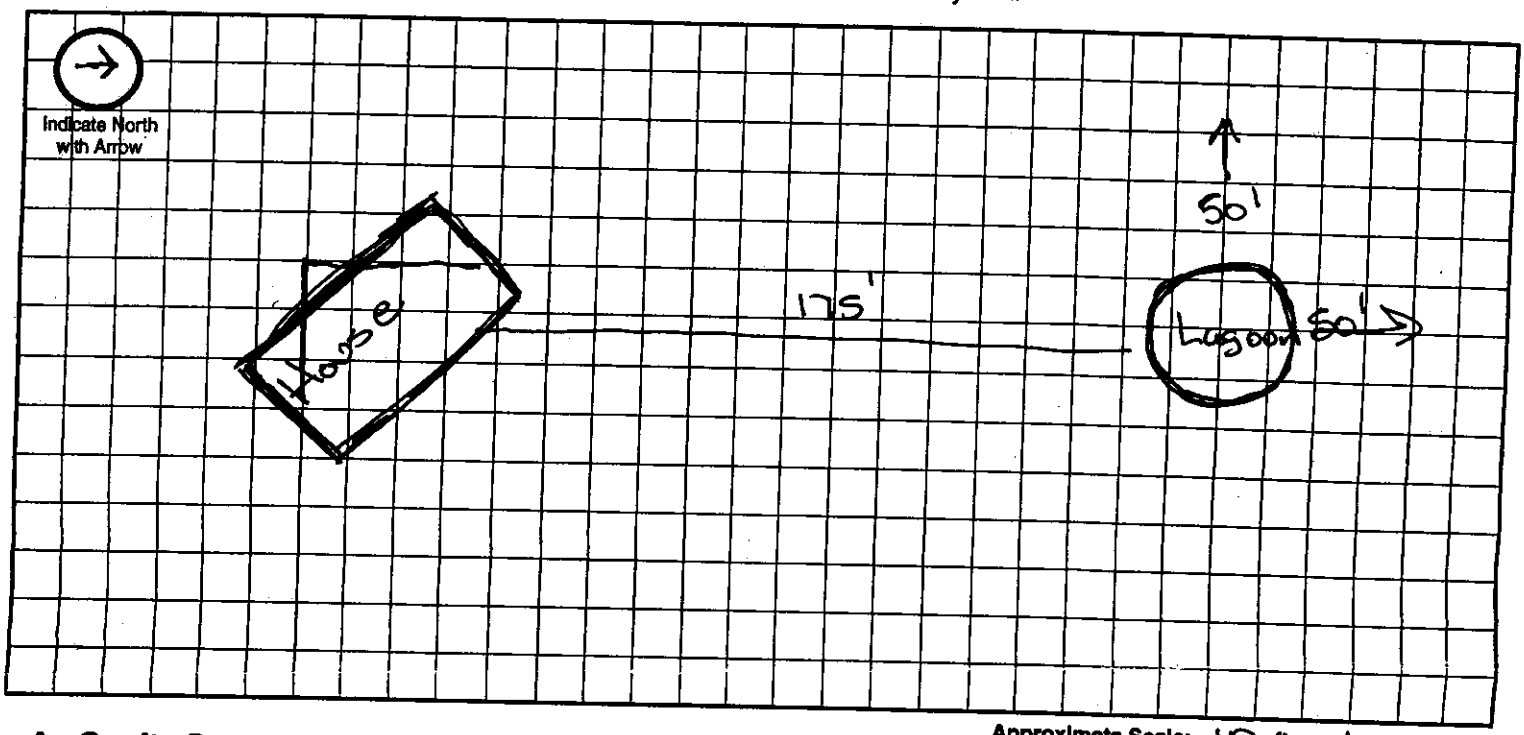
C

Permit Number: 7239

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: 10 ft. = 1 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 (percolation 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_____

