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

A

Permit Number
HS001015

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 7901 Sarah Cir (no rural route) City Firth, NE Zip 68358

Legal Description Willnerd Acres Lot 10

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

Geographical Location (if known): Lat/Long: PID 14-27-401-010-000

B. Owner

Name Jeffrey & Kathy Andersen Signature NA

Address 3901 Eagle Ridge Rd City/State/Zip Lincoln, Ne 68516

Home Phone NA Work Phone 402-450-1448 (Mike McGill (Builder))

C. Certified Installer

Name: Kurt T Virgil Signature

Address 4680 W Mary Louise LN City/State/Zip Lincoln, Ne 68528

Work Phone 402-525-6681

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.6

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

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 1-6-15 Amount Paid 375.00
Received By LC Cash/Check No. 11246
$345.00
$10.00 Cash

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

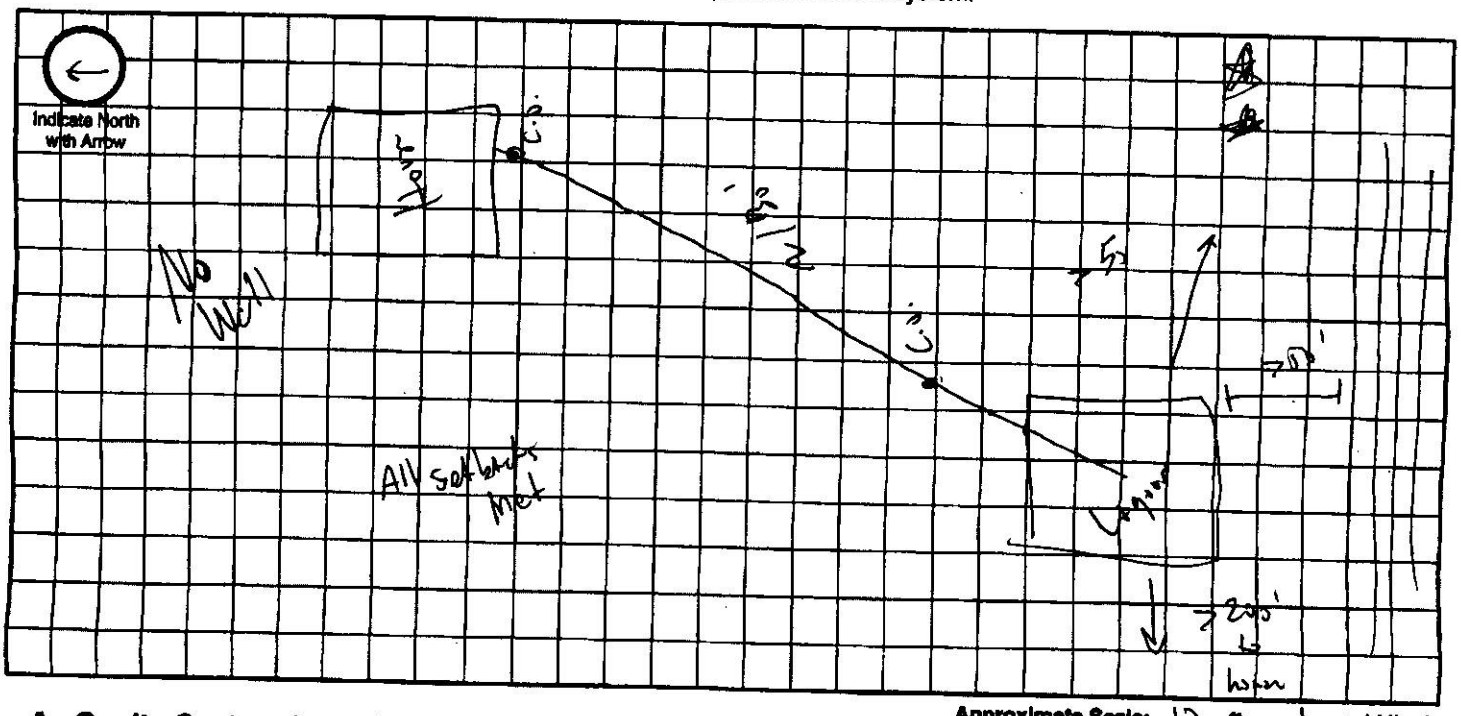
C

Permit Number: HS001015

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) 27901 Sarah Cir City Firth NE, Zip 68358

