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

A

Permit Number HS000964

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 14140 Panama Rd. City Panama, NE Zip 68419
(no rural route)

Legal Description S4, T7, R8 6th Principal Meridian LOT 26E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 20-04-400-005-000

B. Owner

Name Randy Spangler Signature

Address 7150 S 91st apt. 421 City/State/Zip Lincoln, Ne 68526

Home Phone Work Phone 402-440-5003

C. Certified Installer

Name: Gregory D Bouwens Signature Greg D Bouwens

Address 5901 Fletcher Av City/State/Zip Lincoln, Ne 68507

Work Phone 402 610-2818

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 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 9-4-14 Amount Paid 345.00
Received By SB Cash/Check No. 09444
$10-cash

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. HS000964

System Type: Lagoon

Situs: 14140 PANAMA RD., RURAL, NE

Issued: 9/11/2014

Expires: 9/11/2015

Description: S4, T7, R8, 6th Principal Meridian, LOT 26 SE

Owner: SPANGLER, RANDY M & ROBIN D
7150 S 91 ST APT 421
LINCOLN, NE 68526

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

BOUWENS PLUMBING CO INC
5901 FLETCHER AVE
LINCOLN, NE 68507

7-8-4

D

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

OCT 0 1 2014

Permit Number: HS000964

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 9-9-2014 Legal Description PID 20-04-400-005-000
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 14140 Panama Rd City Panama NE, Zip 68419

Owner Ronoy Spangler Address Same

A. Sewer Pipe

1. Material: Class 160 4" PVC
   Diameter: 4" in.
2. Distance above basement floor: 72 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and ~~septic tank~~ lagoon: 142 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line No Well ft.
   stream more 20 ft.
   pressure line more 20 ft.
   property line more 20 ft.

B. Septic Tank

☐ Label with manufacturer, address and gallon capacity

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" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
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 ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

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

D. Drainfield Absorption

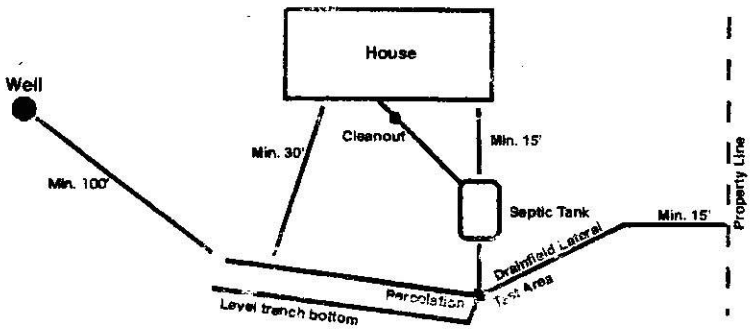
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ [illegible] ☐ [illegible]
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

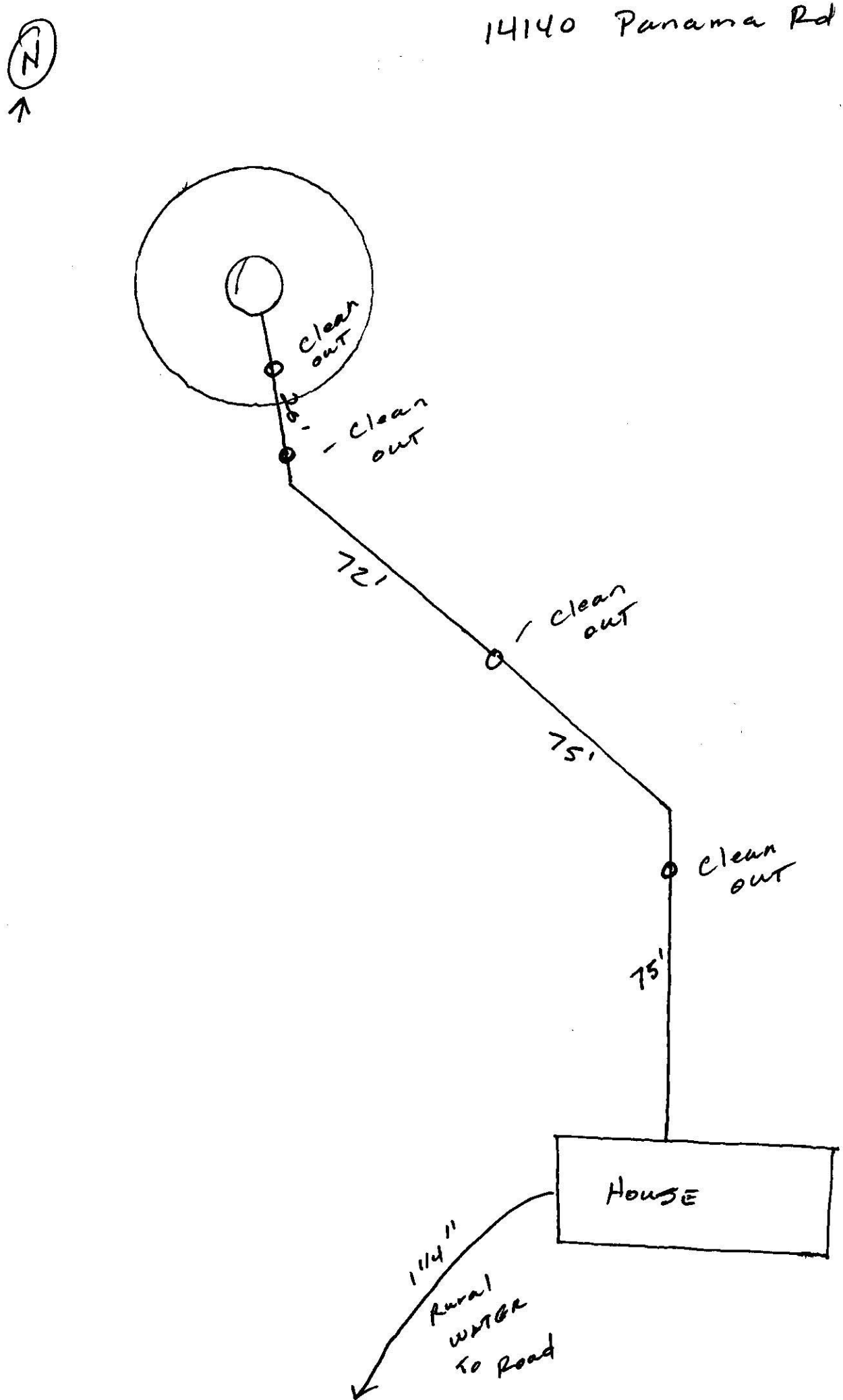
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow



14140 Panama Rd



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

SCANNED

A

Permit Number
HS000964

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Designer Name Firm Work Phone

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Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 + Line a Lagoon - NH Date rec'd 9/10/14
Recommended additional elements - Date frwd 9/11/14
Comments No Fence NH 9/9/14
3/24/15

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 Lock + Sign installed
By
Date 8/10/15

Business Office Use Only
Date Received 9-4-14 Amount Paid 365.00
Received By SB Cash/Check No. 09444
$10-cash

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

Form A Updated: 1/13