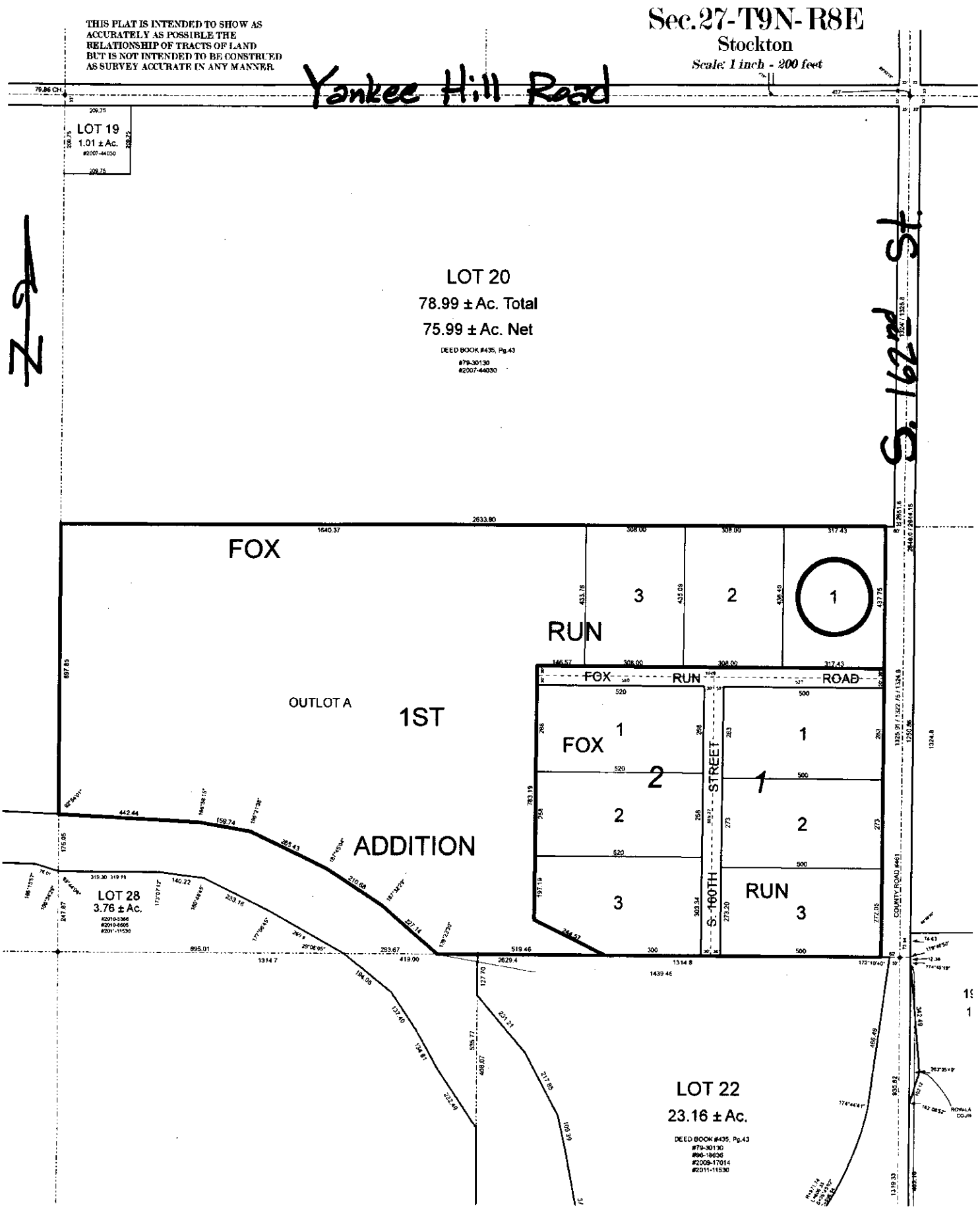
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 12-7-12


