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

APR 2 2 2014

A

Permit Number
HS000894

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 19410 SW 62ND STREET City CRETE, NE Zip 68333
(no rural route)

Legal Description 25, 8, 5 WENDELIN ESTATES 3RD 1, 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 224475 02-25-308-005-000 SB

B. Owner

Name BECKER CONST. INC. Signature Brad Becker

Address 2549 COUNTY ROAD B City/State/Zip VALPARAISO, NE 68065

Home Phone 402-784-0330 Work Phone 402-416-3799

C. Certified Installer

Name: EARNEST WELL DRILLING Signature _____

Address _____ City/State/Zip _____

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 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5
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 _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
Comments _____

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

3. City or County Engineer
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ 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. HS000894

System Type: Lagoon

Situs: WENDELIN ESTATES 3RD ADDITION, BLOCK 1, LOT 5

Description: WENDELIN ESTATES 3RD ADDITION, BLOCK 1, Lot 5

Issued: 4/25/2014

Expires: 4/25/2015

Owner: TO DEW LLC
19751 SW 58 ST
HALLAM, NE 68368

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

BECKER CONSTRUCTION
2549 COUNTY ROAD B
VALPARAISO, NE 68065

SCANNED

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

APR 2 2 2014

A

Permit Number
HS000894

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)

18283 SW 62nd ST

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 18283 SW 62nd STREET City CRETE, NE Zip 68333
(Rural route)

Legal Description 25, 8, 5 WENDELIN ESTATES 3RD 1, 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 224475 02-25-308-005-000 SB

B. Owner

Name BECKER CONST, INC. Signature Brad Becker

Address 2549 COUNTY ROAD B City/State/Zip VALPARAISO, NE 68065

Home Phone 402-794-0330 Work Phone 402-416-3799

C. Certified Installer

Name: EARNEST WELL DRILLING Signature

Address City/State/Zip

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 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5
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 8/14/14 - line & lagoon Needs fence
Comments
Date rec'd 4/24/14
Date frwd 4/24/14
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 4/24/14
Date frwd
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 4-24-2014
Date frwd 4-24-2014
ACTION ☒ Approved ☐ Disapproved
Signature John Blazek

Installation Final Written Approval
By
Date 9/20/14

Business Office Use Only
Date Received 4/23/14 Amount Paid 345.00
Received By SB Cash/Check No. 6771

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
HLDOIXH

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)

18283 SW 62nd 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 ~~18283~~ 5W 62nd ST City CLATT, NE Zip 68333
18283 (Rural route)

Legal Description 25, 8, 5 WENDELIN ESTATES 3RD 1 5

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

PID 274175 02-05-08-005-00

B. Owner

Name BECKER CONST. INC. Signature Brad Becker
Address 2549 COUNTY ROAD P City/State/Zip VALPARAISO, NE 68065
Home Phone 402-784-0330 Work Phone 402 416-3727

C. Certified Installer

Name: FARNEY WELL DRILLING Signature
Address City/State/Zip
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 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5
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 8/14/14 line - lagoon, Wood fence Date rec'd 4/24/14
Date frwd 4/24/14
ACTION ☐ Approved ☐ Disapproved
Signature
Comments

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 4/24/14
Date frwd
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 4-24-14
Date frwd 4-24-14
ACTION ☑ Approved ☐ Disapproved
Signature Jim Blank

Installation Final Written Approval
By
Date 9/30/14

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

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8/5/14

System Location (Indicate correct number and street)

Address 18410 SW 62nd (no rural route) City _____ NE, Zip _____

Lagoon

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 140+ ft.
   stream NA ft.
   pressure line 20 ft.
   property line 50+ ft.

B. Septic Tank

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. Outlet: ☐ baffle ☐ tee
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

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

D. Absorption Field

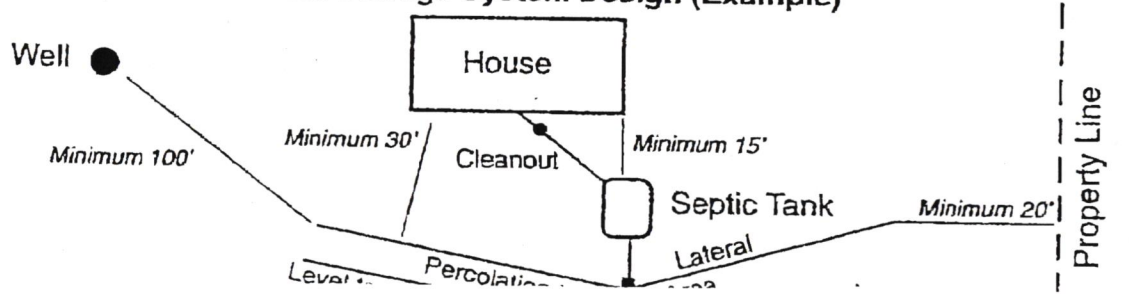
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

