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. HS000795

System Type: Lagoon

Situs: 24035 S 110 ST, RURAL, NE

Issued: 8/13/2013

Expires: 8/13/2014

Description: S13, T7, R7, 6th Principal Meridian, S1/2 NE

Owner: BARTLING, STEPHEN V
24035 S 110 ST
HICKMAN, NE 68372

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

STEPHEN BARTLING
24035 S 110TH
HICKMAN, NE 68372

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

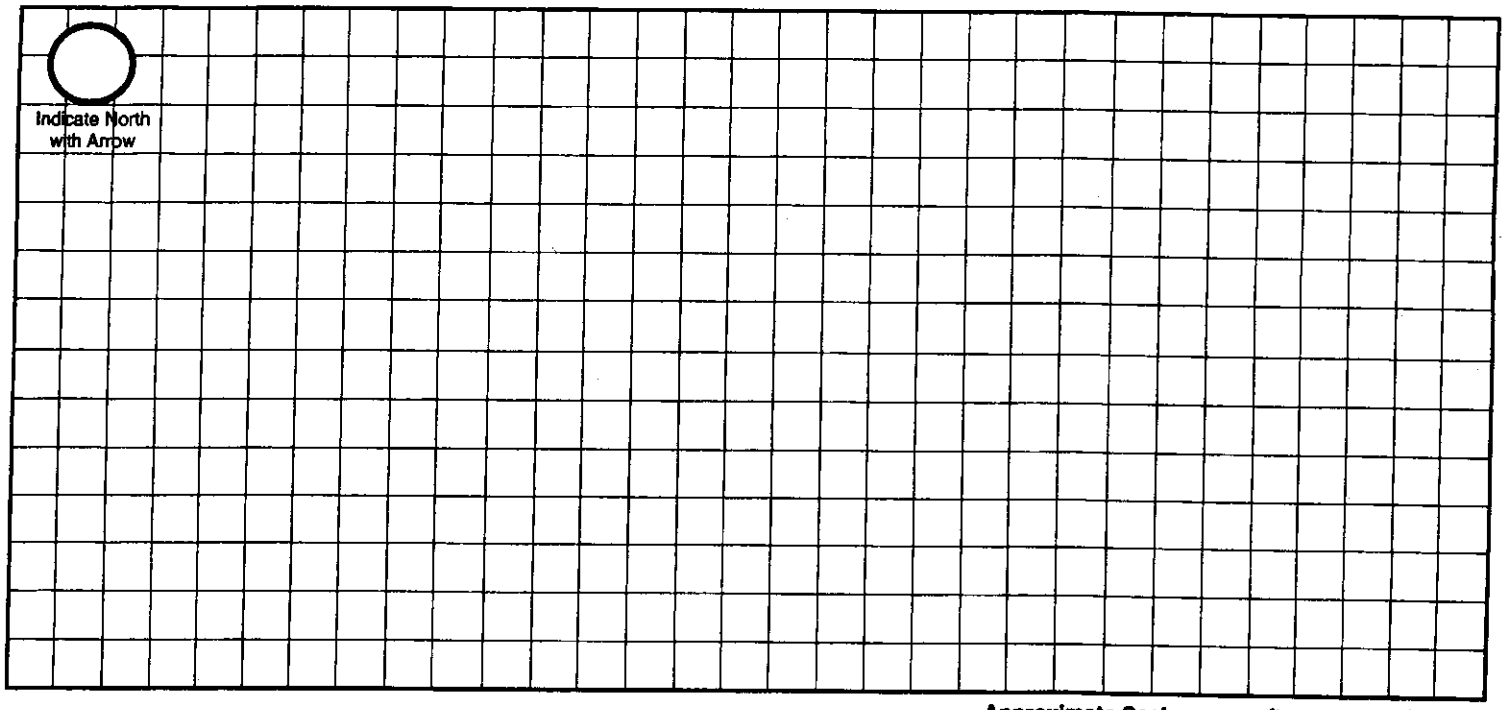
C

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) 24425 S. 110th City Hickman 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~~ Lagoon