THIS PLAT IS INTENDED TO SHOW AS ACCURATELY AS POSSIBLE THE RELATIONSHIP OF TRACTS OF LAND BUT IS NOT INTENDED TO BE CONSTRUED AS SURVEY ACCURATE IN ANY MANNER.
Sec.27-T9N-R8E
Stockton
Scale: 1 inch - 200 feet
Yankee Hill Road
S. 162nd St.
LOT 19
1.01 ± Ac.
#2007-44030
LOT 20
78.99 ± Ac. Total
75.99 ± Ac. Net
DEED BOOK #435, Pg.43
#79-30130
#2007-44030
FOX
RUN
ROAD
STREET
S. 160TH
OUTLOT A
1ST
ADDITION
LOT 28
3.76 ± Ac.
#2010-5366
#2010-8605
#2011-11530
LOT 22
23.16 ± Ac.
DEED BOOK #435, Pg.43
#79-30130
#96-18636
#2009-17014
#2011-11530
COUNTY ROAD #461

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. HS000709

System Type: LAGOON

Situs: 16100 Fox Run Rd.

Legal Description: T09N-R08E-S27-Lot 1

Owner:

Permit Fee:	$355.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$355.00

Issued: 12/14/2012
Expires: 12/14/2013

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

HAES CONTRACTING
4760 UNION HILL RD
LINCOLN NE 68516

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

A

Permit Number ~~7739~~

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.

HS0007709

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 16100 Fox Run Road (no rural route) City Bennet, NE Zip _____

Legal Description _____ Fox Run 1st 1

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

Geographical Location (if known): Lat/Long: _____ PID 22-27-203-001-000

B. Owner

Name Jason & Julie Hippen Signature X _____

Address 2114 central Ave City/State/Zip Nebraska City, NE 68410

Home Phone 402-223-7984 Work Phone 402-432-3128

C. Certified Installer

Name: Haes Contracting Inc Signature _____

Address 4760 Union Hill Rd City/State/Zip Lincoln, NE 68516

Work Phone 402-499-1166

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 3

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 350

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

DO NOT WRITE BELOW THIS LINE SIZED GALLONS Per Day

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

1. Health Department
Site visits 6/18/13 lagoon + line Needs fence
Date rec'd 12/12/12 Date frwd 12/12/12
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 Mell
Date 8/7/13

Business Office Use Only
Date Received 12-14-12 Amount Paid $355.-
Received By BA ~~$355.-~~ Cash/Check No. 10332

