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. HS000802

System Type: Lagoon

Situs: 10405 BRANCHED OAK RD, RURAL, NE

Issued: 8/21/2013

Expires: 8/20/2014

Description: S36, T12, R7, 6th Principal Meridian, LOT 24 NW

Owner: CORNETT, JERRY D JR REVOCABLE TRUST
10405 BRANCHED OAK RD
WAVERLY, NE 68462

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND, NE 68428

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

A

Permit Number HS000802

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 16405 Branched Oak Rd (no rural route) City Waverly, NE Zip 68462

Legal Description NW 36 12N 7E 24

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

PID 19-36-100-007-000

B. Owner

Name Jerry Cornett Signature

Address 16405 Branched Oak Rd City/State/Zip Waverly, NE 68462

Home Phone 402-630-1415 Work Phone

C. Certified Installer

Name: Lloyd Jakobek / Raymond Contracting Inc Signature Kim L. Jakobek for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-840-6009

D. Engineer

☒ Check and complete if engineer designed system P.E. License Number: E8989

Designer Name Jeff Schoeneck Firm Meridian Development Work Phone 402-730-9209

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms _____ Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 39.98

Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Restaurant Design flow in gallons per day 850

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 4 Lagoon - Line not complete. Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

Date frwd _____ Signature _____

Comments 8/29/13 NW

2. Supt. Bldg. Insp. or Village Clerk

Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

Date frwd _____ Signature _____

3. City or County Engineer

Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

Date frwd _____ Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Received 8-20-13 Amount Paid 355.00
Received By BH Cash/Check No. 8193

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

Form A Updated: 1/13

COPY

Nebraska DEQ

Onsite Wastewater Treatment System
Application for Construction/Operating Permit

For NDEQ Use Only	NDEQ ID:	Program ID:

Print or Type

Jerry D. Cornett
Owner/Authorized Representative First Name | Initial | Last Name

Lakehouse Farm LLC
Business or Legal Entity Name (if applicable)

10705 Branched Oak Rd Waverly NE 68462
Owner Address | City | State | Zip

Phone Number 402 630 1415 Email cornetjr4@mac.com

☐ Check here if authorized representative and include a description of the representative's authority to sign on behalf of the owner.

Professional Engineer, Master Installer or Registered Environmental Health Specialist

Print or Type

Jeffery N Senecerk E8989
First Name | Initial | Last Name | Certification/License Number

Company Name

26720 Elkhorn Oaks Cir Arlington NE 68002
Mailing Address | City | State | Zip

Phone Number 402-720-9209 Email jeffs@meridiandevelop.com

Location — *Legal description* OR *Geographical coordinates to 4 decimal points*

Lancaster 41° 58' 13.56" 96° 34' 40.39"
¼ ¼ Section Township Range | County | Latitude | Longitude

Physical address if different than owner's mailing address

System Information

☐ Dwelling-Peak single day flow _____ gals **OR** ☒ Non-dwelling-Peak single day flow 850 gals

☐ Domestic Wastewater ☒ Non-Domestic Wastewater -Description of non-domestic wastewater sources (i.e. restaurant, laundry, butcher shop, camper dump station or other) Restaurant Wastewater System

☐ New System ☐ Modification, reconstruction or alteration of existing system

☐ Septic System ☐ Mound ☐ Holding tank ☒ Lagoon ☐ Other (if other, describe here) _____

Depth to seasonal high groundwater for planned location of the soil absorption system _____ ft.

Percolation rate ___ min/inch Maximum ground slope ___ %

I swear or affirm that the application information and documentation submitted are true, complete and accurate.

Owner/Authorized Representative Signature

23 June 2013
Date

1117

NOTICE: Failure to complete the [illegible] required prior to any construc

LAKEHOUSE FARM, LLC
[illegible]
GRETNA, NE

23 June 2015

$ 450 00/100

NDEQ
Four hundred and fifty

F&M.

Begin forwarded message:

From: Jerry Cornett <jerry@lakehousefarm.com>
Subject: Fwd: Lagoon Design Invoice