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

AUG 21 2015

A

Permit Number
#S001122

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 4669 SW 112th St (no rural route) City Denton, NE Zip 68339

Legal Description NE 8 9N 5E Encentennial 1

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

PID 03-08-201-001-000

B. Owner

Name Richard G Adams Jr. Signature

Address 1475 NW 48th City/State/Zip Lincoln, NE 68528

Home Phone 402 450-2982 Work Phone 402 441-7953

C. Certified Installer

Name: Lloyd Jakowski Raymond Construction Signature

Address 13860 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-860-6609

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

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
Comments
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 8-21-15 Amount Paid $375.00
Received By SB Cash/Check No. 8716

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

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

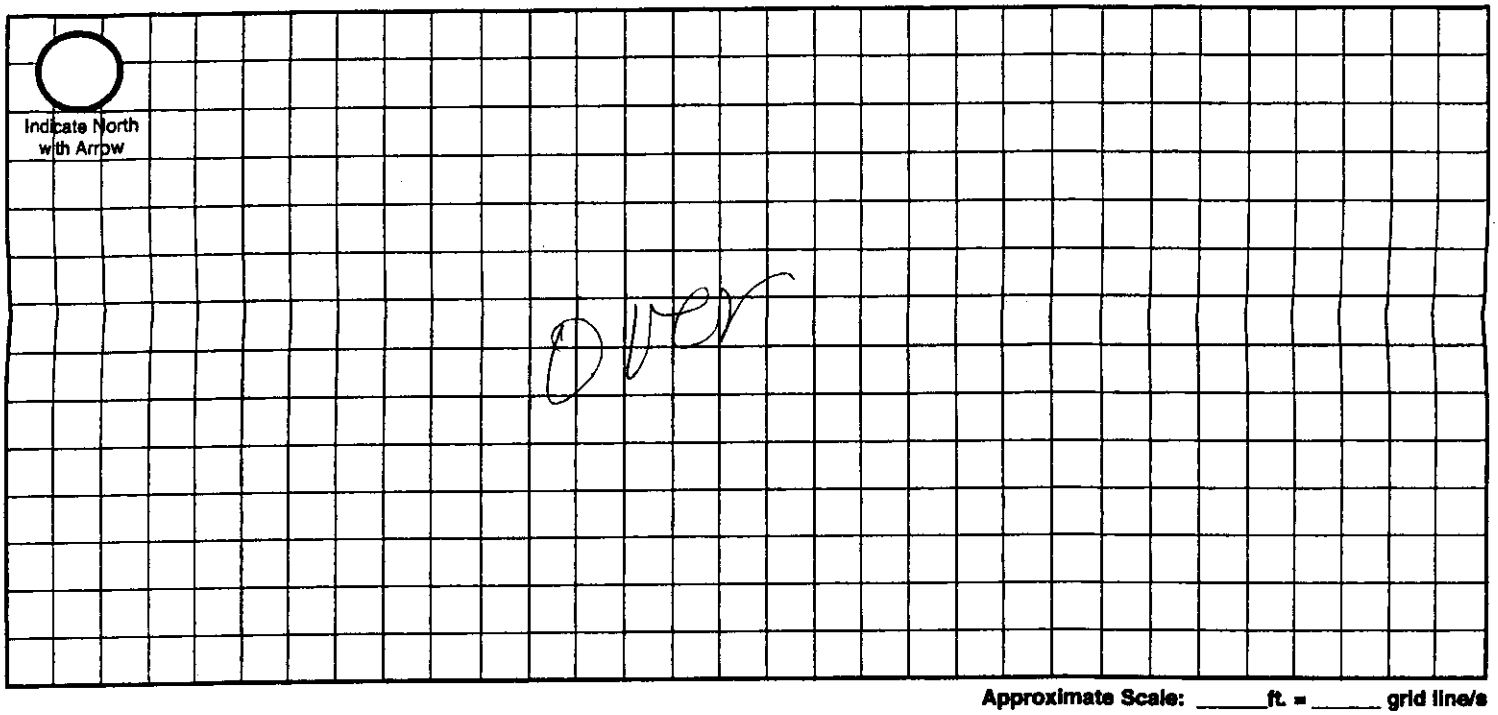
C

Permit Number: HS001122

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) 4616 SW 112th St City Denton NE, Zip 68339

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 (percoloation 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 8-17-15

