SEP 24 2014

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

A

Permit Number
HS000972

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 6355 W Glenrose Ridge Rd (no rural route) City Crete, NE Zip 68333

Legal Description Wendelin Estates 3rd Addition 2 2

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

Geographical Location (if known): Lat/Long: PID 02-25-309-002-000

B. Owner

Name Matew Rezac Signature NA

Address 1711 Marlene Dr City/State/Zip Lincoln/Ne/68516

Home Phone NA Work Phone NA

C. Certified Installer

Name: Kurt T Virgil Signature

Address 4620 W Mary Louise Ln City/State/Zip Lincoln/Ne/68528

Work Phone 402-525-6601

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 Is there a Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5.08

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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
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

Business Office Use Only
Date Received 9-24-14 Amount Paid $375.00
Received By SB Cash/Check No. 1104

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

Form A Updated: 5/10

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

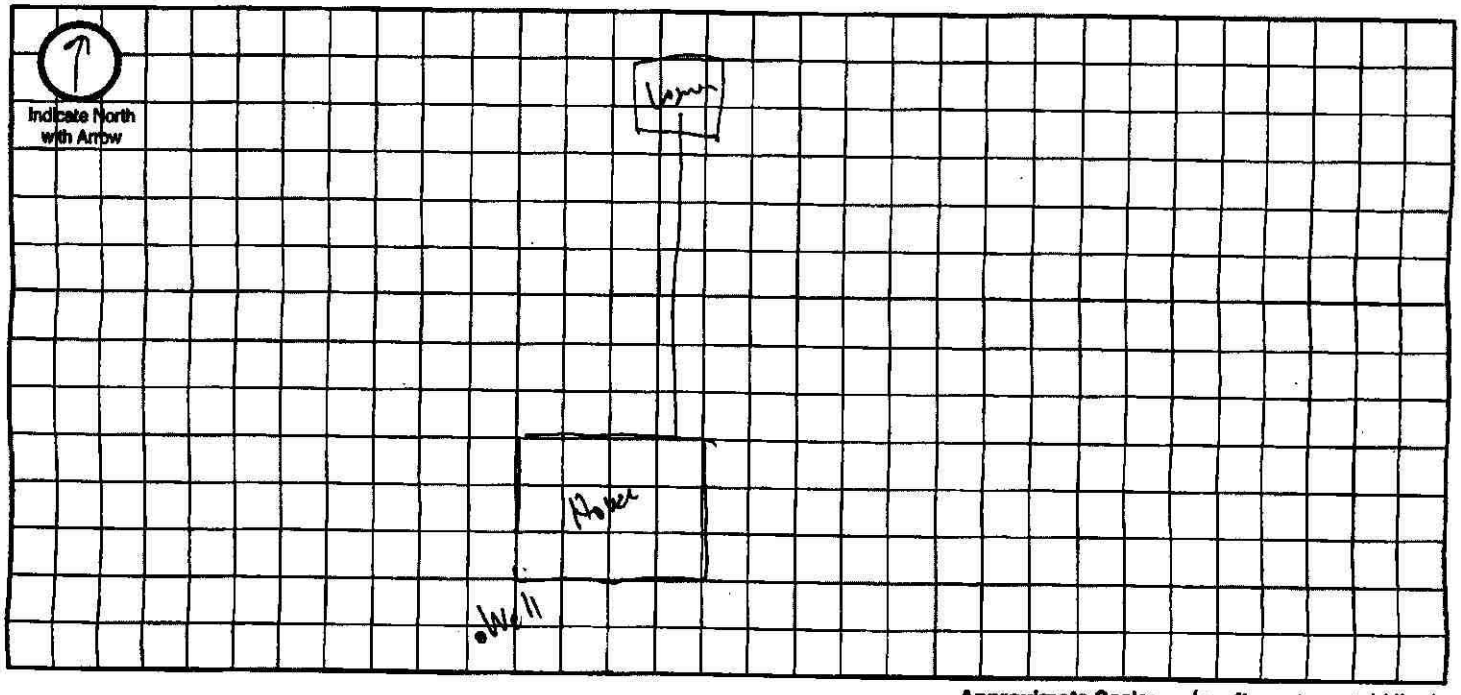
C

Permit Number: HS000972

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: 10 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 6355 W Glenrose Ridge Rd City Crete NE, Zip 68333

