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

MAY 23 2014

A

Permit Number: HS000901

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

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

Legal Description NW¼ of NW¼ S11 T11 R6 6th PM Lot 35 NW

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

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Viktor Didusenko Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone 402 805-0649 Work Phone _____

C. Contractor

Name Harry Muhlbach Company Name H.L. Muhlbach Constn,

Address 5701 Vine Str City/State/Zip Lincoln, Ne 68505

☒ Check if contractor designed system Work Phone 402-430-7304

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/Other Facility Specify Shop

Design flow in gallons per day 100 Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 5/23/14

Amt Paid $ 345.00

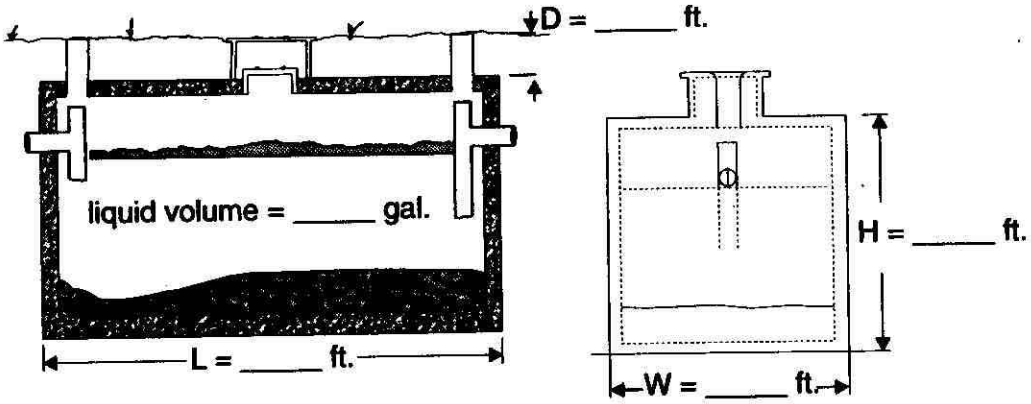
Rec'd By SB Cash/Check No. 3981

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

KEY

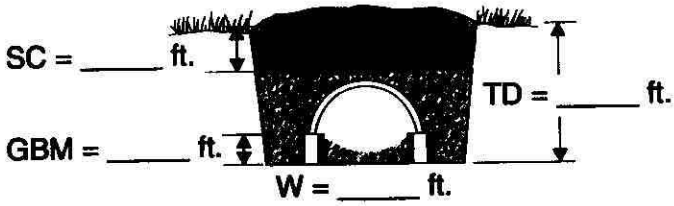
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

