AUG 13 2014

A

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

Permit Number HS000953

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 18520 SW 62nd (no rural route) City Crete, NE Zip 68333

Legal Description Lot 4, blk 1, Wendelin Estates 3rd addition

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

PID 02-25-308-004-000 SB

B. Owner

Name Ronald W. & SeaAmy Moore Signature Ronald W. Moore

Address 4200 Firebrush Lane City/State/Zip Lincoln, NE 68516

Home Phone (402) 430-7856 Work Phone (402) 430-7856

C. Certified Installer

Name: Steve Damkroger Signature STEVE DAMKROGER

Address 6211 "O" ST City/State/Zip LINCOLN NE 68510

Work Phone 402 890-6366

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 5.25

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 8-13-14 Amount Paid 345.00
Received By SB Cash/Check No. 2287

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

Form A Updated: 1/13

AUG 1 3 2014

C

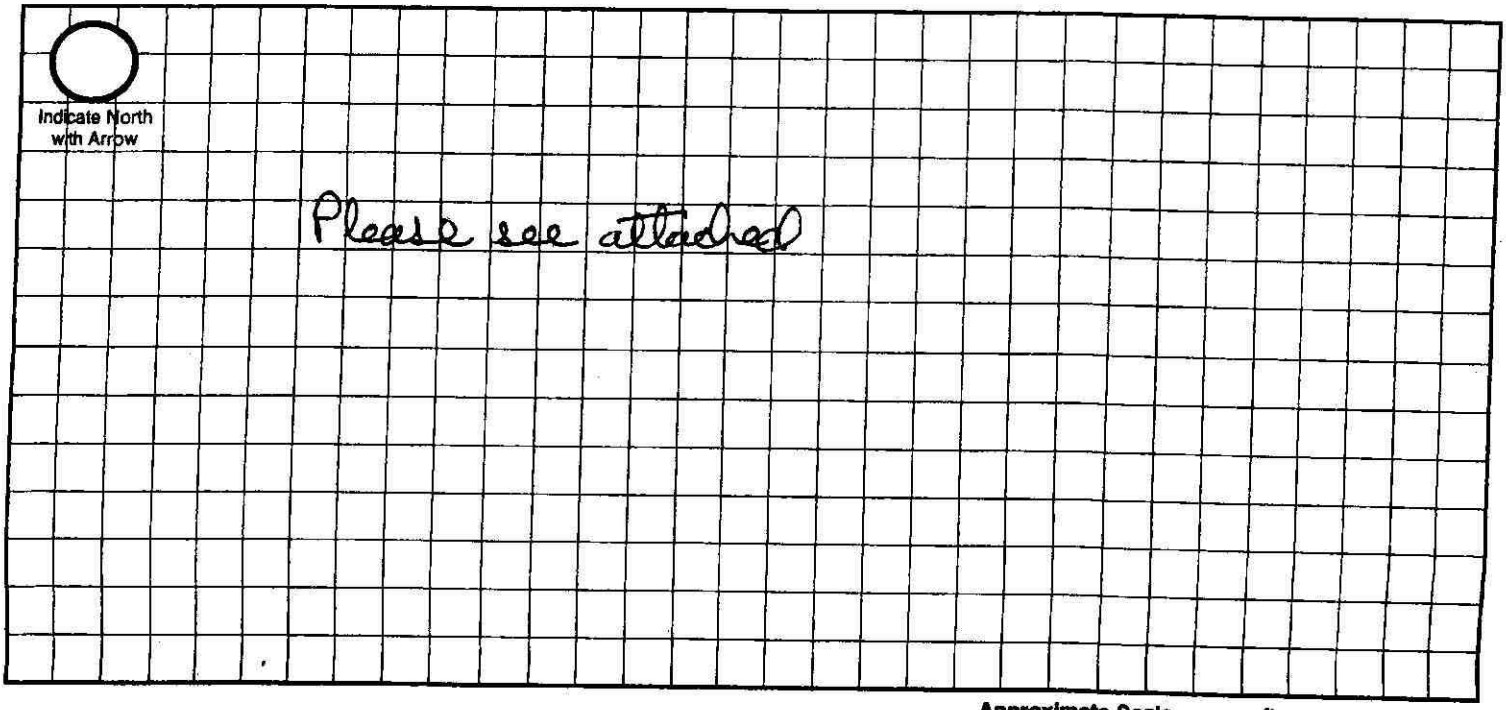
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000953

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) _____ City _____ 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_____

