MAY 0 1 2015

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

A

Permit Number
#S001062

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 _____ (no rural route) 22 8 7 City _____, NE Zip _____

Legal Description MUELLER ADDITION Block 3 Lot 1 3 1 SB
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-22-107-001-000

B. Owner

Name JUSTIN MUELLER Signature _____

Address 301 E 1ST City/State/Zip CORTLAND, NE 68331

Home Phone _____ Work Phone _____

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST ST Box 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 3.27
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 5-1-15 Amount Paid $375.00
Received By SB Cash/Check No. 1412

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. HS001062

System Type: Lagoon

Situs: No Site Address Specified

Issued: 5/5/2015

Expires: 5/5/2016

Description: MUELLER ADDITION, BLOCK 3, Lot 1

Owner: MUELLER, JUSTIN
301 E 1 ST
CORTLAND, NE 68331

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

JUSTIN MUELLER
301 EAST 1ST ST
CORTLAND, NE 68331

Mueller Addition Blk 3 Lot 1, HS001062



2016-03-23 13:27



2016-03-23 13:27

No Lock on Lagoon Fence.

Lincoln-Lancaster County Health Department
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Exhibit 6

4 bedroom

9/10/16
OK

Permit Number: HS001062

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 12/11/15

Legal Description Mueller addition 22 / 8 / 7
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16380 523 City Hickman

Owner _____ 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 ☒ No ☐
Lagoon is equipped with a depth gage/concrete slab	Yes ☒ No ☐
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 ☐
Inside slope not steeper than three horizontal to one vertical	Yes ☒ No ☐
Minimum width of the top of the dike shall be 4 feet	Yes ☒ No ☐
Fence installed 8/23/16 - No locking Gate yet	Yes ☐ No ☒

Top of the Dike 65x65 Bottom of Lagoon 30 Design Flow 375

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 ☐ NA	Non-Community	100ft ☐	100ft ☒	50ft ☐	50ft ☒	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: Fence installed w/ locks + signage - DH 9/9/16

Inspections prior to Final Approval
Initial _____ Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 9/9/16

Updated 4/15

on rural water