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

Form A Updated: 5/10

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

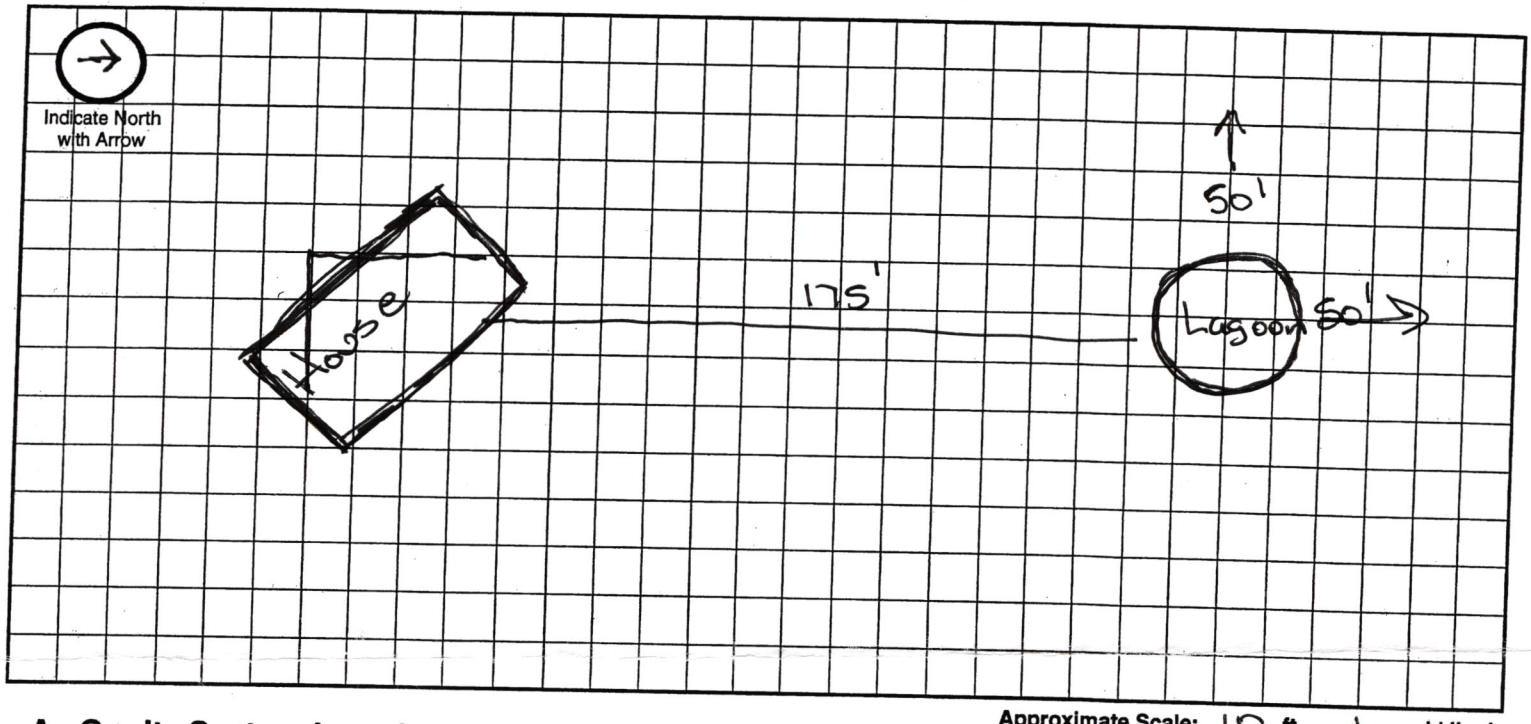
C

Permit Number: 7239

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: 10 ft. = 1 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 Adam Hippen Date _____

Installer Dennis Haer Date 12-7-12

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

AUG 08 2013

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 8-2-13 Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 16100 Fox Run Road City Bennet NE, Zip 68317

Owner _____ Address _____

A. Sewer Pipe

1. Material: Plastic SDR 26
   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: 3
5. Distances to: well or suction line N/A 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.

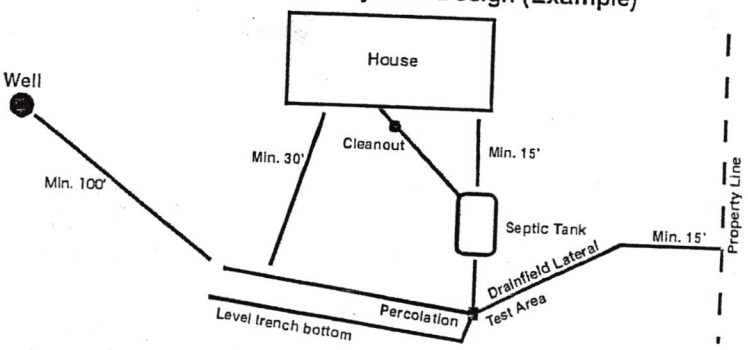
D. Drainfield Absorption

☐ 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.