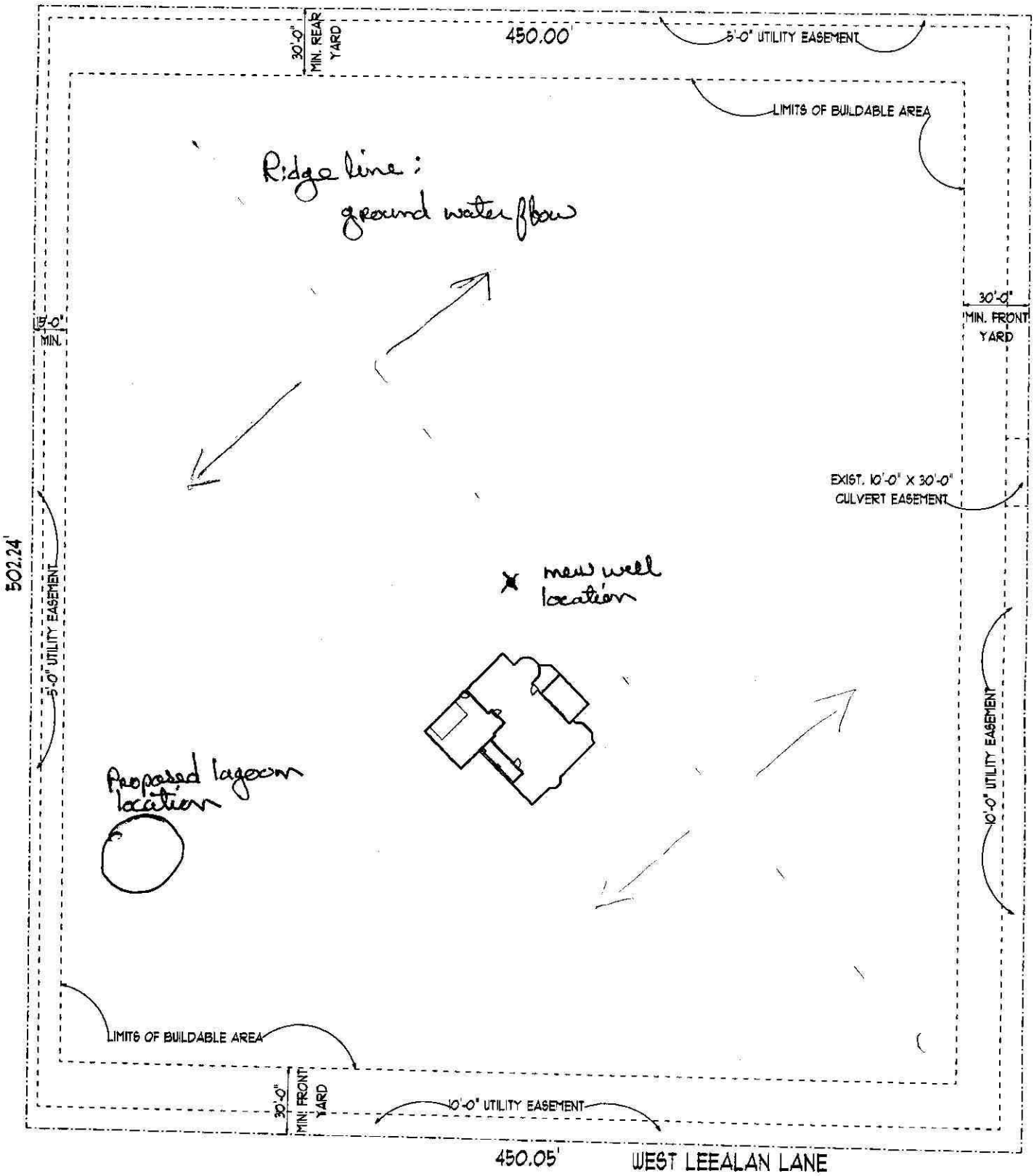
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 _____



NOTE:
BUILDING MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA OF LOT.

LEGAL:
WENDELIN ESTATES
THIRD ADDITION
LOT # 4
BLOCK # 1

PLOT PLAN SCALE:
1" = 60'-0"

18520 SW 62nd Street
Crete, NE 68333

new VENTURES
RESIDENTIAL DESIGN
The Trade Center
6011 South 58th Street, Suite C
Lincoln, NE 68516
Phone: (402) 420-0088
Fax: (402) 420-0989
www.newventures.com