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 1-5-15

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. HS001015

System Type: Lagoon

Situs: No Site Address Specified

Description: WILLNERD ACRES, Lot 10

Issued: 1/15/2015

Expires: 1/15/2016

Owner: WILLNERD, CHARLES S & JULIE G
17955 S 148 ST
BENNET, NE 68317

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 LOUSIE LN
LINCOLN, NE 68528-1936

7-7-27

JAN 27 2015

D

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

Permit Number: HS001015

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 1-22-15 Legal Description Lot 10 Willnerd Estates
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 27901 Sarah Cir City Firth NE, Zip 68358
Owner Jeffrey & Kathy Anderson Address 3901 Eagle Ridge Rd Lincoln, Ne

A. Sewer Pipe

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 48 in.
3. Distance between dwelling and ~~septic tank~~ lagoon: NA ft. → 130
4. Number of clean-outs: 3
5. Distances to: well or suction line >100 ft.
   stream >50 ft.
   pressure line >20 ft.
   property line >20 ft.

B. Septic Tank

Lagoon

NA ☒ 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 68516

(≥ 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

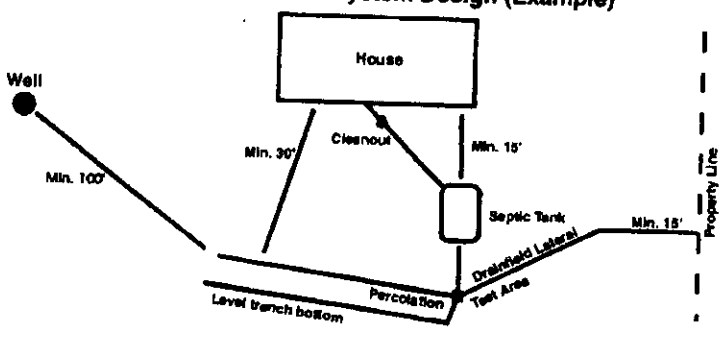
☐ Trench ☐ Bed ☐ Level Bottom

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

Indicate North with Arrow

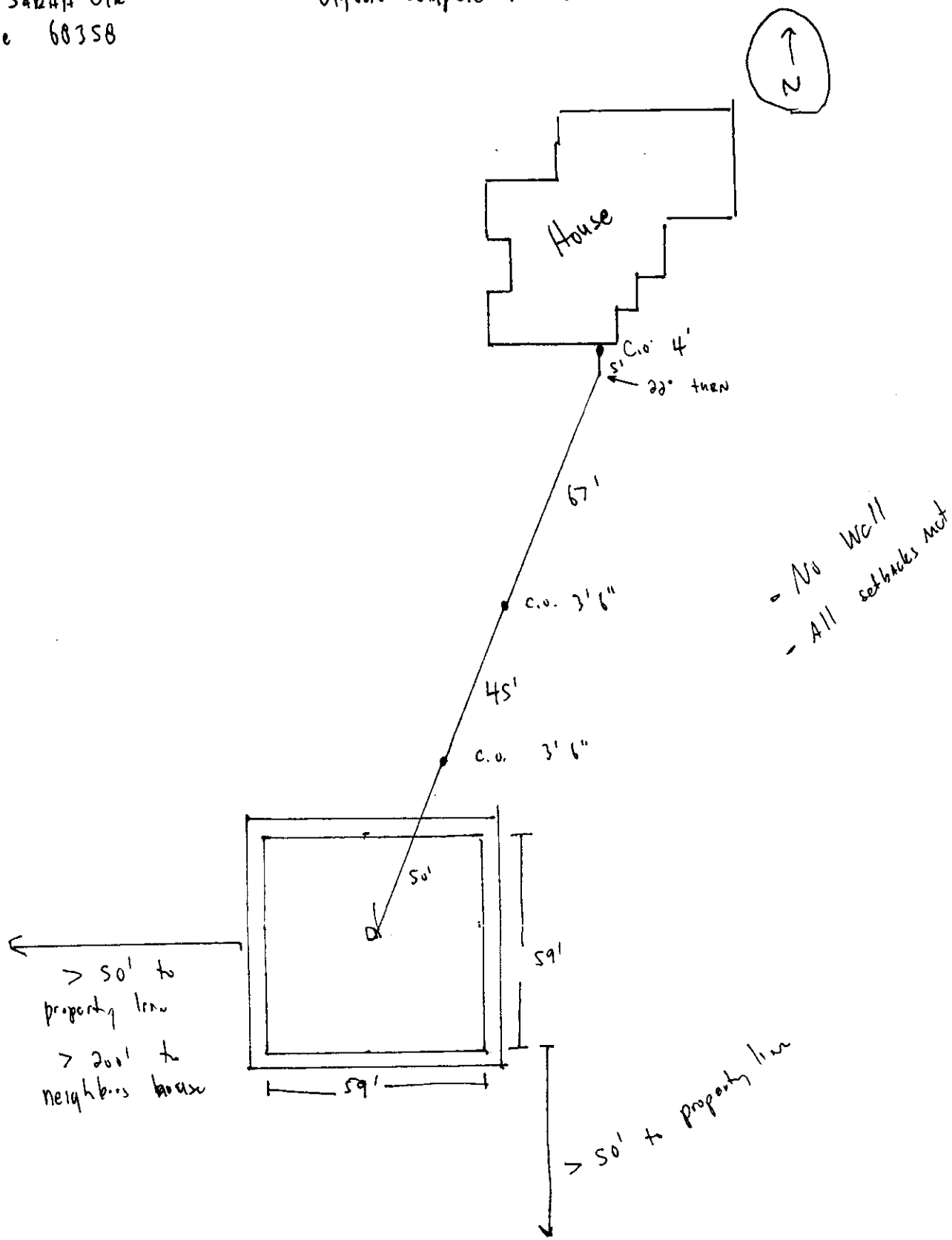
Onsite Wastewater System Design (Example)



27901 Sarah Cir
Firth, Ne 68358

Lagoon Complete 1-9-15

⊢ = 10'



- No well
- All setbacks met

SCANNED

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

A

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

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Name Jeffrey & Kathy Andersen Signature NA

