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

A

Permit Number H5000853

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 500 Bluff Rd (no rural route) City Lincoln Ne NE Zip 68521

Legal Description 29 SW, S14, T11, R6 / East of the 6th P.M

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

PID 12-14-300-005-000

B. Owner

Name Ben & Megan Buetterback Signature Megan Buetterback

Address 3811 J St City/State/Zip Lincoln, Ne 68510

Home Phone 402-202-0676 Work Phone 402-476-9483

C. Certified Installer

Name: Lloyd Jakoubek Raymond Contracting Signature Lloyd Jakoubek For Lloyd

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

Work Phone 402-890-6009

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 20.01

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 12/12/13
Date frwd 12/12/13
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 12/12/13
Date frwd 12/12/13
ACTION ☒ Approved ☐ Disapproved
Signature Todd Stuth

3. City or County Engineer
Comments
Date rec'd 12-12-13
Date frwd 12-12-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plowgk

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 12-12-13 Amount Paid 365.00
Received By LC Cash/Check No. 8289

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

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

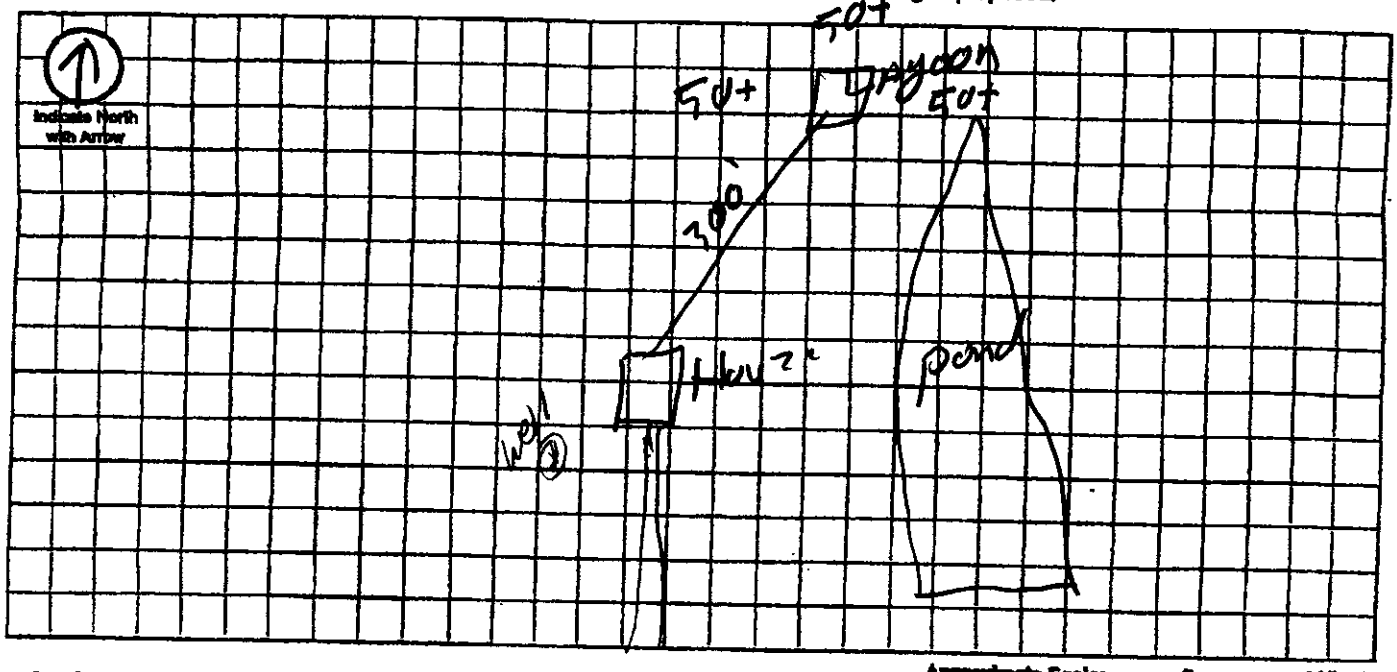
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 500 Bluff Rd City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 ☑	☑

E. Required Signatures

Home Building Contractor Steve Powell Date 12-7-2013

Installer Tim L Gatewood Date 12/7/2013

FORM 23-102 10-86

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. HS000853

System Type: Lagoon

Situs: 500 BLUFF RD, RURAL, NE

Issued: 12/17/2013

Expires: 12/17/2014

Description: S14, T11, R6, Acres 6th Principal Meridian, LOT 29 SW

Owner: BUETTENBACK, BEN
5533 NW 1ST ST STE 102
LINCOLN, NE 68521

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

JUN 30 2014

D

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

Permit Number: HS6000853

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date June 26, 2014 Legal Description SW 1/4 SW 1/4 14-11N-6E Section Township Range Lot 29

Onsite System Location

Address (no rural route) 500 Bluff Rd City Lincoln NE, Zip 68531

Owner Ben Buettenback Address 5533 NW 12th St Lincoln NE 68521 Ste 102

A. Sewer Pipe

1. Material: SDR26 Plastic
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 453 ft.
4. Number of clean-outs: 7
5. Distances to: well or suction line 100 ft.
   stream 100 ft.
   pressure line 100 ft.
   property line 100 ft.

