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

A

Permit Number H50008244

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

Legal Description _____ Wendelin Estates 2nd 1 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02 - 25 - 307 - 003 - 000

B. Owner

Name Matthew + Lisa Innis Signature _____

Address 1204 Peach St City/State/Zip Lincoln NE 68502

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

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

Work Phone 402 - 440 - 7600

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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.72 M/L
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 _____ Date rec'd 11/20/13
Date frwd 11/20/13
Comments _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

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

3. City or County Engineer
Comments _____ Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

7516
7750
7503

Business Office Use Only
Date Received 11/20/13 Amount Paid 365.00
Received By Southwick Cash/Check No. 1134

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

Form A Updated: 1/13

Nate C. Hartman

From: Shawn M. Johnson
Sent: Wednesday, November 20, 2013 9:16 AM
To: Nate C. Hartman
Attachments: Shawn Johnson.vcf

lot 3 block 1 wendelin 2nd approved for septic

Shawn

Shawn Johnson
Building & Safety
Plans Examiner II

(402) 441-6174 Work
(402) 441-8214 Fax

555 South 10th/Room 203
Lincoln, Ne 68508

Nate C. Hartman

From: Ken D. Schroeder
Sent: Wednesday, November 20, 2013 10:58 AM
To: Nate C. Hartman
Subject: sewage disposal system (PID #02 25 307 003 000) Wendelin Estates 2nd Add.
Attachments: part of sec 25-8-5.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 3, Block 1, "WENDELIN ESTATES SECOND ADDITION" located in the SE 1/4 of Section 25, T8N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec 25-8-5)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

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. HS000844

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/22/2013

Expires: 11/22/2014

Description: WENDELIN ESTATES 2ND ADDITION, BLOCK 1, Lot 3

Owner: INNIS, MATTHEW & LISA
7315 PIONEERS BLVD UNIT 401
LINCOLN, NE 68506

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

8-5-25

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

D

Permit Number: 08552 - HS000844

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4/18/14 Legal Description Wendelin Estates 2nd Add Blk 1, Lot 3
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 6277 Leealan Ln City Markell NE, Zip 68404

Owner Matt Innis Address 7315 Pioneers Blvd Unit 401 Lincoln NE 68506

A. Sewer Pipe

1. Material: SCH 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

Logan

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.

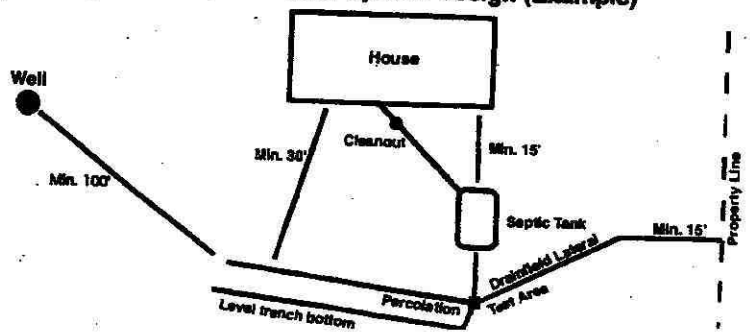
D. Drainfield Absorption

☐ 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 to this form.

