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. HS000806

System Type: Lagoon

Situs: 7441 TRAVIS DR, RURAL, NE

Issued: 8/30/2013

Expires: 8/29/2014

Description: CLARENDON HILLS FIRST ADDITION, BLOCK 4, Lot 3

Owner: GODDARD, NICHOLAS J &
JENNIFER L
7441 TRAVIS DR
LINCOLN, NE 68516

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

VIRGIL EXCAVATING
4620 W. MARY LOUISE LN
LINCOLN, NE 68528

AUG 26 2013

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

A

Permit Number H5000806

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 7441 Travis Dr / 7401 Travis Dr (no rural route) City Lincoln, NE Zip 68516

Legal Description Claredon Hills First Add 4 3

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

Block 4 Lot 4

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Nicholas Godard / Kenneth Michel Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Kurt Virgil Signature

Address 4600 W Army Lorin Ln City/State/Zip Lincoln, Ne 68528

Work Phone 402-525-6601

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a Combined 7.52

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.53

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

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

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 92-30

1. Health Department Date rec'd 8/28/13 **ACTION** ☒ Approved ☐ Disapproved

Site visits Date frwd 8/28/13 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 8-29 Amount Paid 355.-
Received By B. Hall Cash/Check No. 1021

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

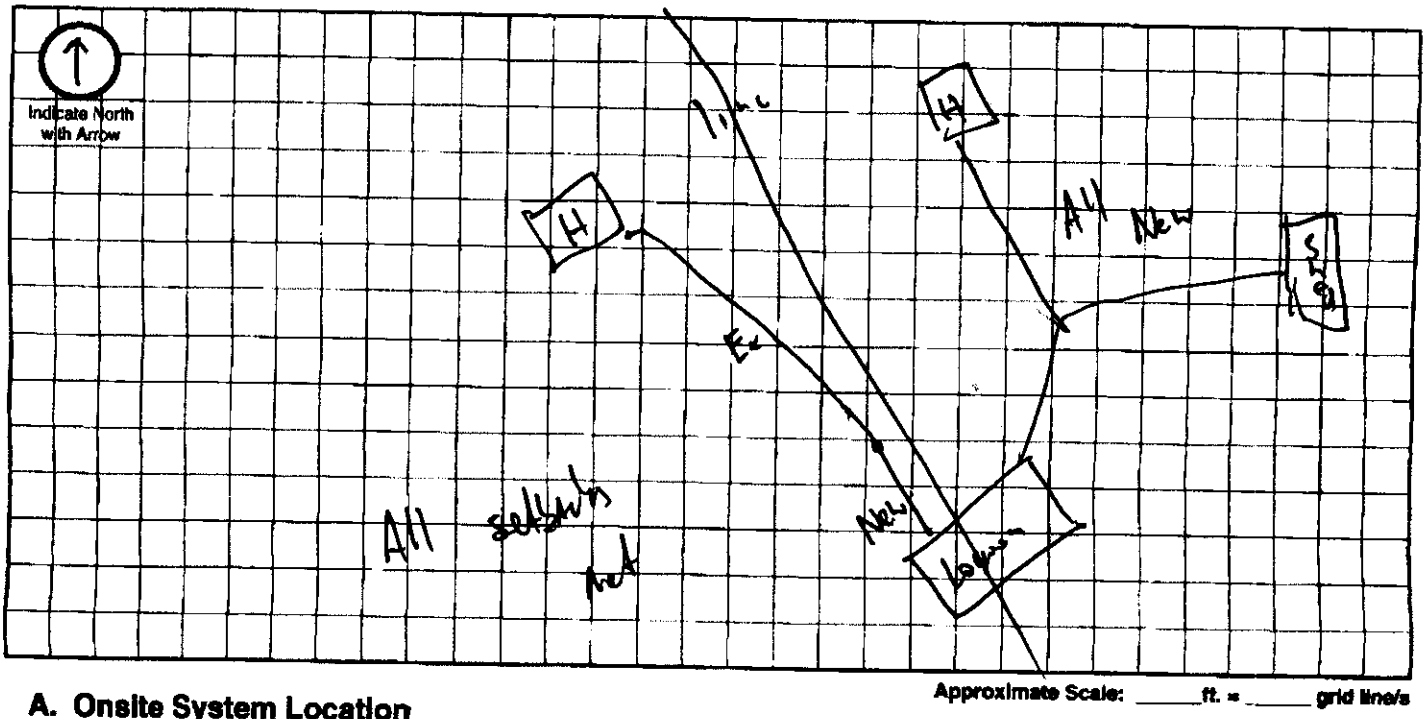
C

Permit Number:

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) 7401/7441 Tews Dr City Lincoln NE, Zip 68516

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 8-22-13

07/30/2013

Property Owners:

Nicholas and Jennifer Goddard---7441 Travis Drive
Kenneth Mechel---7401 Travis Drive

Purpose: Easement for lagoon, shared and used by both properties.

Easement of financial responsibility, maintenance, future use, and access by properties:
7441 Travis Drive
7401 Travis Drive
Formalized through the execution and filing of this written easement, this easement will be attached to the deeds of each property.

Financial responsibility, maintenance, future use, and access will be split 50/50 by the property owners of 7441 Travis Drive and 7401 Travis Drive. upon completion date of the newly constructed lagoon in 2013.

Nicholas and Jennifer Goddard

Signature Jennifer A Goddard 7/30/13
Signature

Kenneth Mechel

Kenneth L Michel

Signature

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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AUG 26 2013

SCANNED

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

1. Health Department Date rec'd 8/28/13 **ACTION** ☒ Approved ☐ Disapproved

Site visits 8/21/13 D.F Date frwd 8/28/13 Signature

liner and pattid on lagoon

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 Dan Inman

Date 8/7/14

left message 4/28/14 5/14 Pending

Business Office Use Only
Date Received ~~8-29~~ 8-29 Amount Paid 355.—
Received By B Hall Cash/Check No. 1021

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

Form A Updated: 5/10