Address 3901 Eagle Ridge Rd City/State/Zip Lincoln, Ne 68516

Home Phone NA Work Phone 402-450-1448 (Mike McGill (Builder))

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Name: Kurt T Virgil Signature

Address 4600 W Mary Louise LN City/State/Zip Lincoln, Ne 68528

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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☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.6

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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 Line + Lagoon 1/9/15 PS
Needs fence
No Fence NH 3/24/15
Date rec'd 1/8/15
Date frwd 1/8/15
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 1-7-15
Date frwd 1-7-15
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blaugh

Installation Final Written Approval
By
Date 4/24/15

Business Office Use Only
Date Received 1-6-15 Amount Paid 375.00
Received By LC Cash/Check No. 11246
$365.00
$10.00 Cash

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

Form A Updated: 5/10

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Name Jeffrey & Kelly Andrusen Signature NA

Address 3961 Eagle Ridge Rd City/State/Zip Lincoln, Ne 68516

Home Phone NA Work Phone 402-450-1488 (Mike Magill (Builder))

C. Certified Installer

Name Kurt T Virgil Signature

Address 1445 W Mary Lawn Ln City/State/Zip Lincoln, Ne 68528

Work Phone 402-525-6681

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Comments
Date rec'd 1/8/2015
Date fwd 1/8/2015
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 1-7-15
Date fwd 1-7-15
ACTION ☒ Approved ☐ Disapproved
Signature Jon Blaugh

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 1-6-15 Amount Paid 375.00
Received By LSC Cash/Check No 11254

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

Form A Updated 3/10