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 (percoloation 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 Youre	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 9-22-14

Nate C. Hartman

From: Gordon McGill
Sent: Thursday, September 25, 2014 9:10 AM
To: Nate C. Hartman
Attachments: Gordon McGill.vcf

6355 w glenrose ridge and 4 stones block 1 lot 9 are good to go

Gordon McGill
Building &Safety
Plans Examiner II / Building Inspector

402-441-6424 Work
gmcgill@lincoln.ne.gov



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. HS000972

System Type: Lagoon

Situs: 6355 W. GLENROSE RIDGE RD

Issued: 9/25/2014

Expires: 9/25/2015

Description: WENDELIN ESTATES 3RD ADDITION, BLOCK 2, Lot 2

Owner: REZAC, MATTHEW J
1711 MARLENE DR
LINCOLN, NE 68516

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

KURT VIRGIL EXCAVATING INC
4620 W MARY LOUISE LANE
LINCOLN, NE 68528

MAY 28 2015

8-5-25
H S000972

D

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

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 5-23-15 Legal Description Wendelin Estates 3rd Add Blk 2 Lot 2
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 6355 W Glenrose Ridge Rd City Crete NE, Zip 68333

Owner Matthew Rezac Address 1711 Marlene Dr Lincoln, Ne 68516

A. Sewer Pipe

1. Material: Sch. PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and ~~septic tank~~ lagoon: 249 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line > 100 ft.
   stream 750 ft.
   pressure line > 25 ft.
   property line > 50 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

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

D. Drainfield Absorption

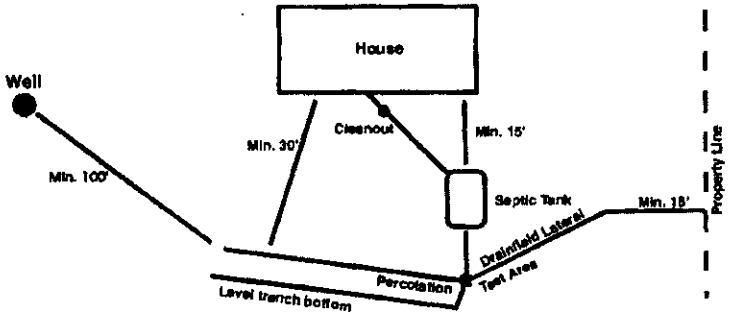
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ 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.