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

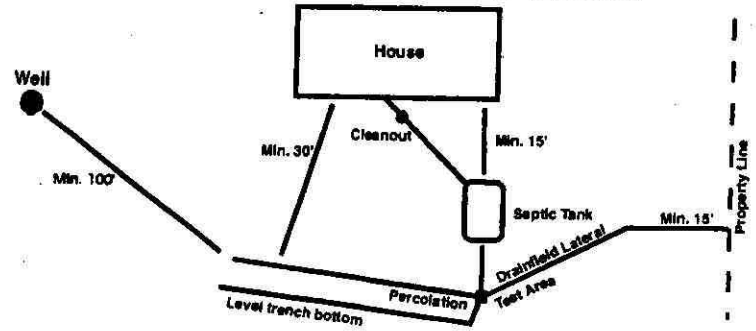
☐ Trench ☐ Bed ☐ Level Bottom

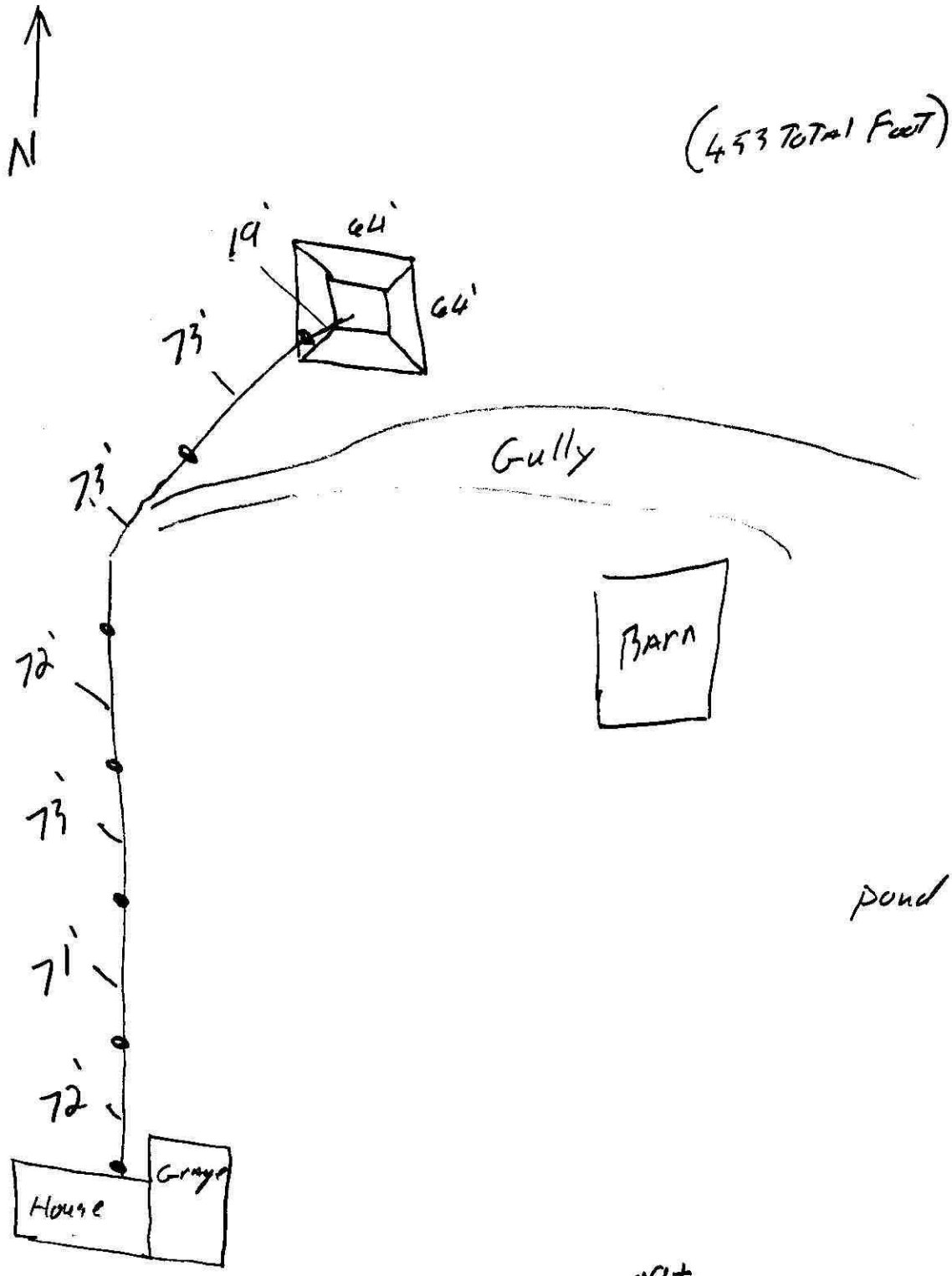
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
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)

Indicate North with Arrow





6/26/2014

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663