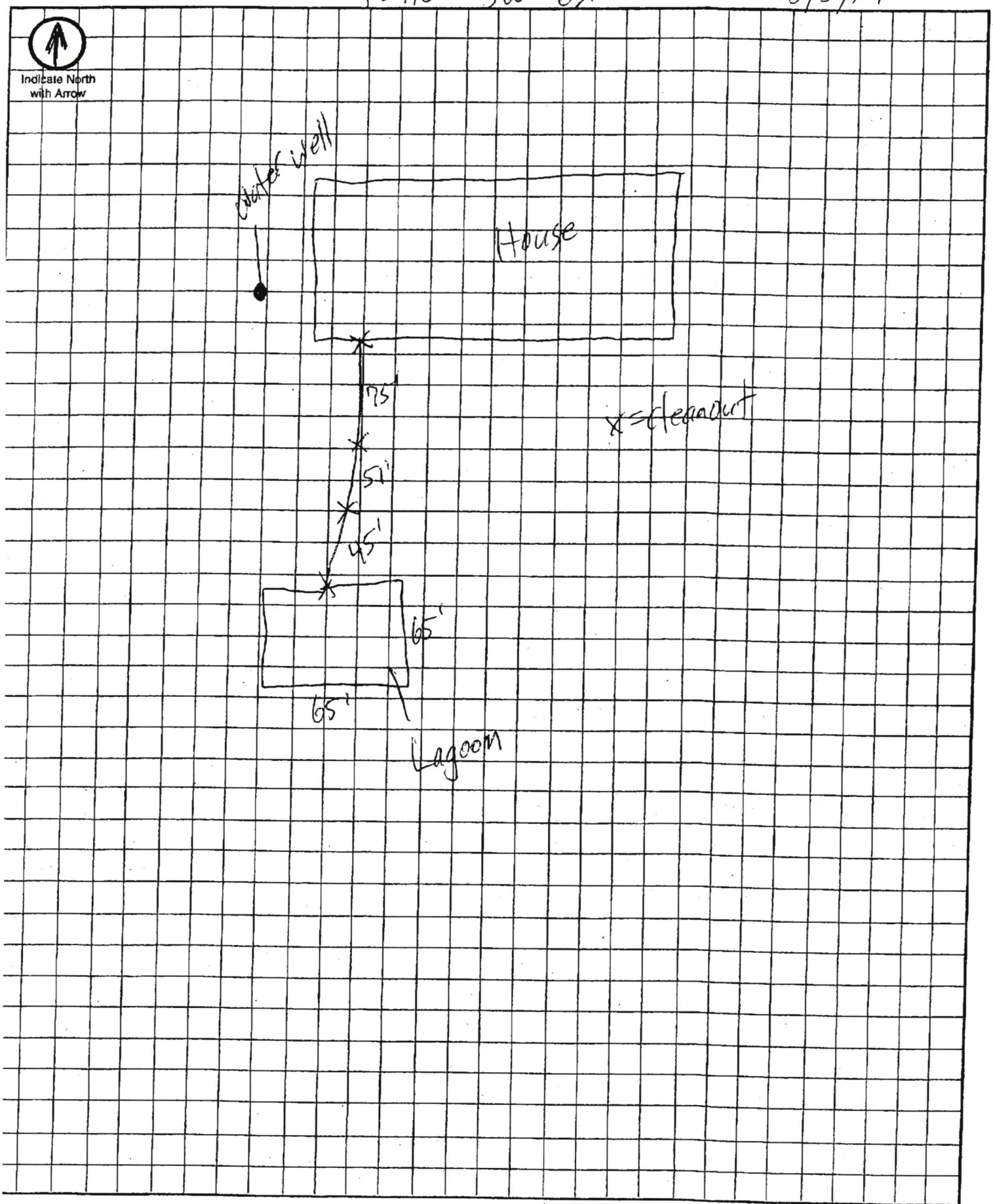
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

18410 SW 62nd 8/5/14



NOT TO SCALE

Approximate Scale: ____ ft. = ____ grid line/s