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_____

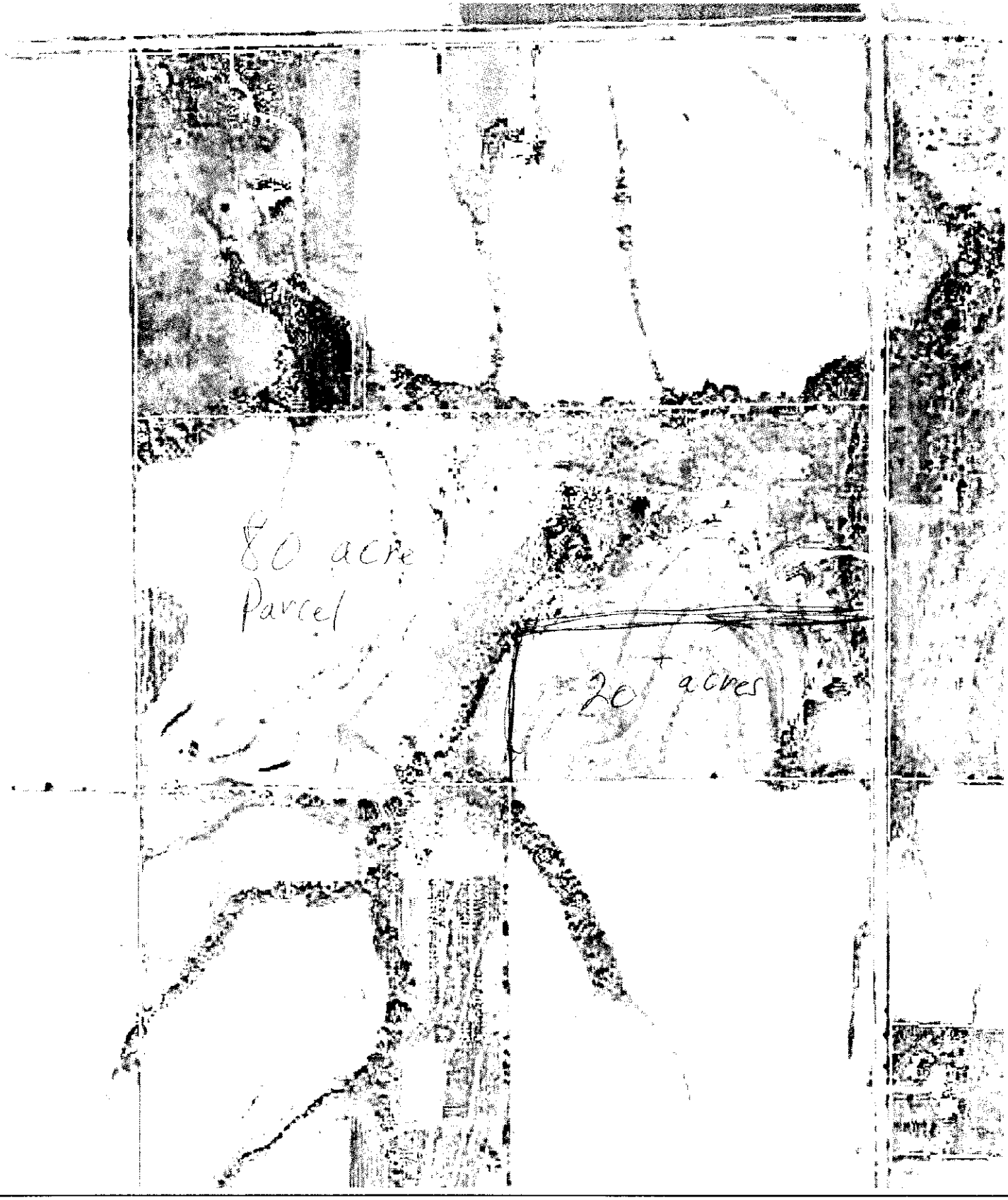
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 B&B Inc 12000 KK St Adams, Neb. 68301 _____ Date 8-2-2013



Lancaster County/City of Lincoln GIS Map

Printed: Aug 05, 2013

DISCLAIMER: The information is presented on a post-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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

SCANNED

A

Permit Number
HS000785

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 24425 S. 110th (no rural route) City _____, NE Zip _____

Legal Description S. ½ NE ¼ T7-R7- Sec. 13 14

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

PID _____

B. Owner

Name STEPHEN BARTLING Signature Stephen Bartling

Address 24035 S. 110TH City/State/Zip Hickman, NE 68372

Home Phone 402-432-3072 Work Phone 402-421-1600

C. Certified Installer

Name: LARRY AGENA Signature Larry D Agena

Address 1200 OAK ST. 68301 City/State/Zip Adams, NE

Work Phone 402-988-2405

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 1 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 20+

Garbage Grinder? ☐ 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. 02-30

1. Health Department
Site visits *Cite & Lagoon-191' NH Date rec'd 8/8/13
Date frwd 8/8/13
ACTION ☑ Approved ☐ Disapproved
Signature _____
Comments _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd 8-8-13
Date frwd 8-8-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____ Date rec'd 8-8-13
Date frwd 8-8-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploszek

Installation Final Written Approval
By _____
Date 11/18/13

Business Office Use Only
Date Received 8-12-13 Amount Paid 355.-
Received By B. Hall Cash/Check No. 1128

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