JUN 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
HS001072

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 X 7620 SW 70TH (no rural route) City DENTON, NE Zip 68339

Legal Description X S24 T9 R5 PART OF LOT 28

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

PID 63-24-100-003-000 SB

B. Owner

Name GARY NEAL NEILL Signature X

Address 1995 RYONS City/State/Zip LINCOLN, NE 68502

Home Phone 402-499-4195 Work Phone

C. Certified Installer

Name: GARY L. HOLLY Signature Gary L. Holly

Address 71860-567 AVE City/State/Zip FAIRBURY, NE 68352

Work Phone 402-587-0120

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 2 Whirlpool Bathtub? ❑ Yes ❑ No X Total Acres 20.01

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 6-1-15 Amount Paid $375.00
Received By SB Cash/Check No. 10985

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

Form A Updated: 1/13

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

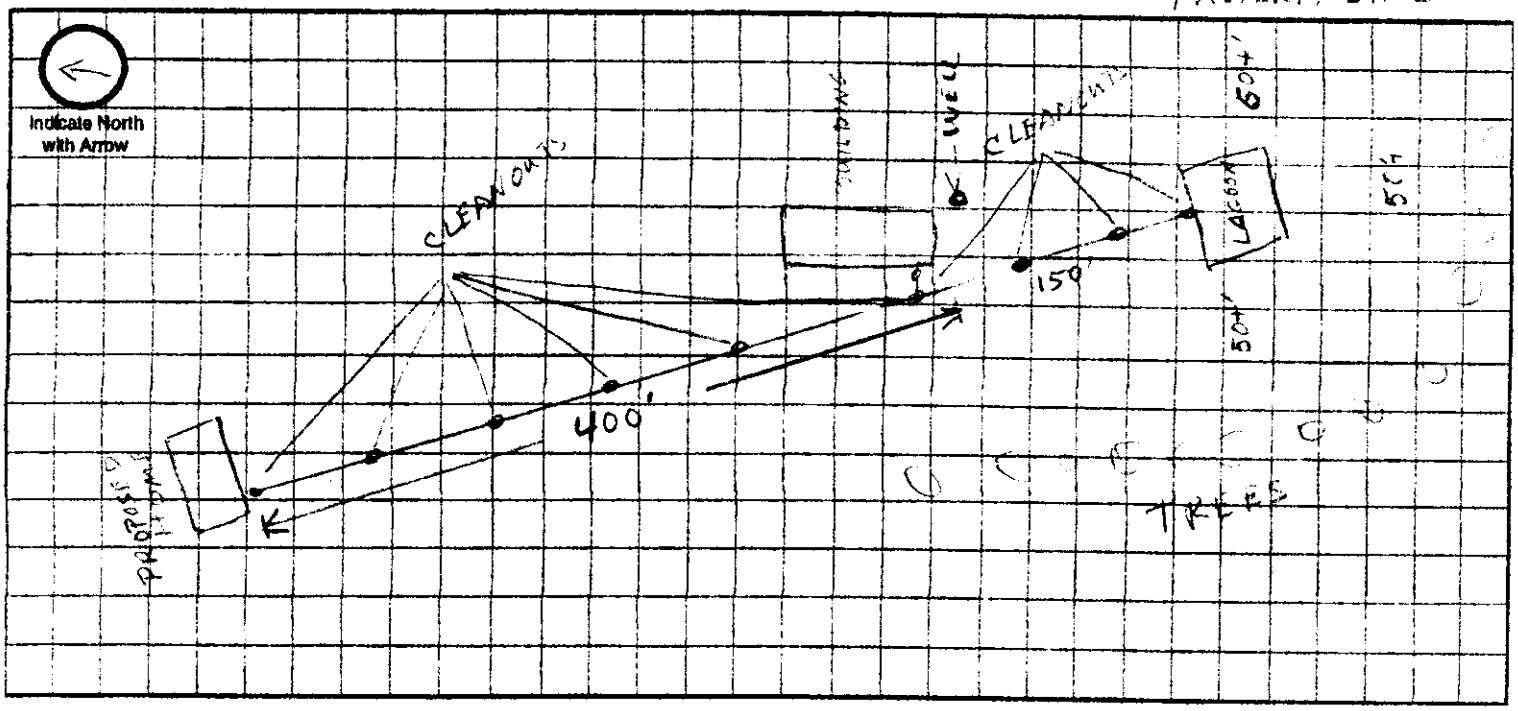
HOLLY CONTRACTING CO.
71860 567 Ave.
Fairbury, NE 68352

C

Permit Number: HS001072

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed. PROPERTY LINE



Approximate Scale: 1 INCH ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) X 7620 SW 70TH City DENTON NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. 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 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Gary J. Holly C1650 Date May 27, 2015

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. HS001072

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/1/2015

Expires: 6/1/2016

Description: S24, T9, R5, Acres 6th Principal Meridian, LOT 36 NW

Owner: NEILL, GARY D
1995 RYONS ST
LINCOLN, NE 68502

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

GARY NEILL
1995 RYONS
LINCOLN, NE

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

Exhibit 6

Permit Number: HS00/1072

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 7/7/16 Legal Description 24 / 9 / 5 Lot 28
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7620 SW 70th City _____

Owner _____ Address _____

Mark One: ☐Dwelling ☑Non-dwelling Current use for a shop. Designed and planned for 3 bd. house

☑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 3 bd. Yes ✓ No ___
Top of the Dike 60' Bottom of Lagoon 23' Design Flow 300 gpd.

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 ☑	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: N/A

Dike North side

Comments:

Inspections prior to Final Approval
Initial NH Date 2/1/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ames
Date 7/7/16

Updated 4/15

JUN 0 1 2015

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

SCANNED

A

Permit Number
HS001072

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Name GARY ~~NEAL~~ NEILL Signature X

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Home Phone 402-499-4195 Work Phone

C. Certified Installer

Name: GARY L. HOLLY Signature Gary L. Holly

Address 71860-567 AVE City/State/Zip FAIRBURY, NE 68352

Work Phone 402-587-0120

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a 60' square

☒ Residential Dwelling Number of Bedrooms X3 Whirlpool Bathtub? ❑ Yes ❑ No X Total Acres 20.01

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 1 Date rec'd 6/1/15

Comments Line a Lagoon Date frwd 6/1/15

well 120 ft from Dike NH 6-1-15

ACTION ☒ Approved ❑ Disapproved

Signature

5/3/16 - Says 3-months

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 Doug Ahrens

Date 7/7/16

Business Office Use Only

Date Received 6-1-15 Amount Paid $375.00

Received By SB Cash/Check No. 10985

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

Form A Updated: 1/13