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

APR 10 2014

A

Permit Number
HS000888

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 W. Leealan

Address 6701 ~~Leelan~~ (no rural route) City Sprague, NE Zip

Legal Description 25 8 ~~25~~ 5 Wendelin Estates 4 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-25-304-001-000

B. Owner

Name Mark Ackerman Signature

Address City/State/Zip

Home Phone 402.480.1666 Work Phone

C. Certified Installer

Name: Blair Johnson Signature

Address 8533 E Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402.610.2270

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 37
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
Date frwd
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

4/15
Copd $10.00 VISA

Business Office Use Only
Date Received 4-10-14 Amount Paid 355.00
Received By SB Cash/Check No. 46490

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: 402-441-8022

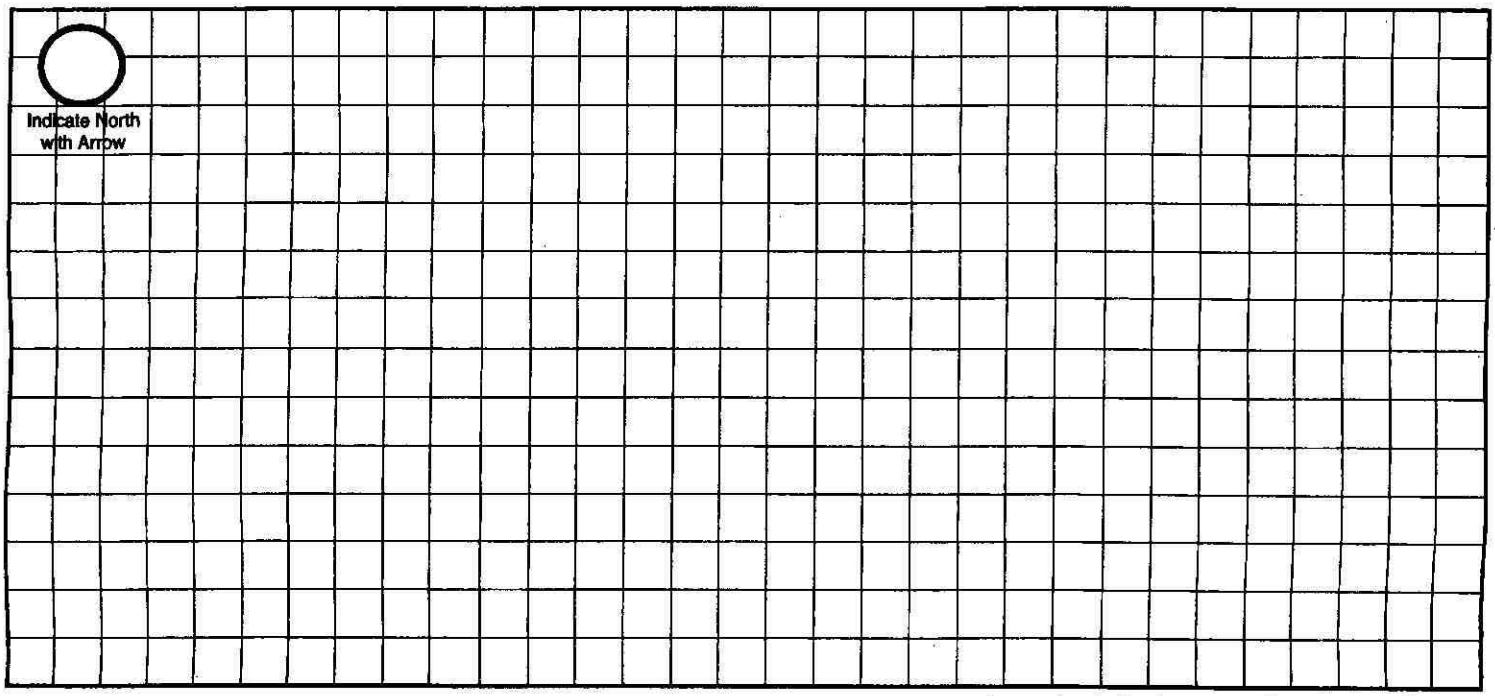
C

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) 6701 W Leelan City Sprague NE, Zip _____

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 4/7/19

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. HS000888

System Type: Lagoon

Situs: 6701 W LEEALAN, RURAL, NE

Issued: 4/15/2014

Expires: 4/15/2015

Description: WENDELIN ESTATES 1ST ADDITION, BLOCK 4, Lot 1

Owner: ACKERMAN, MARK M & KATHERINE M
2736 AMMON AVE
LINCOLN, NE 68507

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

XL CONTRACTING
8533 E HWY 41
ADAMS, NE 68301

SCANNED

APR 10 2014

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

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Permit Number
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Legal Description 25 8 ~~25~~ 5 Wendelin Estates 4 1

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

PID 02-25-304-001-000

B. Owner

Name Marla Ackerman Signature

Address City/State/Zip

Home Phone 402.480.1666 Work Phone

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402.610.2270

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 32

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 4 Lagoon 8/25/14 4/7/14
Comments
Date rec'd 4/15/14
Date frwd 4/15/14
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 4/15/14
Date frwd 4/15/14
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 4-15-2014
Date frwd 4-15-2014
ACTION ☑ Approved ☐ Disapproved
Signature 4/15

Installation Final Written Approval
By
Date 4/15/14

$10.00 VISA
Copy $10.00

Business Office Use Only
Date Received 4-10-14 Amount Paid 355.00
Received By SB Cash/Check No. 41690

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

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 6701 [illegible] City [illegible], NE Zip
(no rural route)

Legal Description [illegible]

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

PID [illegible]

B. Owner

Name [illegible] Signature
Address City/State/Zip
Home Phone 402 [illegible] Work Phone

C. Certified Installer

Name: [illegible] Signature
Address [illegible] City/State/Zip [illegible]
Work Phone [illegible]

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:
Designer Name 6701 [illegible] Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1
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 4/6/14 Date rec'd 4/15/14
8/25 Date frwd 4/15/14
Comments Lagoon
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 4/15/14
Date frwd 4/15/14
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 4-15-2014
Date frwd 4-15-2014
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 10/5/14

Business Office Use Only
Date Received Amount Paid 355.00
Received By Cash/Check No. 1010

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

Form A Updated: 1/13