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

**A**

Permit Number HS000784

# 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 6272 Agnew Rd (no rural route) City Cercsco, NE Zip 68017

Legal Description 9, 12, 7

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

PID

**B. Owner**

Name Kyle Schwasting Signature

Address 6272 Agnew Rd City/State/Zip

Home Phone 402-499-6918 Work Phone

**C. Certified Installer**

Name: H.L. Muhlbach Constr Signature Henry T. Muhlbach

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

Work Phone 402-430-7304

**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 5 Whirlpool Bathtub? ❑ Yes ☑ No Total Acres 10.1

Garbage Grinder? ❑ Yes ❑ No

❑ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☑ Domestic ❑ Non-Domestic

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

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

**1. Health Department**

Site visits

Comments

Date rec'd 7/22/13 Date frwd 7/22/13

**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

Date

***Business Office Use Only***

Date Received 7-22 Amount Paid 355.00

Received By BM Cash/Check No. 7022

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

Form A Updated: 1/13

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

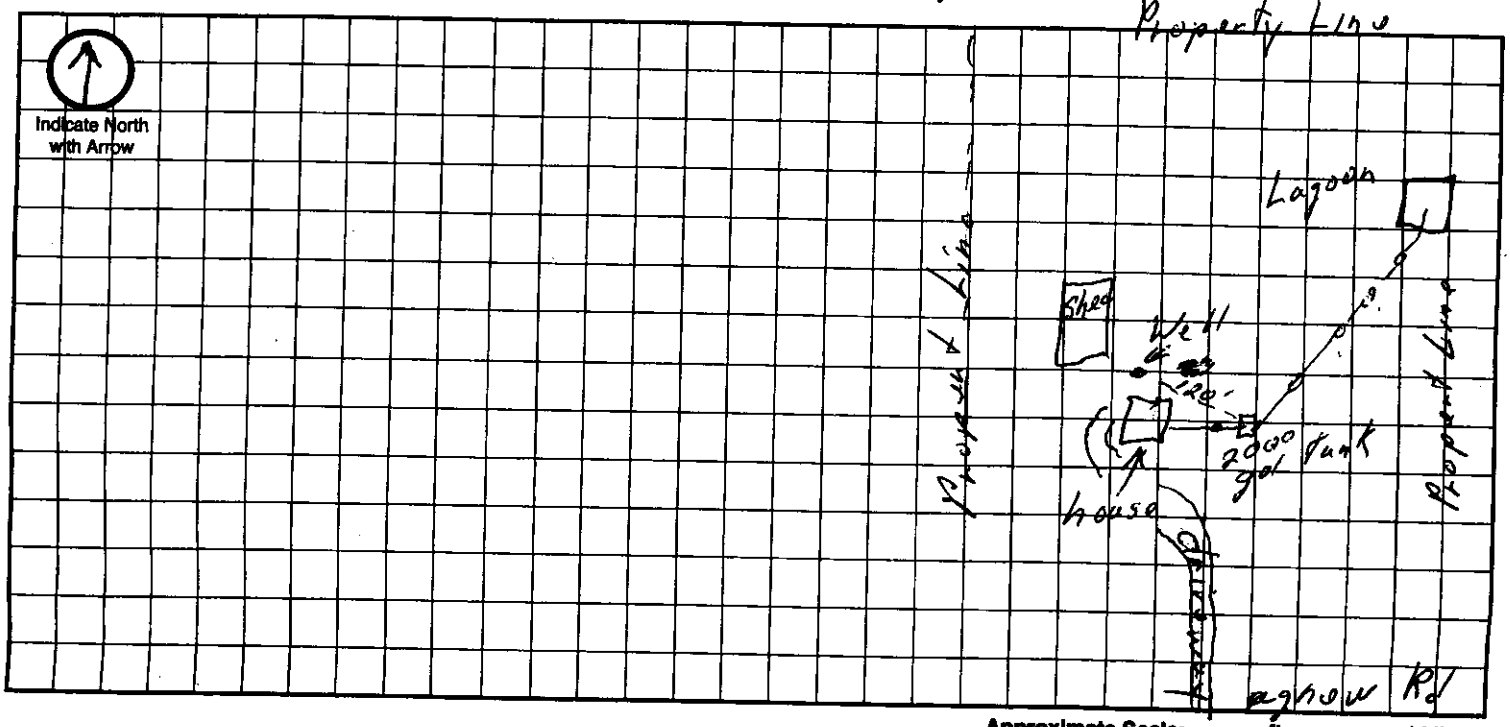
**C**

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.