Installer _____ Date 8/18/15

54' Lagoon

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. HS001122

System Type: Lagoon

Situs: No Site Address Specified

Issued: 9/1/2015

Expires: 9/1/2016

Description: GREEN FARM ADDITION, Lot 1

Owner: ADAMS, RICHARD G JR
1475 NW 48 ST
LINCOLN, NE 68528

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

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

NOV 16 2015

9-5-8

D Exhibit 4

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

Permit Number: H500 1122

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☑ Lagoon (Skip to Back Page) ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 4669 SW 112th St, Denton, NE 68339

Owner: Richard D. Adams Address 1475 NW 48th St Lincoln, NE 68528

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank~~ Lagoon: _____ ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: _____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

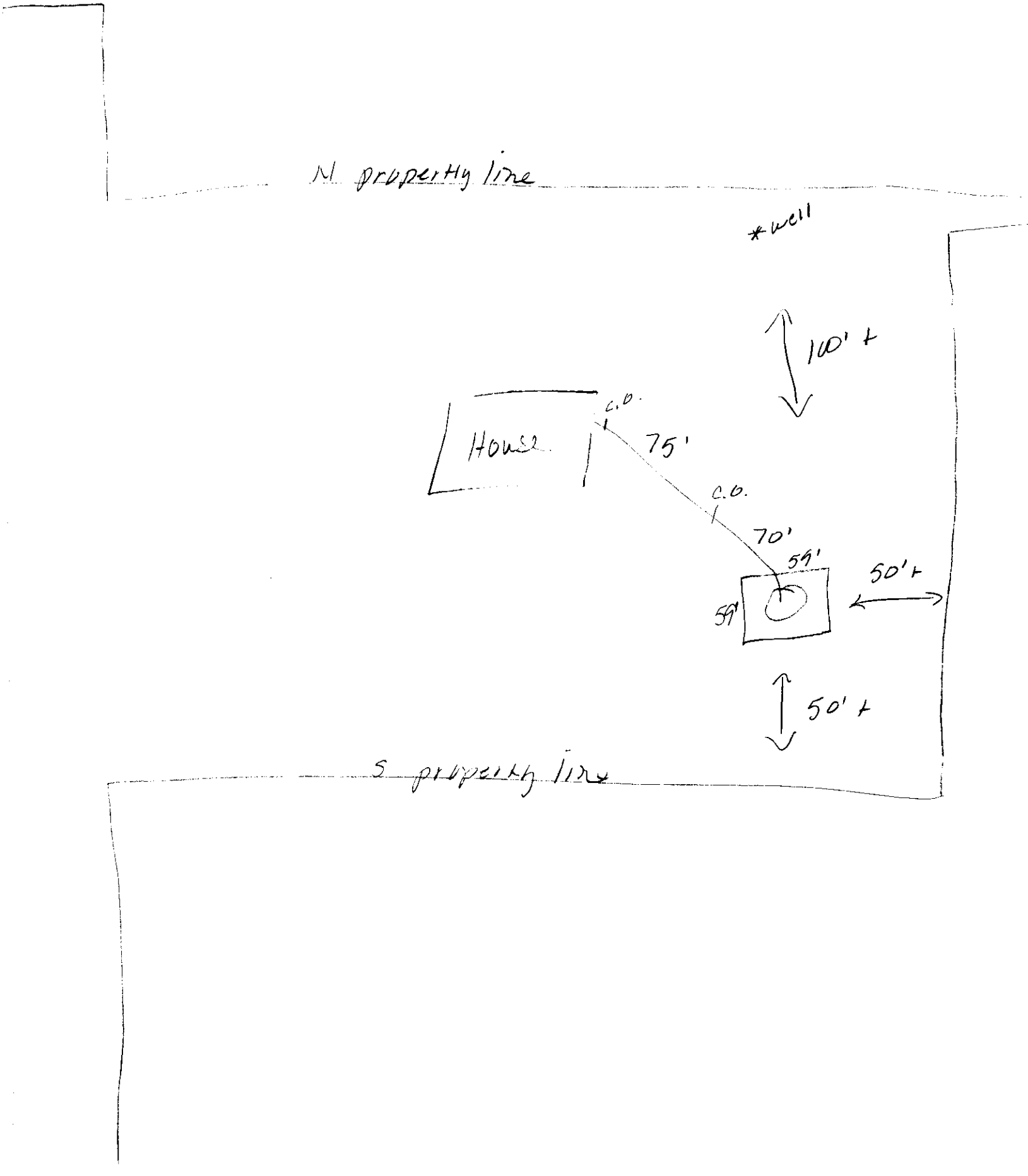
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No partially

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 11/10/15

Complete As-Built drawing on the back of this form.