NV1661d
CREATIVE DESIGN HOMES
MOORE RESIDENCE

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. HS000953

System Type: Lagoon

Situs: 18520 SW 62ND, RURAL, NE

Issued: 8/18/2014

Expires: 8/18/2015

Description: WENDELIN ESTATES 3RD ADDITION, BLOCK 1, Lot 4

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

Judith A Halstead
Judith A. Halstead, MS, Health Director

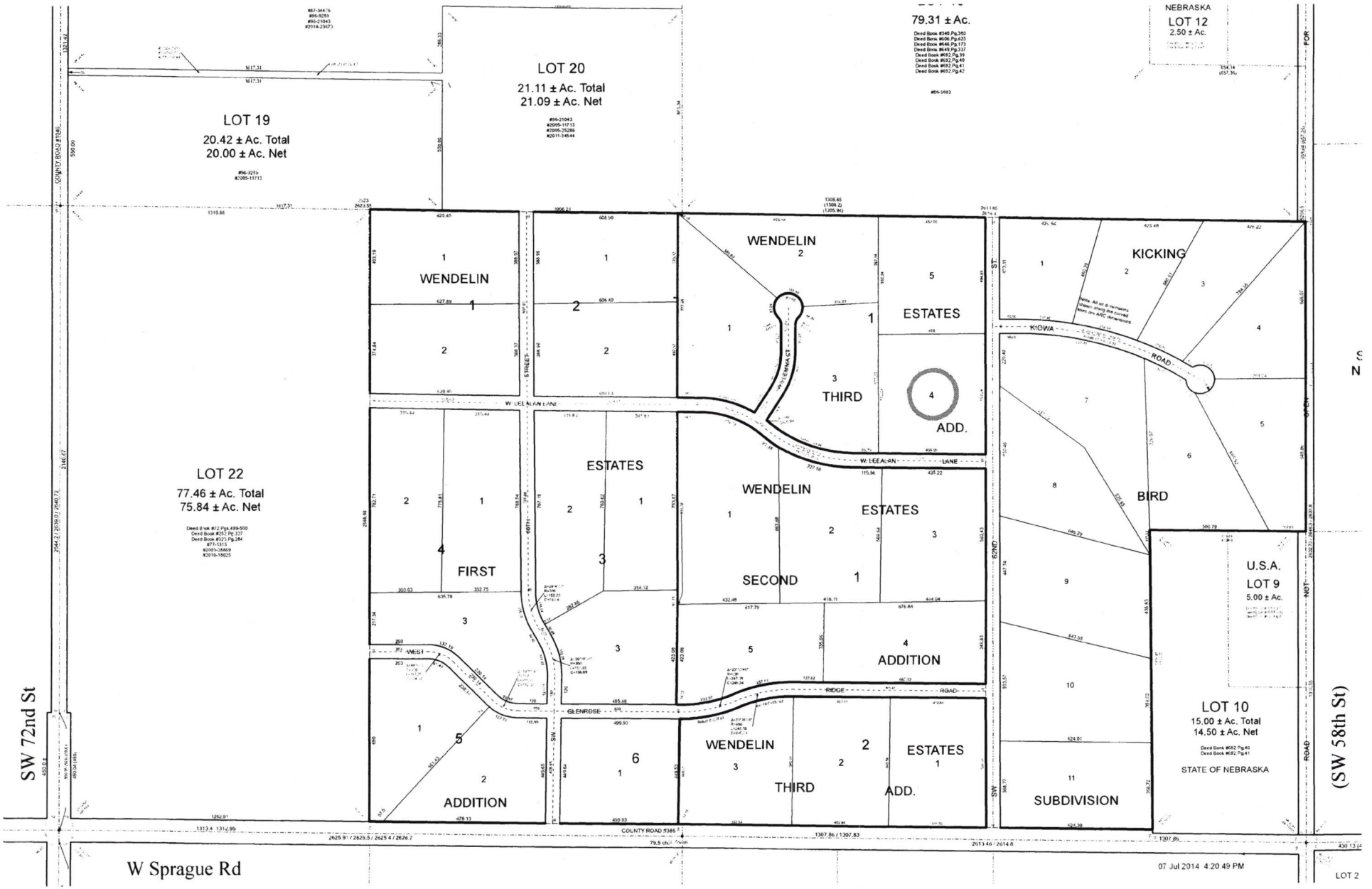
Dear Applicant:

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

RONALD MOORE
4700 FIREBRUSH LN.
LINCOLN, NE 68516

SEC. 25 8-5


LOT 19
20.42 ± Ac. Total
20.00 ± Ac. Net
LOT 20
21.11 ± Ac. Total
21.09 ± Ac. Net
79.31 ± Ac.
NEBRASKA
LOT 12
2.50 ± Ac.
LOT 22
77.46 ± Ac. Total
75.84 ± Ac. Net
WENDELIN
1
WENDELIN
2
ESTATES
1
THIRD
ADD.
KICKING
KIOWA
ROAD
W. LEEALAN LANE
ESTATES
WENDELIN
ESTATES
FIRST
SECOND
BIRD
U.S.A.
LOT 9
5.00 ± Ac.
ADDITION
RIDGE
ROAD
GLENROSE
WENDELIN
ESTATES
THIRD
ADD.
SUBDIVISION
LOT 10
15.00 ± Ac. Total
14.50 ± Ac. Net
STATE OF NEBRASKA
ADDITION
SW 72nd St
(SW 58th St)
COUNTY ROAD 386
W Sprague Rd
07 Jul 2014 4:20:49 PM
LOT 2

AUG 1 3 2014

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Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department
Site visits 9/25/14 Needs Fence, 3/24/15, 8/3/15 - Please Inspect there yet - NOT 2-weeks
Comments No fence
Date rec'd 8/19/14
Date frwd 8/18/14
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 9/29/15

Business Office Use Only
Date Received 8-13-14 Amount Paid 345.00
Received By SB Cash/Check No. 2287

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

Form A Updated: 1/13