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

FEB 0 3 2015

A

Permit Number
HS001022

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 14133 SW 100 (no rural route) City Crete, NE Zip 68333

Legal Description 9 8 5 20
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-09-400-012-000

B. Owner

Name Steve + Barbara Burham Signature

Address 2912 Raleigh St City/State/Zip Lincoln NE 68516

Home Phone 402-610-0247 Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust ST City/State/Zip Hickman, NE 68372

Work Phone 402-440-7606

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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 20.01
Garbage Grinder? ☐ Yes ☐ No N/A

☐ 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 2-3-15 Amount Paid $375.00
Received By SB Cash/Check No. 2217

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

Form A Updated: 1/13

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. HS001022

System Type: Lagoon

Situs: 14133 SW 100TH, RURAL NE

Issued: 2/5/2015

Expires: 2/5/2016

Description: S9, T8, R5, 6th Principal Meridian, LOT 20 SE

Owner: BURHAM, BARBARA J REVOCABLE TRUST
2912 RALEIGH ST
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

SOUTHWICK LIQUID WASTE INC
105 LOCUST ST
HICKMAN, NE 68372

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

Exhibit 5

Permit Number: 15001072

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/1/15 Legal Description 8-5-9 Lot 20

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14133 SW 100th City Crete

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1606 Sq. Ft. Tank Size 2000 gals

Total length of laterals 440 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 3 Width 3 ft No. of Drop Boxes 0 Distribution Box N/O

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	10 ☒	5 ☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

* well was 10 ft east of house
* awaiting perc test data 9/2/15

Field Note Drawing (See Reverse Side):

* Toko contractor to make sure 2 Boxes installed

Inspections prior to Final Approval

Initial _____ Date 9/8/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

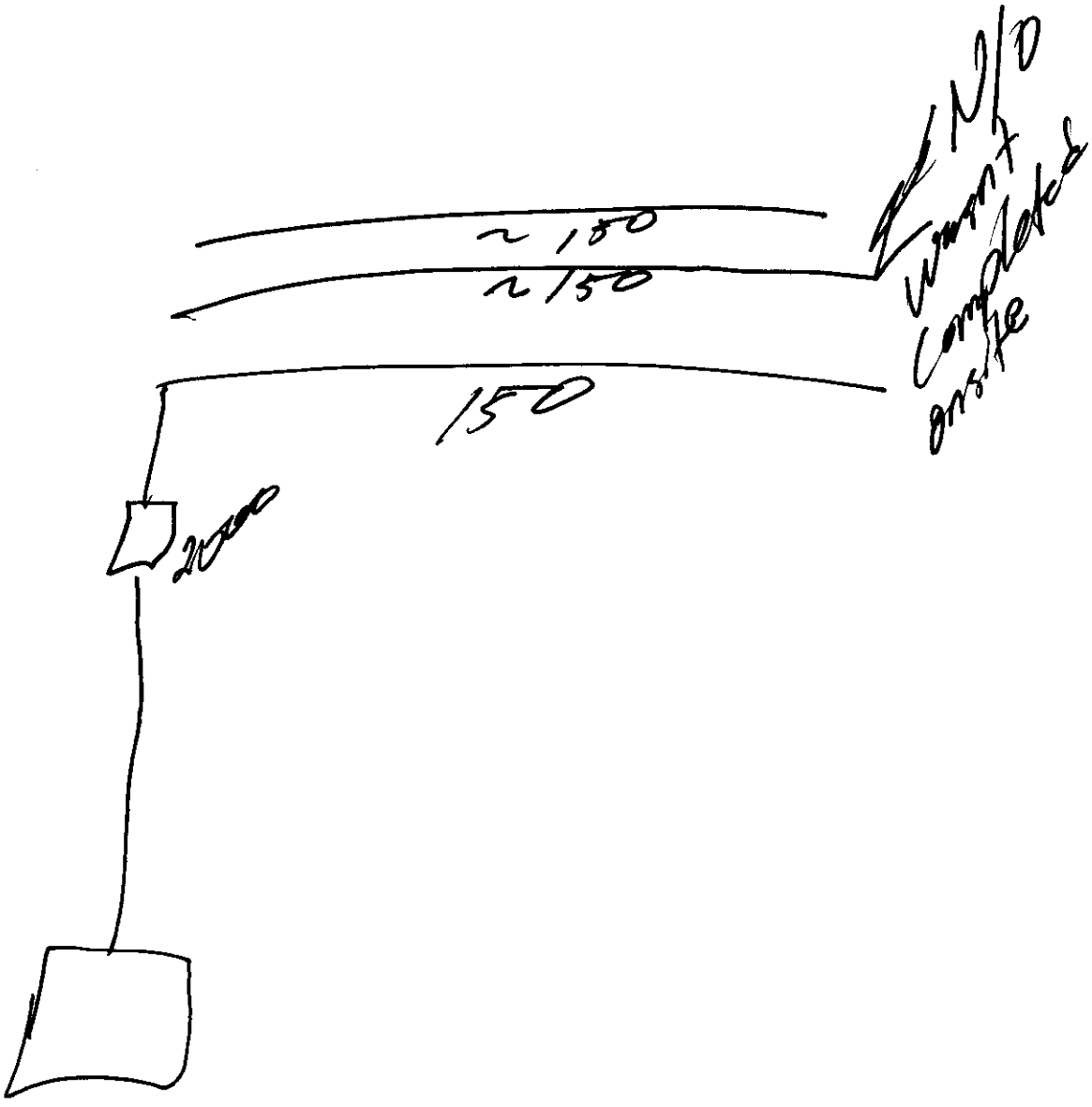
Installation Final Written Approval

By _____

Date 9/8/15

Updated 4/15

N



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

FEB 0 3 2015

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Work Phone 402-440-7600

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