N property line
*well
100' ±
C.O.
House
75'
C.O.
70'
59'
50' ±
59'
50' ±
S property line

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

SCANNED AUG 21 2015

A

Permit Number
#S001122

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 4669 SW 112th St (no rural route) City Denton, NE Zip 68339

Legal Description NE 8 9N 5E Greenfarm Rd 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-08-201-001-000

B. Owner

Name Richard G Adams Jr. Signature

Address 1475 Nw 48th City/State/Zip Lincoln, NE 68528

Home Phone 402 450-2982 Work Phone 402 441-7953

C. Certified Installer

Name: Lloyd Jakowlek, Raymond Contracting Signature

Address 13860 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-840-6609

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 1.86
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 11/10/15 Date rec'd
Date frwd
Comments Needs fence

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 12/21/15

Business Office Use Only
Date Received 8-21-15 Amount Paid $375.00
Received By SB Cash/Check No. 8716

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

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

SCANNED

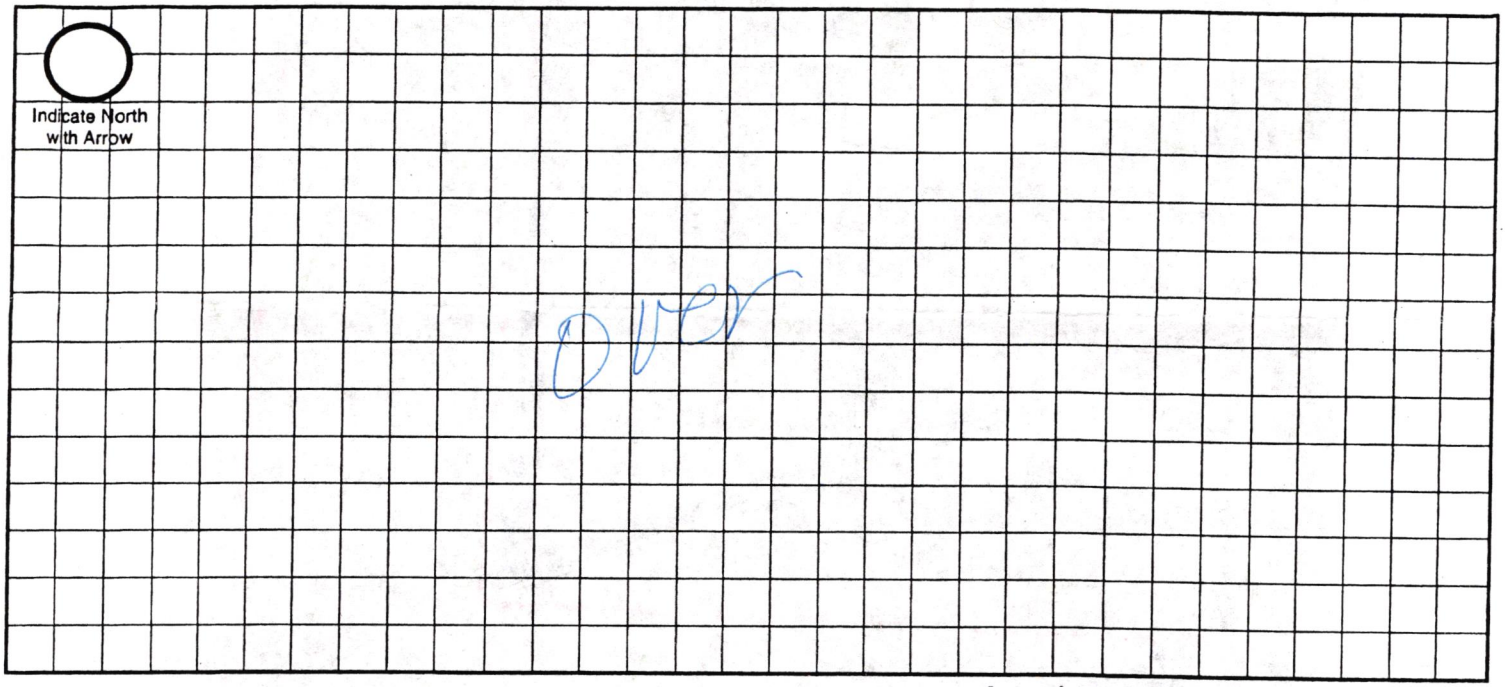
C

Permit Number: HS001132

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) 4604 SW 112th St City Denton NE, Zip 68339

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 (percoloation 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 8-17-15

Installer _____ Date 8/18/15

5th Lagoon

NOV 16 2015

9-5-8

D Exhibit 4

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

SCANNED

Permit Number: H500 1122

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☒ Lagoon (Skip to Back Page) ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 4669 SW 112th St, Denton, NE 68339

Owner: Richard D. Adams Address 1475 NW 48th St Lincoln, NE 68528

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.

