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

A

Permit Number
HS0008607

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 6370 ELDERBERRY LN City LINCOLN, NE Zip NE
(no rural route)

Legal Description LOT 1, BLK 2, CROSS CREEK PRESERVE 5TH

1/4	1/4	Section 16	Township 8	Range 7	Subdivison	Addition	Block	Lot

PID 15 16 411 004 000

B. Owner

Name BEN CAREY - MANZITTO BUILDERS Signature
Address 3341 PIONEER BLVD City/State/Zip LINCOLN, NE
Home Phone Work Phone 402 770-5184

C. Certified Installer

Name: Haes Contracting Inc Signature
Address 4760 Union Hill Rd City/State/Zip Lincoln, NE 68516
Work Phone 402-499-1166

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 5 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.2 3.34 JM
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 2-19-14
Date frwd 2-20-14
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 2-20-14
Date frwd 2-20-14
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 2-20-14
Date frwd 2-20-14
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blaugh

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 2/20/14 Amount Paid 365.00
Received By SB Cash/Check No. 52666

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: 402-441-8022

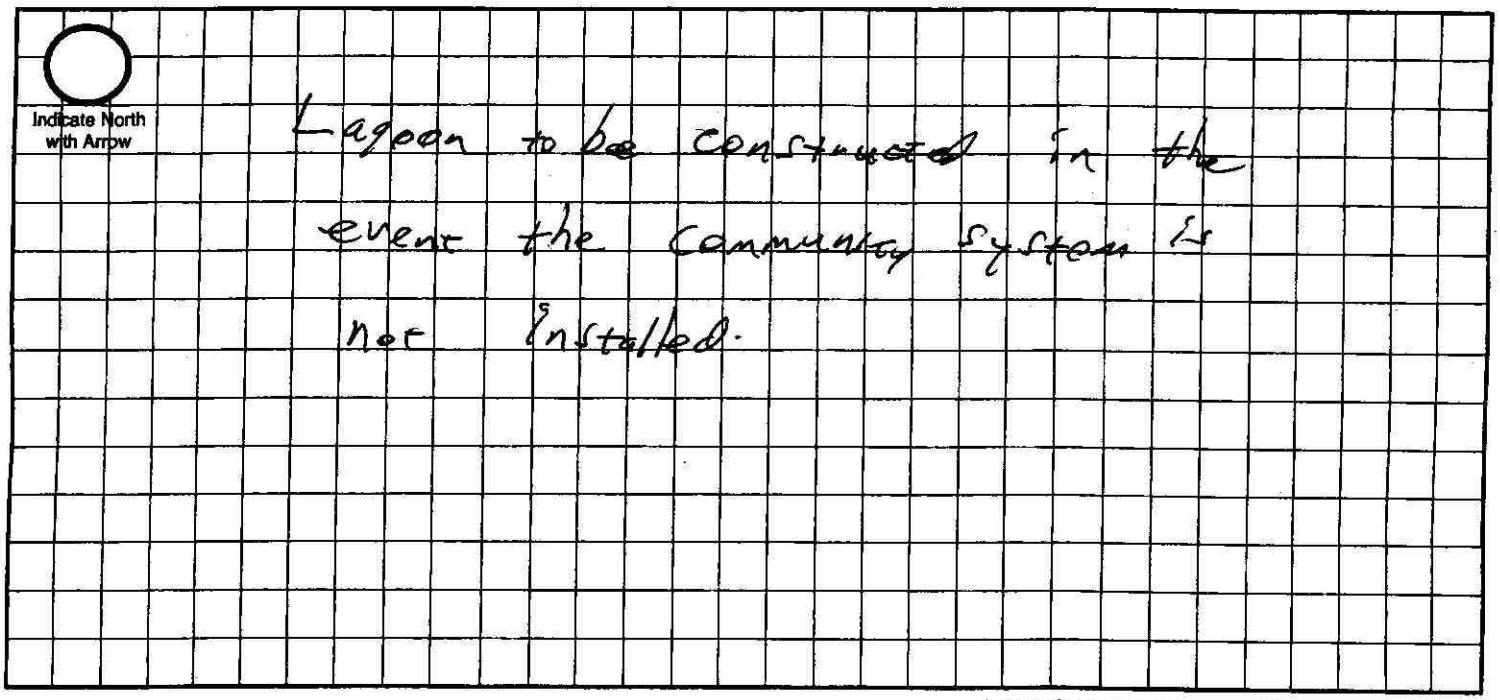
C

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) 6370 ELDERBERRY LN City LINCOLN NE, Zip _____

B. Proposed Septic Tank/s Lagoon

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 (percoloation 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 2-19-14

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. HS000867

System Type: Lagoon

Situs: 6370 Elderberry LN

Issued: 2/21/2014

Expires: 2/21/2015

Description: PRESERVE AT CROSS CREEK 5TH ADDITION, THE, BLOCK 2, Lot 1

Owner: LAND II LLC
ATTN: DAN A KLEIN 1901 SW 5 ST
STE 100
LINCOLN, NE 68522

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

HAES CONTRACTING INC.
4760 UNION HILL ROAD
LINCOLN, NE 68516

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

SCANNED

A

Permit Number
HS0008607

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3. City or County Engineer
Comments
Date rec'd 2-20-14
Date frwd 2-20-14
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blazek

*NOTE PERMIT EXPIRED

Installation Final Written Approval
By Hooked to Community System as per Scott Haes
Date 12/5/14

Business Office Use Only
Date Received 2/20/14 Amount Paid 365.00
Received By SB Cash/Check No. 52466

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

Form A Updated: 1/13