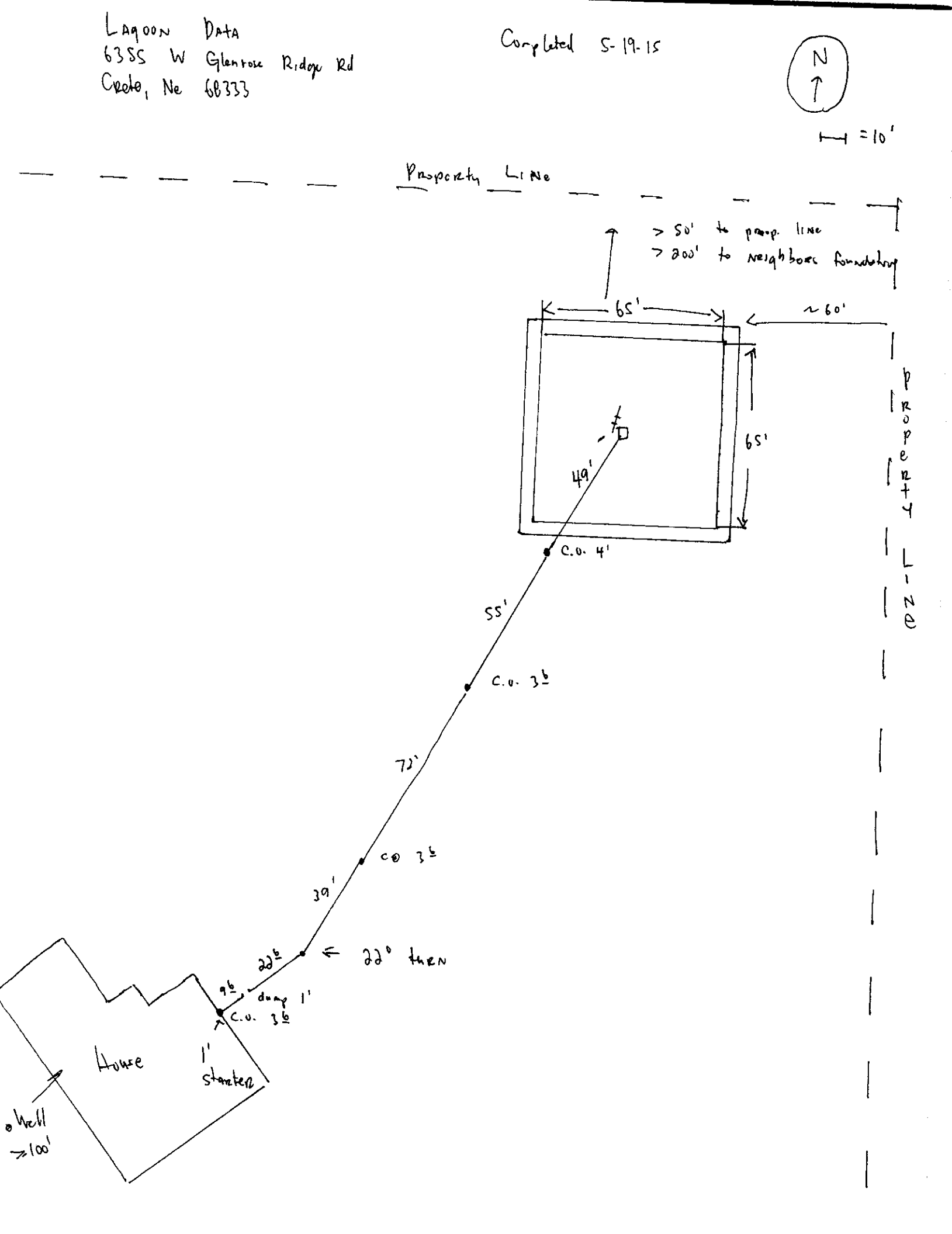
Onsite Wastewater System Design (Example)

Indicate North with Arrow



Lagoon Data
6355 W Glenrose Ridge Rd
Crete, Ne 68333

Completed 5-19-15



SCANNED SEP 24 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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(no rural route)

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1/4 25 1/4 Section 8N Township 5E Range Subdivison Addition Block Lot

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Home Phone NA Work Phone NA

C. Certified Installer

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Work Phone 402-525-6681

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☐ Check and complete if engineer designed system P.E. License Number:
Designer Name Firm Work Phone

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DO NOT WRITE BELOW THIS LINE

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

1. Health Department
Site visits 5/19/15
Lagoon + line, Needs fence &
*Fence - NA - 7/29/15
Date rec'd 9/25/14
Date frwd 9/25/14
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
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Signature

