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

A

Permit Number HS000842

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 _____ (no rural route) City Markell, NE Zip 68404

Legal Description _____ BK Spence Add 1

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

PID 08-18-301-001-000

B. Owner

Name Robert & Kimberly Spence Signature _____

Address 8817 Executive Woods Dr City/State/Zip Lincoln NE 68512

Home Phone 402-430-3481 Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature _____

Address 105 Locust St City/State/Zip Hickman NE 68372

Work Phone _____

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 2 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 8.70

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 _____

Comments _____

Date rec'd 11/18/13
Date frwd 11/18/13

ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____

Date rec'd 11-18-13
Date frwd 11-18-13

ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer

Comments _____

Date rec'd 11-18-13
Date frwd 11-18-13

ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploenzke

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Received 11/18/13 Amount Paid $365.00
Received By SB Cash/Check No. 1132
$5 cash

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: 402-441-8643

A

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address _____ (no rural route) City Malcolm, NE Zip 68404

Legal Description _____ Bk Spruce Add 1

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

PID 08-18 301-001-000

B. Owner

Name Robert & Kimberly Spruce Signature _____

Address 3501 Executive Woods Dr City/State/Zip Lincoln NE 68512

Home Phone 402-430-3451 Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature _____

Address 105 Locust St City/State/Zip Hickman NE 68372

Work Phone _____

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 2 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 5.70

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 _____
Comments _____
Date rec'd 11/15/13
Date frwd 11/18/13
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11-18-13
Date frwd 11-18-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 11-18-13
Date frwd 11-18-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

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. HS000842

System Type: Lagoon

Situs: BK Spence Addition, Lot 1

Issued: 11/19/2013

Expires: 11/19/2014

Description: BK SPENCE ADDITION, Lot 1

Owner: SPENCE, ROBERT L & KIMBERLY A
8817 EXECUTIVE WOODS DR UNIT 83
LINCOLN, NE 68512

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

SOUTHWICK LIQUID WASTE
105 LOCUST ST.
HICKMAN, NE 68372

SCANNED

A

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

Permit Number HS000842

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 5788 W. Roca Rd. (no rural route) City Markell, NE Zip 68404

Legal Description 18 8 6 BK Spence Add 1
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 08-18-301-001-000

B. Owner

Name Robert & Kimberly Spence Signature

Address 8817 Executive Woods Dr City/State/Zip Lincoln NE 68512

Home Phone 402-430-3481 Work Phone

C. Certified Installer

Name: Jason Kubik Signature

Address 105 Locust St City/State/Zip Hickman NE 68372

Work Phone

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 2 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 8.70
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 11/18/13 Lagoon appears shallow
Comments
Date rec'd 11/18/13
Date frwd 11/18/13
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 11-18-13
Date frwd 11-18-13
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 11-18-13
Date frwd 11-18-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploucek

Installation Final Written Approval
By Doug Smith
Date 6/26/14 Fence completed

Business Office Use Only
Date Received 11/18/13 Amount Paid $365.00
Received By SB Cash/Check No. 1132 cash

* Very Marshy Area Onsite - To be contractor to check Depth - No Fence Yet - DH 4/28/14

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: 402-441-8643

A

Permit Number HS000842

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 5788 (no rural route) W. Roca Rd. City Malll, NE Zip 68404

Legal Description 18 8 6 Bk Spruce Add 1

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

PID 08-18 301-001-000

B. Owner

Name Robert & Kimberly Spruce Signature

Address 3311 Executive Woods Dr City/State/Zip Lincoln NE 68512

Home Phone 402-430-3451 Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust st City/State/Zip Hickman NE 68372

Work Phone

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 2 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 5.70

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 Stephanie Stephens
Date rec'd 11/18/13
Date frwd 11/18/13
ACTION ☒ Approved ☐ Disapproved
Signature
Comments

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 11-18-13
Date frwd 11-18-13
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 11-18-13
Date frwd 11-18-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Rennick

Installation Final Written Approval
By Doug Ahrens
Date 5/26/14 System completed onsite Told contractor to check Depth - No Fence Ref DH 5/28/14

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated: 1/13

APR 28 2014

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

D

Permit Number: 018547

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4/24/14 Legal Description BK Spence Addition Lot 1
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 5788 Race Rd City Malcolm NE, Zip 68404
Owner Robert Spence Address 8817 Executive Woods Dr #80, Lincoln NE 68512

A. Sewer Pipe

1. Material: SCH 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 28 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line ~~100~~ 50 ft.
   stream >100 ft.
   pressure line >100 ft.
   property line >100 ft.

