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

APR 02 2015

A

Permit Number
HS001648

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 6647 West Glenrose Ridge Rd. (no rural route) City Crete, NE Zip 68333

Legal Description ____ Werdelin Estates 1st 5 1

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

PID 02-25-305-001-000 SB

B. Owner

Name Jarod Ronnebaum Signature ____

Address 6735 S 34th Apt 128 City/State/Zip Lincoln, NE 68516

Home Phone ____ Work Phone ____

C. Certified Installer

Name: Scott Weatherhogg Signature Scott Weatherhogg

Address 405 Washington St City/State/Zip Douglas, NE 68344

Work Phone 402-310-9048

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

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 ____ Date frwd ____
Comments ____
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 4-2-15 Amount Paid $375.00
Received By SB Cash/Check No. 6210

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

APR 02 2015

C

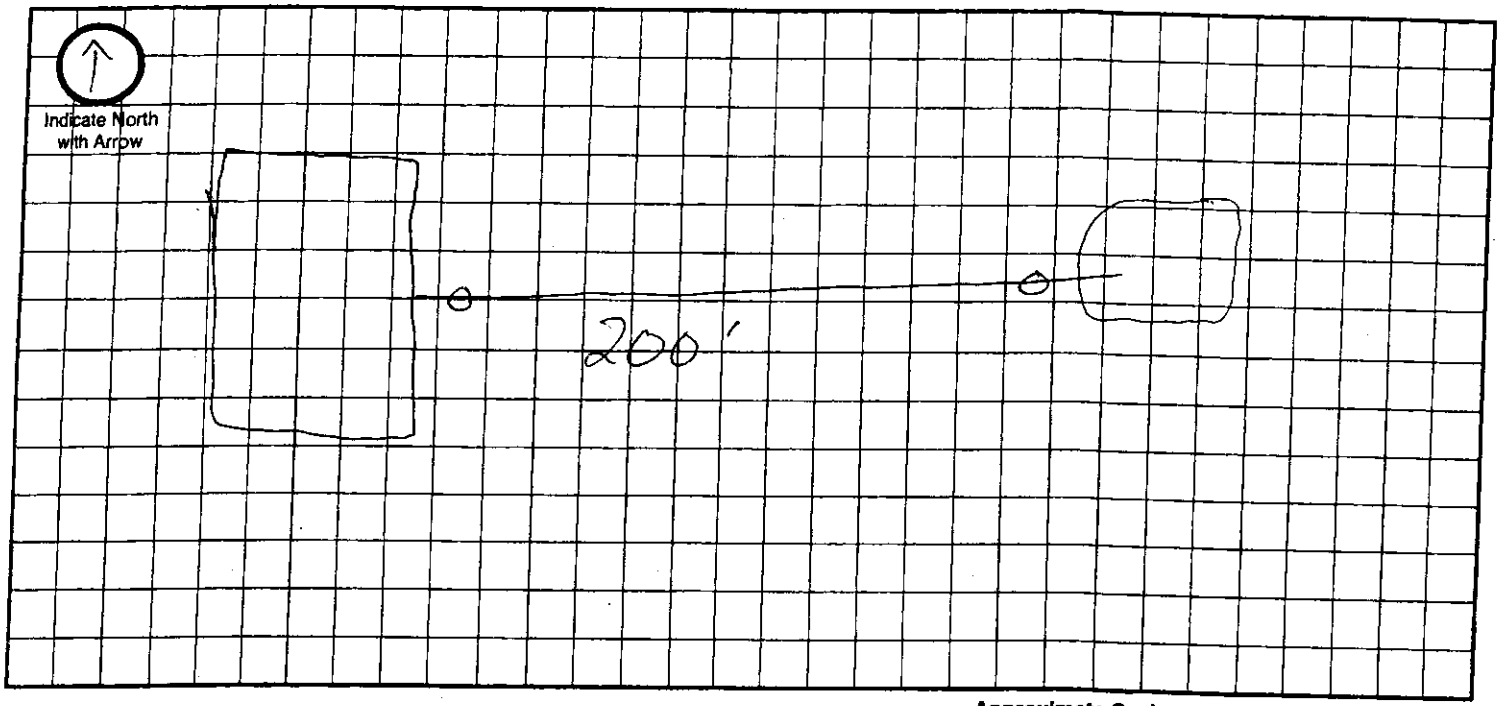
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS0010148

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) 6646 West 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 (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 Bruce Meyer Date 4/2/15

Installer Bob Weatherhogg Date 4/2/15

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. HS001048

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/6/2015

Expires: 4/6/2016

Description: WENDELIN ESTATES 1ST ADDITION, BLOCK 5, Lot 1

Owner: RONNEBAUM, JARED M & ASHLEY R
3711 W ICKES CT
LINCOLN, NE 68522

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

ALL PRO PLUMBING
405 WASHINGTON
DOUGLAS, NE 68344

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

Exhibit 6

Permit Number: HS001048

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 7/23/15 Legal Description Wendlin Est 1st B/165, Lot 1

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6647 W. Glen Rose Rd City _____

Owner Jacob Rosenbaum Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☐ Repair

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

Lagoon constructed so not to receive surface water	Yes ✓ No ___
Lagoon floor is level	Yes X No ___
Lagoon is equipped with a depth gage/concrete slab	Yes ___ No N/O
Influent line is at least 4 inches and slopes no less than 1/8 inch	
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ___ No ___ N/O
Inside slope not steeper than three horizontal to one vertical	Yes X No ___
Minimum width of the top of the dike shall be 4 feet	Yes ___ No X
Fence installed	Yes ___ No X

Top of the Dike_____ Bottom of Lagoon_____ Design Flow_____

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

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☐ ☒ 120	Non-Community	100ft ☐	100ft ☐	50ft ☒	50ft ☐ some trees needed towards	Class 1	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: _____

Dike North side

Comments:

* Made contractor move dike 5 ft further from house
* verified w/ contractor property lines & neighboring well location
* Lagoon only—

Updated 4/15

Inspections prior to Final Approval
Initial 7/20/15 Date 7/20/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date _____

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

APR 0 2 2015

SCANNED

A

Permit Number
HS001048

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Home Phone Work Phone

C. Certified Installer

Name: Scott Weatherhogg Signature Scott Weatherhogg

Address 405 Washington St City/State/Zip Douglas, NE 68344

Work Phone 402-310-9048 Bret Mayer 269-5287

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

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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 9/28 smoke w/ Evan lagoon needs to be moved
Comments
Date rec'd 4/6/15
Date frwd 4/6/15
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 4-6-15
Date frwd 4-6-15
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 04/06/15
Date frwd 04/06/15
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 1/7/16

Business Office Use Only
Date Received 4-2-15 Amount Paid $375.00
Received By SB Cash/Check No. 6210

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