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. HS000800

System Type: Standard

Situs: 6305 W ADAMS ST, RURAL, NE

Issued: 8/21/2013

Expires: 8/20/2014

Description: SAND ADDITION, Lot 2

Owner: SAND, BEN H & NANCY L
6305 W ADAMS ST
LINCOLN, NE 68524

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

SAND CORP.
6305 W. ADAMS
LINCOLN, NE 68524

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

A

Permit Number H5000800

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 6305 West Adams (no rural route) City Lincoln, NE Zip 68524

Legal Description Sand 2

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

PID 04-13-101-002-000

B. Owner

Name Ben Sand Signature

Address 6305 West Adams City/State/Zip Lincoln NE 68524

Home Phone 402-470-3516 Work Phone 402-470 3665

C. Certified Installer

Name: Mike Cusement Signature

Address 26001 Ironhorse Crt City/State/Zip GF 358

Work Phone 402-432-7880

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 — Whirlpool Bathtub? ~~☐ Yes~~ ☐ No Total Acres 18.89

Garbage Grinder? ~~☐ Yes~~ ☐ No

☒ Commercial Establishment/Other Facility Specify WINE PROCESSING Design flow in gallons per day 45

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 **ACTION** ☑ Approved ☐ Disapproved

Site visits Date rec'd Signature

Date frwd

Comments

2. Supt. Bldg. Insp. or Village Clerk **ACTION** ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

3. City or County Engineer **ACTION** ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 8-20-13 Amount Paid 355.00
Received By Bill Cash/Check No. 8624