### A. Onsite System Location

Address (no rural route) 6272 Agnew Rd City Ceresco NE, Zip NE 68017

### 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 old system failed (min/inch = mpi) No. of Bedrooms 5 Soil Type____ Land Slope 3 %

☐ 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 7-18-13

Installer Harry T. Mitchell Date 7-18-13

**Lincoln-Lancaster County Health Department**
**Environmental Public Health Division (402) 441-8027**
**3140 N Street Lincoln, Nebraska 68510-1514**

**ON-SITE WASTE WATER SYSTEM**
**CONSTRUCTION - INSTALLATION PERMIT**
**No. HS000784**

**System Type:** Lagoon

**Situs:** 6272 AGNEW RD, RURAL, NE

Issued: 7/23/2013

Expires: 7/22/2014

**Description:** S9, T12, R7, 6th Principal Meridian, LOT 10 SW

**Owner:** SCHWARTING, KYLE L
6272 AGNEW RD
CERESCO, NE 68017

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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

MUHLBACH CONSTRUCTION
LINCOLN, NE 68505

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5701 VINE ST.
LINCOLN, NE 68505

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SCANNED

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

**1. Health Department**

Site visits 8/21/13 - LKSgd - OK bacovir, needs fence - Date rec'd 7/22/13

Date frwd 7/22/13

ACTION ☑ Approved ☐ Disapproved

Signature

Comments Visited w Harry - confirmed that Lagoon meets setback - 50ft - roof drains to house 4/4/14 - DH

**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 7-22 Amount Paid 355.00

Received By BH Cash/Check No. 7022

* Left voicemail on 4/4/14 -

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

Form A Updated: 1/13

CITY OF LINCOLN NEBRASKA

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
3131 "O" Street Lincoln, NE 68510-1514
402-441-8000 fax: 402-441-6229

LANCASTER COUNTY NEBRASKA
lincoln.ne.gov

July 3, 2018

**Certified**

Attn: Kyle Schwarting
6272 Agnew Rd
Ceresco, Ne 68017

Re: Unfenced Lagoon

Mr. Schwarting:

On July 2, 2018, an inspection was completed by the Lincoln-Lancaster County Health Department (LLCHD) for the property 6272 Agnew Rd. At the time of inspection, it was found that a fence that meets standards is not constructed around the lagoon. A fence is required by County Resolution 02-30 as well as state code Title 124-Rules and Regulations.

Within 30 days of the mailing of this letter, a fence that meets design standards must be constructed. If the fence is not installed within this timeframe, the violation may be submitted to the county attorney.

If you have any further questions, please contact me at (402) 441-8643.

Sincerely,

Nate Hartman REHS, QCIS, QPSWPPP
Water Quality Section
Environmental Public Health Division

7016 0600 0000 4892 8421

**U.S. Postal Service™**
**CERTIFIED MAIL® RECEIPT**
*Domestic Mail Only*

For delivery information, visit our website at *www.usps.com*®.

OFFICIAL USE

Certified Mail Fee
$ HS000784

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $

Postmark Here

SCHWARTING, KYLE L
6272 AGNEW RD
CERESCO, NE 68017

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

*Important Reminders:*

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt;* attach PS Form 3811 to your mailpiece; for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.
  - Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
  - Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
  - Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**

PS Form **3800,** April 2015 *(Reverse)* PSN 7530-02-000-9047

**SENDER: *COMPLETE THIS SECTION***

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: HS000784 NH

SCHWARTING, KYLE L
6272 AGNEW RD
CERESCO 68017

2. Article Number *(Transfer from service label)*
7016 0600 0000 4892 8421

***COMPLETE THIS SECTION ON DELIVERY***

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Kyle Schwarting
C. Date of Delivery 7-10-18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #



9590 9402 3609 7305 8297 12



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

JUL 12 2018

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**LINCOLN-LANCASTER CO HEALTH DEPT**
**3131 O STREET**
**LINCOLN NE 68510-1514**

8-916031



**Lincoln-Lancaster County Health Department**
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**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 Jake Installed 10-21-14 pH

Date 8/28/18 * Jake started on 4/4/14 - 7/3/14 NOT to lot system Re-dates inspection starts -

* Left voicemail

**Business Office Use Only**

Date Received 7-22 Amount Paid 355.00

Received By BG Cash/Check No. 7022

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

Form A Updated: 1/13