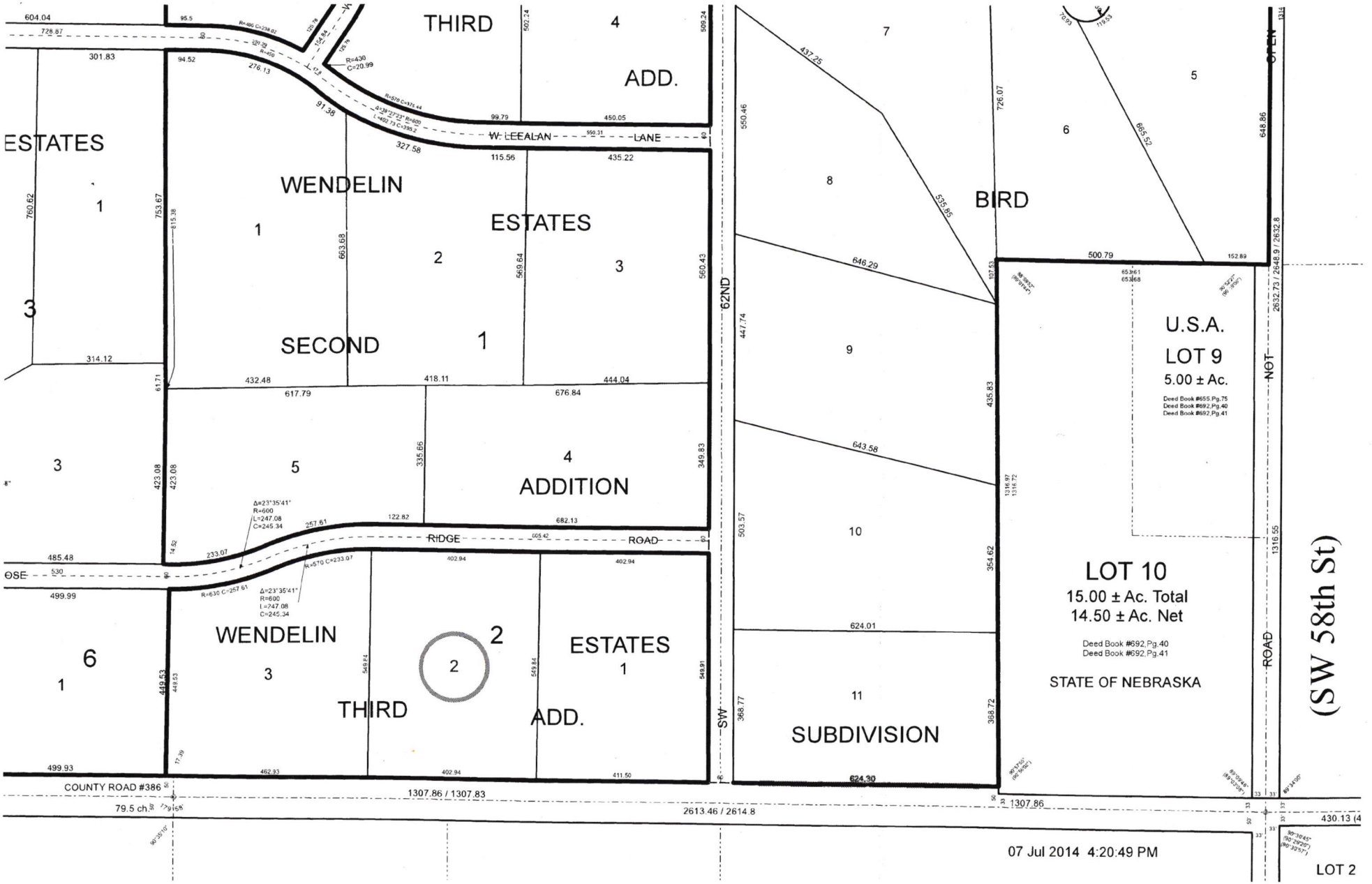
Installation Final Written Approval
By
Date 7/29/15

Business Office Use Only
Date Received 9-24-14 Amount Paid $375.00
Received By SB Cash/Check No. 1104

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 5/10

* System was inspected prior to inspection sheet pblt. by JH

Sec. 25 (8-5)


THIRD
ADD.
ESTATES
WENDELIN
ESTATES
SECOND
ADDITION
W. LEEALAN LANE
RIDGE ROAD
62ND
SW
BIRD
SUBDIVISION
U.S.A.
LOT 9
5.00 ± Ac.
Deed Book #655,Pg.75
Deed Book #692,Pg.40
Deed Book #692,Pg.41
LOT 10
15.00 ± Ac. Total
14.50 ± Ac. Net
Deed Book #692,Pg.40
Deed Book #692,Pg.41
STATE OF NEBRASKA
OPEN
NOT
ROAD
(SW 58th St)
WENDELIN
THIRD
ADD.
ESTATES
COUNTY ROAD #386
07 Jul 2014 4:20:49 PM
LOT 2