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

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

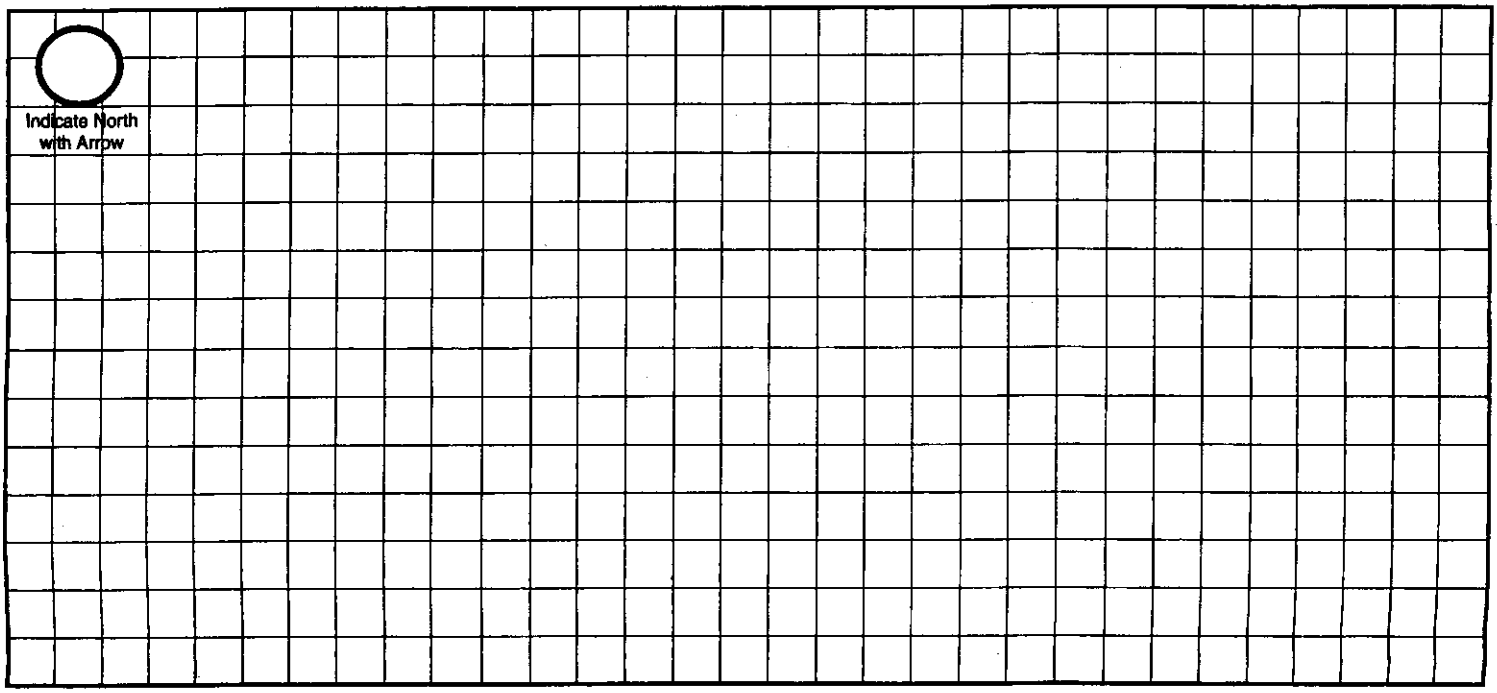
C

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 (percolation test required) ❑ Lagoon Holding tank

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_____

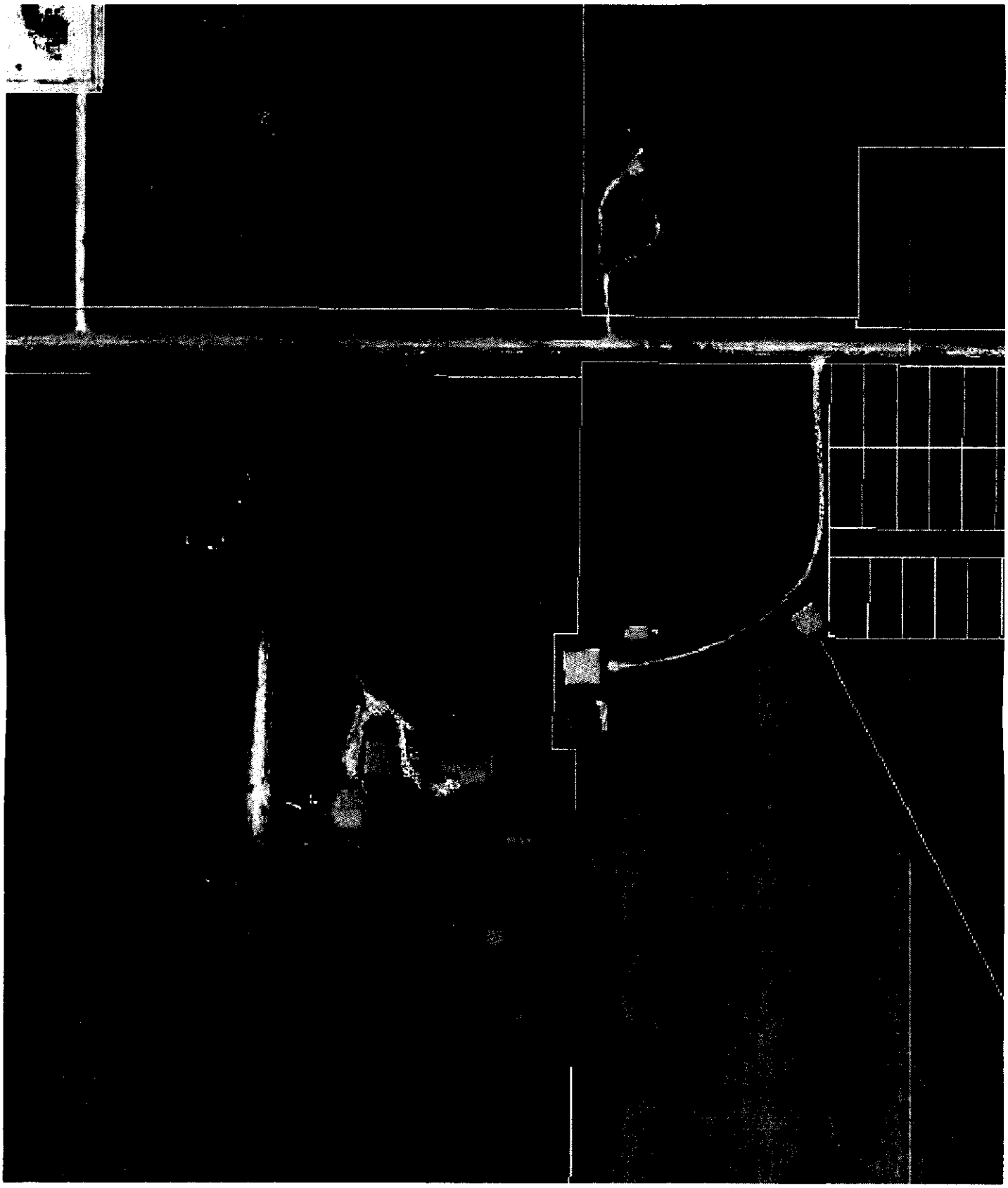
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 _____ Lateral Trenching Date 8-14-13