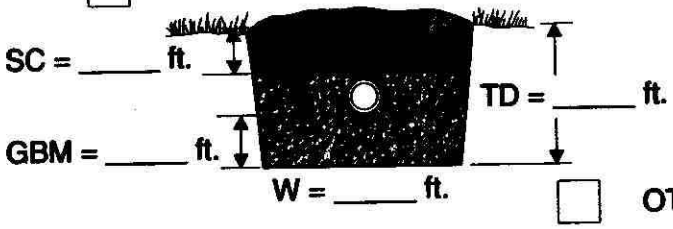


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

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

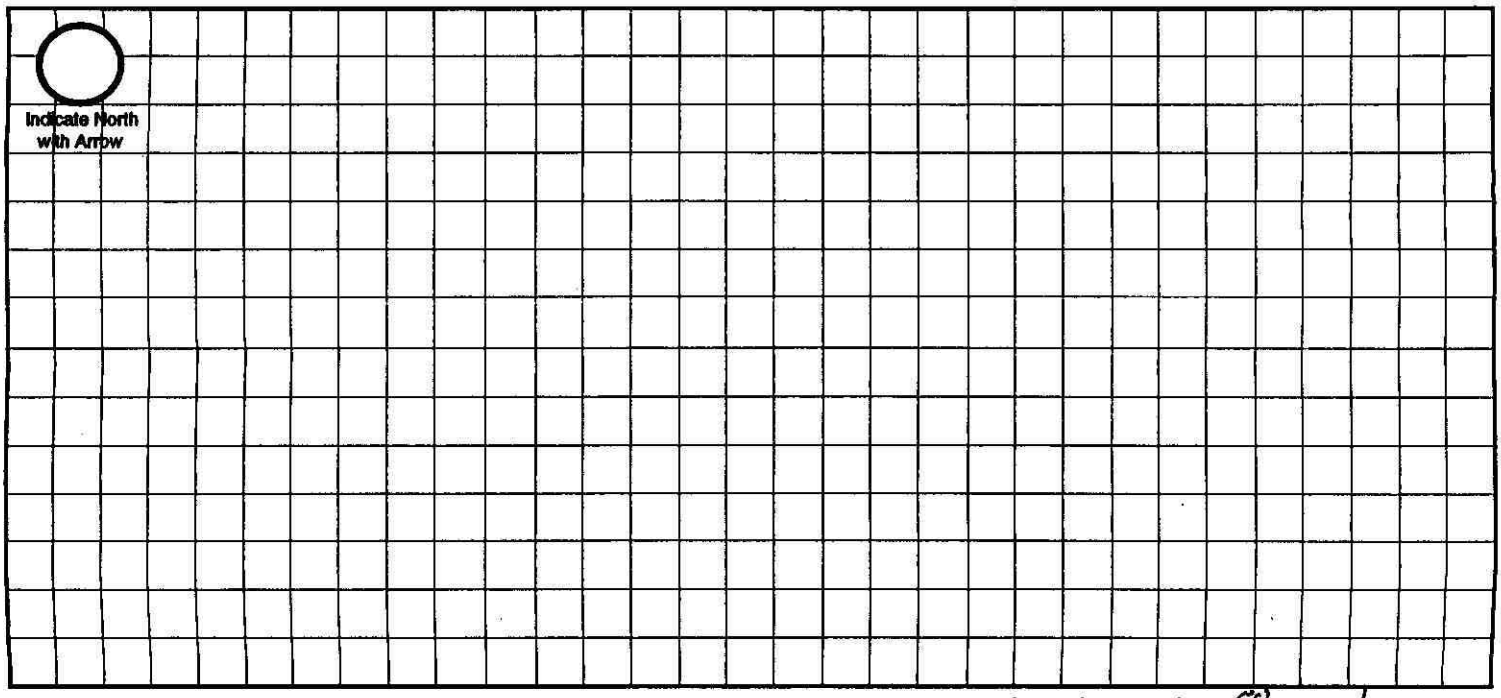
C

Permit Number: HS000901

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

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	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 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer H.L. Muhlbach Const Date 5-22-14

FORM 23-102 10-96

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. HS000901

System Type: Lagoon

Situs: No Site Address Specified

Issued: 5/27/2014

Expires: 5/27/2015

Description: S11, T11, R6, 6th Principal Meridian, LOT 35 NW

Owner: DIDUSENKO, YULLYA
6045 MERIDIAN DR APT 441
LINCOLN, NE 68504

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

ALEX'S CUSTOM HOMES
5200 WEST MILL RD
RAYMOND, NE 68428

SCANNED

13300 N 1st

A

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

MAY 23 2014

Permit Number: HS000901

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1. **Health Department** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
   * Bathroom for ag building
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 4/9/15

Business Office Use Only

Date Rec'd 5/23/14

Amt Paid $ 345.00

Rec'd By SB Cash/Check No. 3981

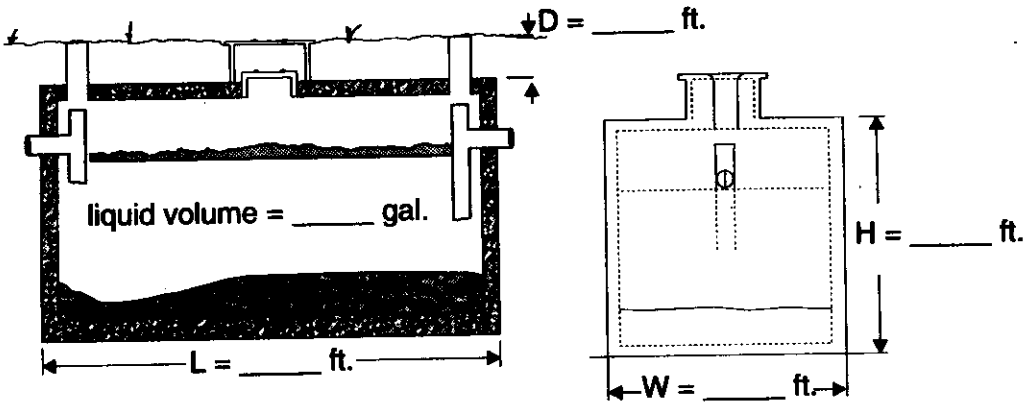
FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Recommend septic system instead of lagoon. - MA 5/27/14

KEY

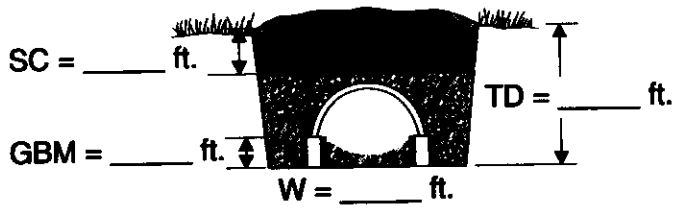
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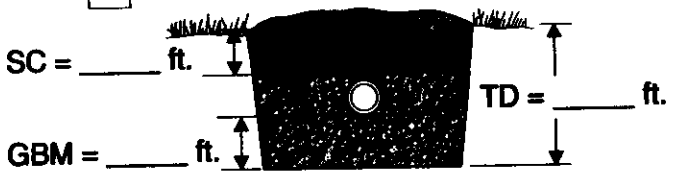


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Inspection Phone No.