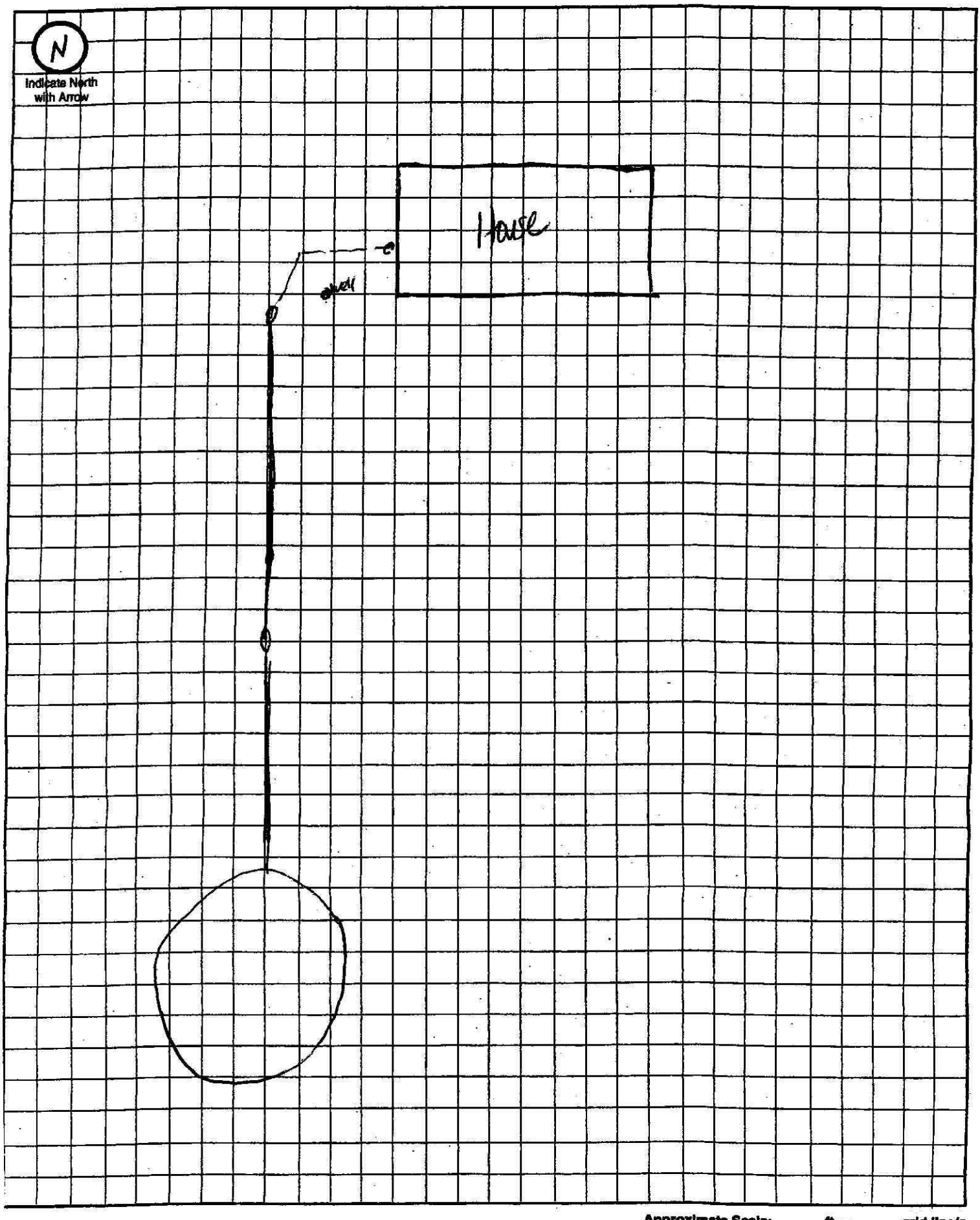
Onsite Wastewater System Design (Example)



licate North
ith Arrow

te Form D 12_06

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

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

A

Permit Number
H5000844

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Address 1204 Peach St City/State/Zip Lincoln NE 68502
Home Phone 402 - 416 - 6777 Work Phone _____

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Name: Jason Kubik Signature Jason Kubik
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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 1 no fence 7/24/14
Comments No fence 3/24/15
Fence completed 7/15/15 JK
Date rec'd 11/20/13
Date frwd 11/20/13
ACTION ☐ Approved ☐ Disapproved
Signature _____

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

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☑ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By Jason Kubik
Date 7/15/15

7/16
7750
7503

Business Office Use Only
Date Received 11/20/13 Amount Paid 345.00
Received By Southwick Cash/Check No. 1134

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

Form A Updated: 1/13