Lagoon

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

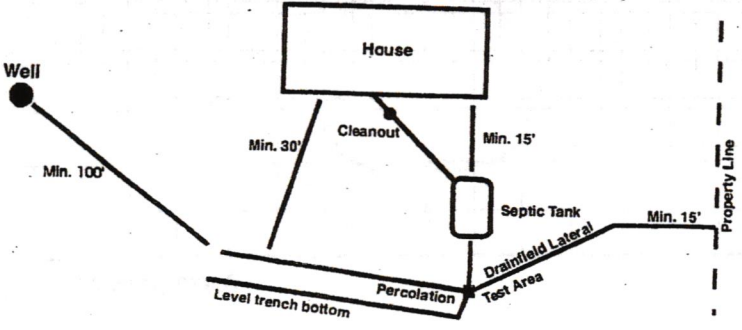
D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

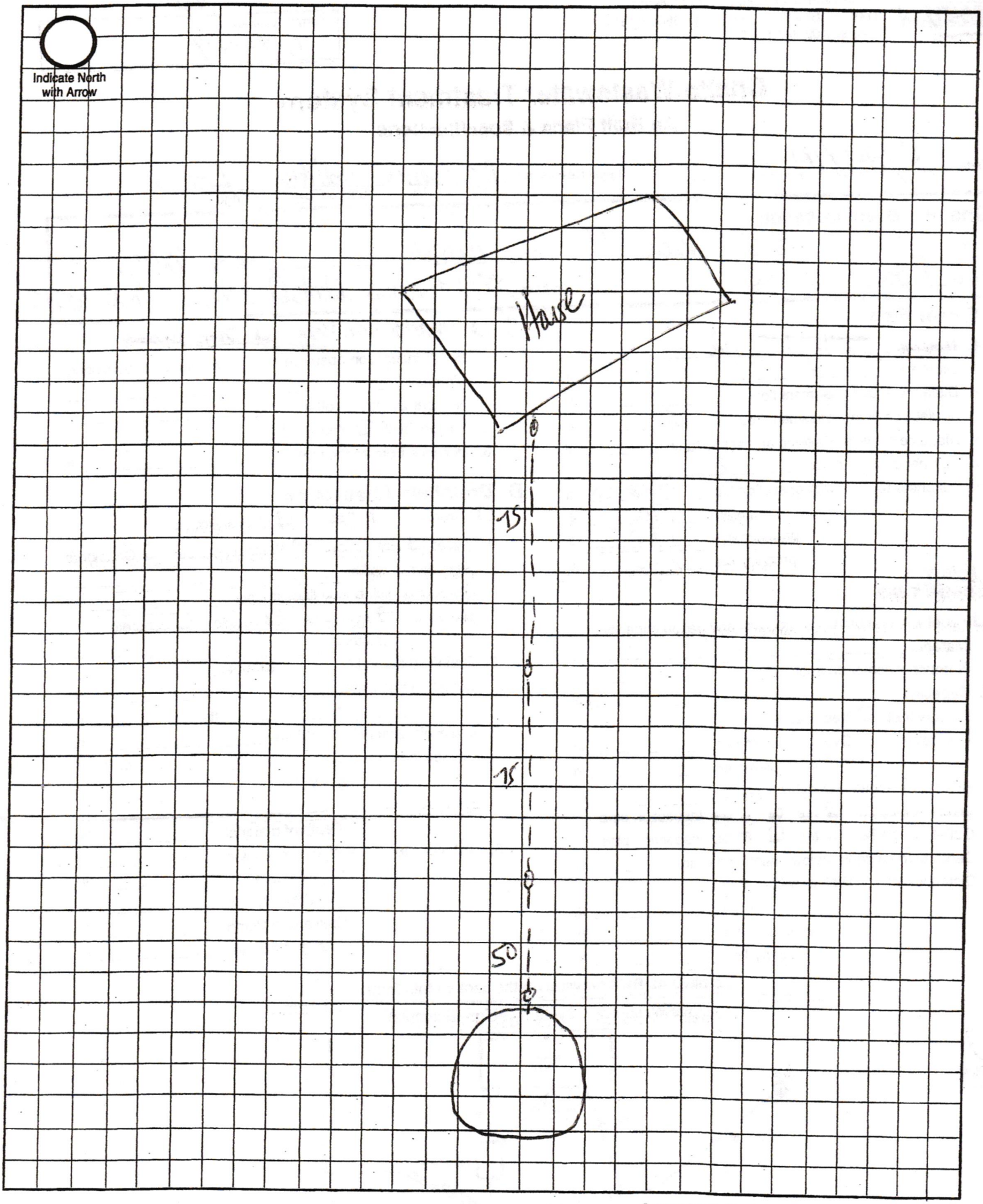
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



dicate North
with Arrow

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s