441-8022

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
LAGOON/SEPTIC INSPECTION REPORT

Permit No. HS 000901 Certified Installer: Muhlbach

Address: 13300 N. 1st (?)

Circle compliance status for each item. **IN = in compliance OUT = not in compliance NA = not applicable NO = not observed**

LAGOON SETBACKS

				Item	MIN. SETBACK DISTANCE – FT. (METERS)	COMMENTS
IN	OUT	NA	NO	Surface Wtr. Distance from Wtr. Mark	50 ft. (15.2 m)	
IN	OUT	NA	NO	Private Drinking Water Wells	100 ft. (30.5 m)	
IN	OUT	NA	NO	Public Drinking Water Supply Wells:		
IN	OUT	NA	NO	Non-Community	100 ft. (30.5 m)	
IN	OUT	NA	NO	Community	Evaluated by a professional engineer for potential impact on the well and submitted to the Dept. for approval l if less than 1000 ft. (304.8 m)	
IN	OUT	NA	NO	All Other Water Wells	100 ft. (152.4 m)	
IN	OUT	NA	NO	Water Lines:		
IN	OUT	NA	NO	Pressure Main	25 ft. (7.6 m)	
IN	OUT	NA	NO	Pressure-Service Connection	25 ft. (7.6 m)	
IN	OUT	NA	NO	Suction Line	100 ft. (30.5 m)	
IN	OUT	NA	NO	Property Lines	50 ft. (15.2 m)	
IN	OUT	NA	NO	Trees and Brush	50 ft. (15.2 m)	
IN	OUT	NA	NO	Foundations: (see definition above)		
IN	OUT	NA	NO	Except Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	100 ft. (30.5 m)	
IN	OUT	NA	NO	Class 2	100 ft. (30.5 m)	
IN	OUT	NA	NO	Class 3	50 ft. (15.2 m)	
IN	OUT	NA	NO	Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	200 ft. (61.0 m)	**Lagoon Dimensions:**
IN	OUT	NA	NO	Class 2	200 ft. (61.0 m)	
IN	OUT	NA	NO	Class 3	100 ft. (30.5 m)	

TANK AND SOIL ABSORPTION SYSTEM SETBACKS

				Item	MIN. SETBACK DISTANCE – FT. (METERS) Tanks	Absorption, Infiltrative & Evaporative Systems	COMMENTS
OK							
IN	OUT	NA	NO	Surface Water	50 ft. (15.2 m)	50 ft. (15.2 m)	
IN	OUT	NA	NO	Private Drinking Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Public Drinking Water Supply Wells:			
IN	OUT	NA	NO	Non-Community System	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Community System	500 ft. (152.4 m)	500 ft. (152. 4 m)	
IN	OUT	NA	NO	Community System when a septic system or soil absorption system of > 1000 gpd is proposed	500 ft. (152.4 m)	Evaluated by professional engineer for potential impact on the well and submitted to the Depart. for approval if less than 1000 ft.	
IN	OUT	NA	NO	All Other Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Water Lines:			
IN	OUT	NA	NO	Pressure-Main	10 ft. (3.1 m)	25 ft. (7.6 m)	
IN	OUT	NA	NO	Pressure-Service -- Connection	10 ft. (3.1 m)	25 ft. (7.6 m)	
IN	OUT	NA	NO	Suction Lines	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Property Lines	5 ft. (1.5 m)	5 ft. (1.5 m)	
IN	OUT	NA	NO	Parking area, driveway, sidewalk or other impermeable surface or cover	5 ft. (1.5 m)	5 ft. (1.5 m)	
IN	OUT	NA	NO	Foundations: (see definitions above)			
IN	OUT	NA	NO	Except Neighbor's Foundation:			
IN	OUT	NA	NO	Class 1	15 ft. (4.6 m)	30 ft. (9.1 m)	
IN	OUT	NA	NO	Class 2	10 ft. (3.1 m)	20 ft. (6.1 m)	**Septic Tank Size:** 1500
IN	OUT	NA	NO	Class 3	7 ft. (2.1 m)	10 ft. (3.1 m)	
IN	OUT	NA	NO	Neighbor's Foundation:			
IN	OUT	NA	NO	Class 1	25 ft. (7.6 m)	40 ft. (12.2 m)	**Lateral Sq. Footage:**
IN	OUT	NA	NO	Class 2	20 ft. (6.1 m)	30 ft. (9.1 m)	one 100' lateral
IN	OUT	NA	NO	Class 3	15 ft. (4.6 m)	20 ft. (6.1 m)	

Inspected By: Doug Ahrens **Date:** 7/10/14

- Permit shows "shop" only. A residence is also being constructed.