Lancaster County/City of Lincoln GIS Map

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Printed: Aug 15, 2013

DISCLAIMER: The information is presented on a best-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 age@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

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PID 04-13-101-002-000

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Name BEN SAND Signature

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Date frwd Signature

Installation Final Written Approval

By

Date 8/23/13

Business Office Use Only

Date Received 8-20-13 Amount Paid 355.00

Received By BH Cash/Check No. 8624

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

SCANNED

C

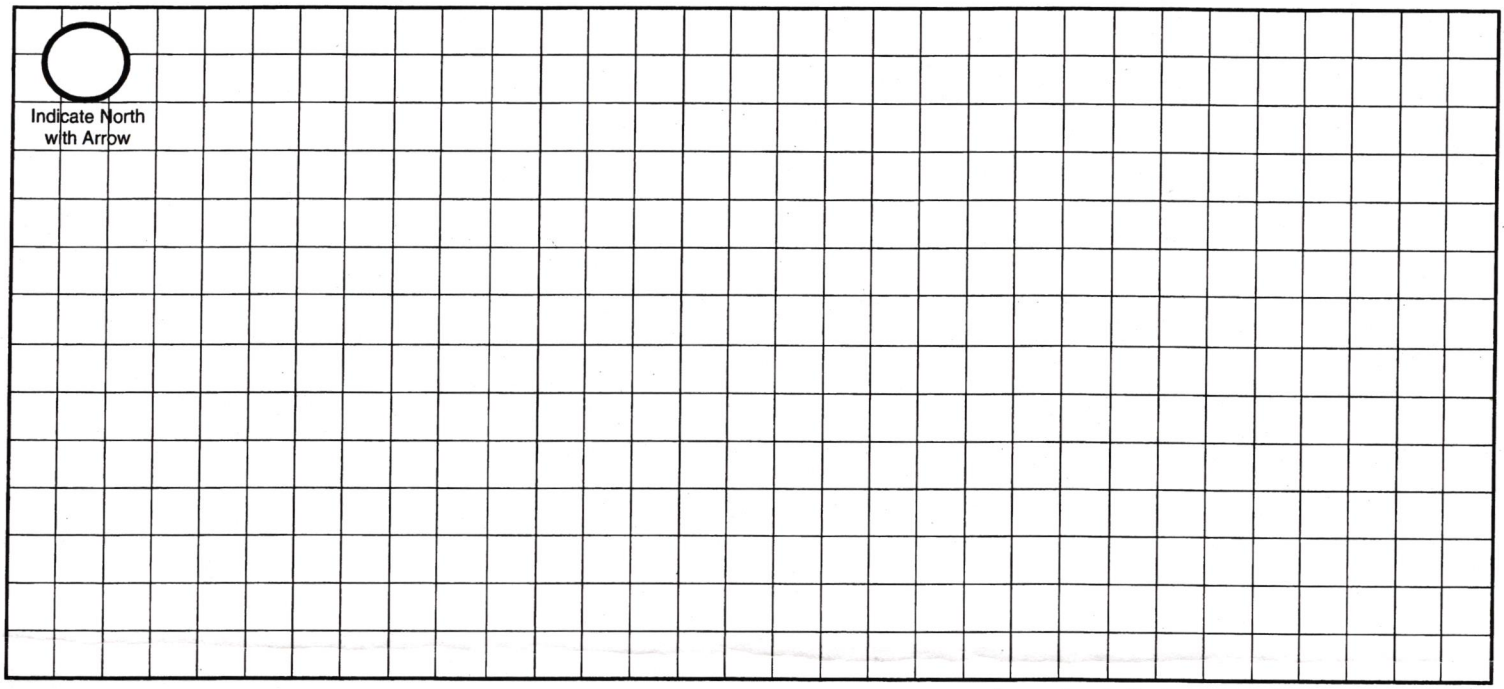
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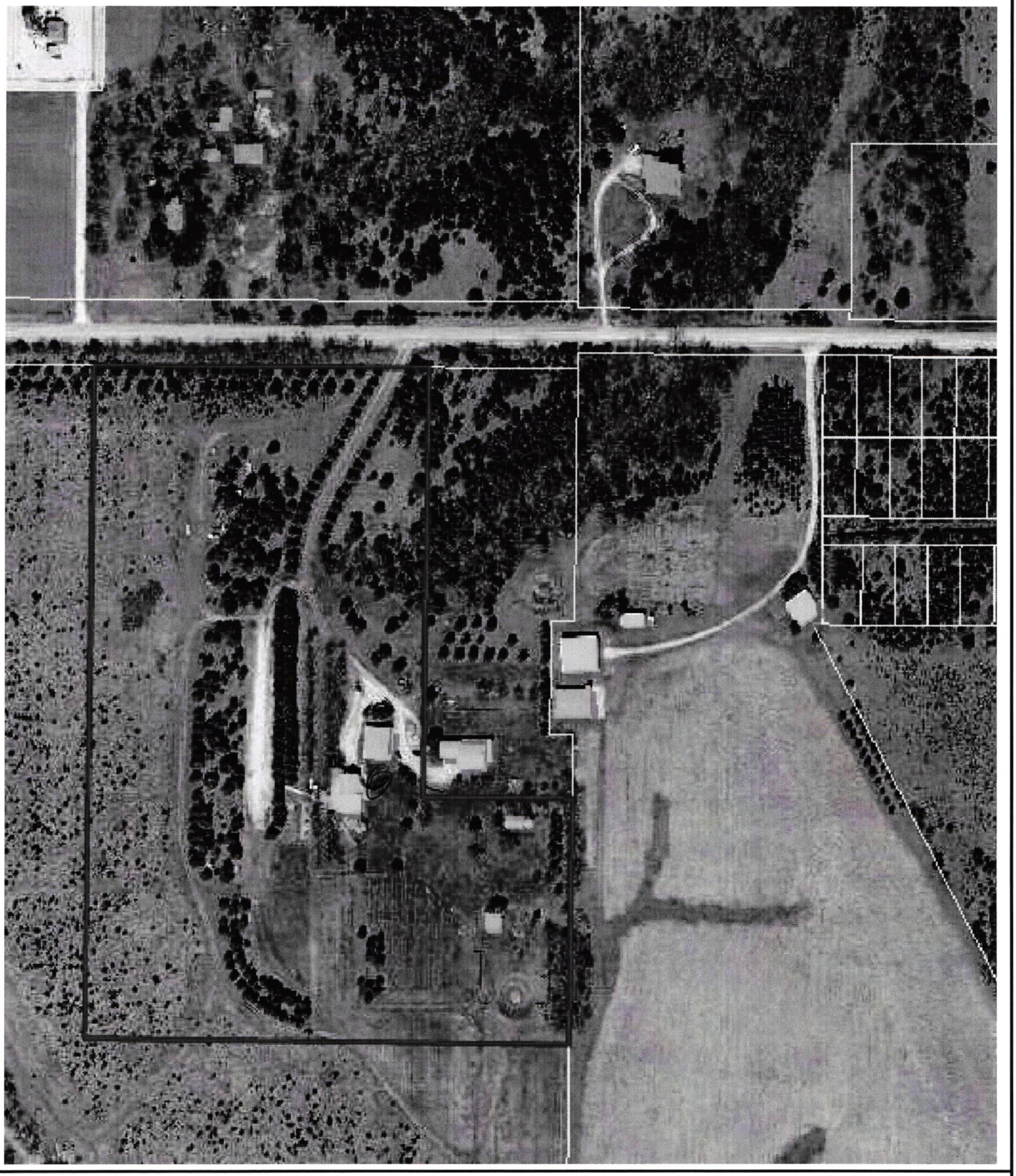
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Installer _____ Caldwell Trenching Date 8-14-13

SCANNED



Lancaster County/City of Lincoln GIS Map

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Printed: Aug 15, 2013

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