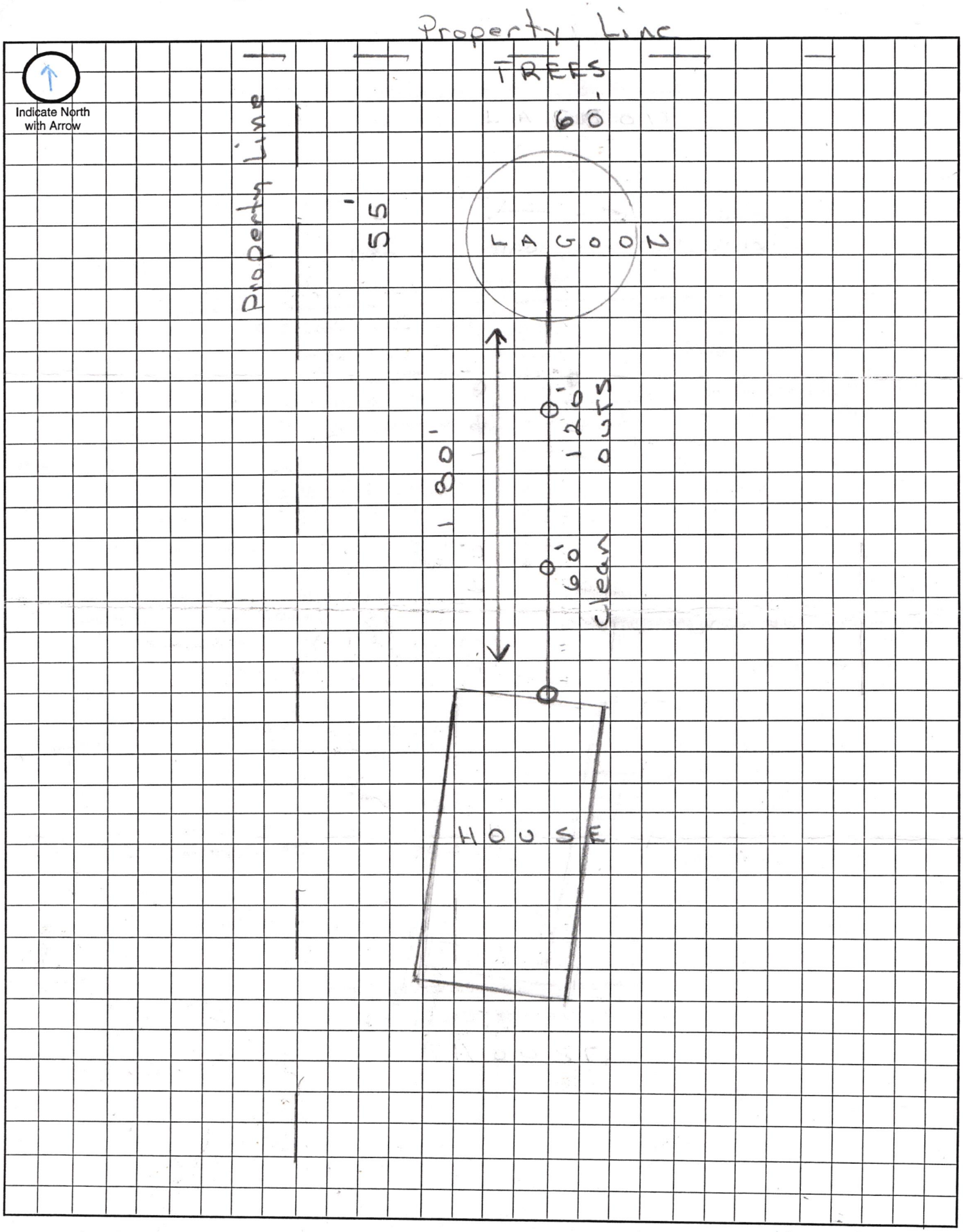
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



icate North
ith Arrow

As Built Drawing



Approximate Scale: 12 ft. = 1 grid line/s

THIS PLAT IS INTENDED TO SHOW AS ACCURATELY AS POSSIBLE THE RELATIONSHIP OF TRACTS OF LAND BUT IS NOT INTENDED TO BE CONSTRUED AS SURVEY ACCURATE IN ANY MANNER.

Sec. 27-T9N-R8E

Stockton

Scale: 1 inch - 200 feet

Yankee Hill Road

S. 162nd St.

LOT 19
1.01 ± Ac.
#2007-44030

LOT 20
78.99 ± Ac. Total
75.99 ± Ac. Net
DEED BOOK #435, Pg.43
#79-30130
#2007-44030

FOX RUN ROAD

FOX RUN

OUTLOT A

1ST ADDITION

FOX STREET

S. 160TH

COUNTY ROAD #461

LOT 28
3.76 ± Ac.
#2010-5366
#2010-6605
#2011-11530

LOT 22
23.16 ± Ac.
DEED BOOK #435, Pg.43
#79-30130
#96-18636
#2009-17014
#2011-11530