2. Distance between dwelling and ~~septic tank~~ Lagoon: _____ ft.

B. Septic Tank

1. Material _____

2. Capacity: _____

3. Depth to top of tank, below unfinished grade: ____ in.

4: Distance to:
Well _____ ft.
Pressure line _____ ft
Property Line _____ ft.
Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other

Material brand and inside width of Chamberless: _____

2. Number of Laterals: _____

3. Length of each lateral (linear): ft._____ ft._____
ft._____ ft._____

4. Drainfield size: _____ sq. ft.

5. Distance to:
Well _____ ft.
Pressure line _____ ft.
Property line _____ ft.
Depth of Groundwater _____

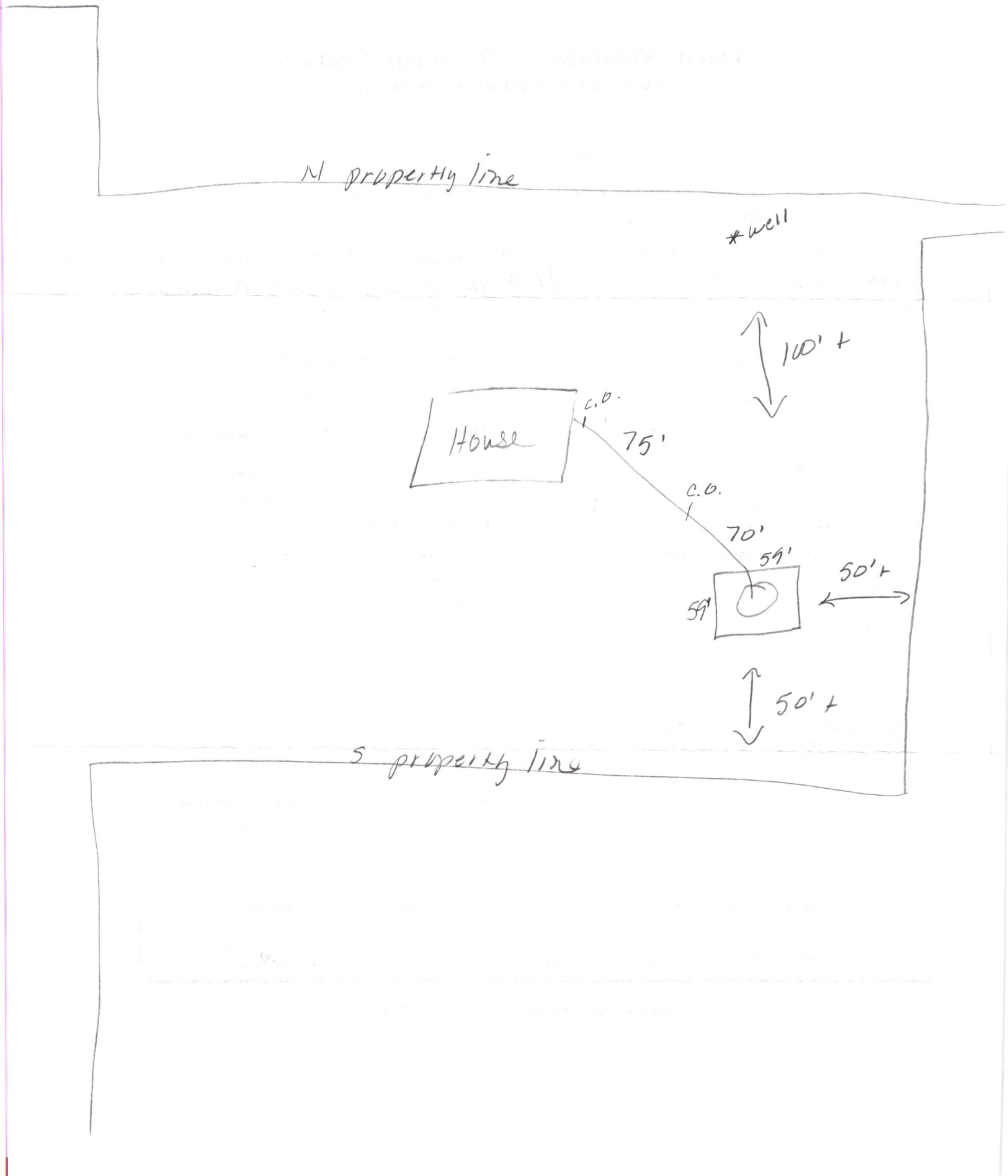
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No partially

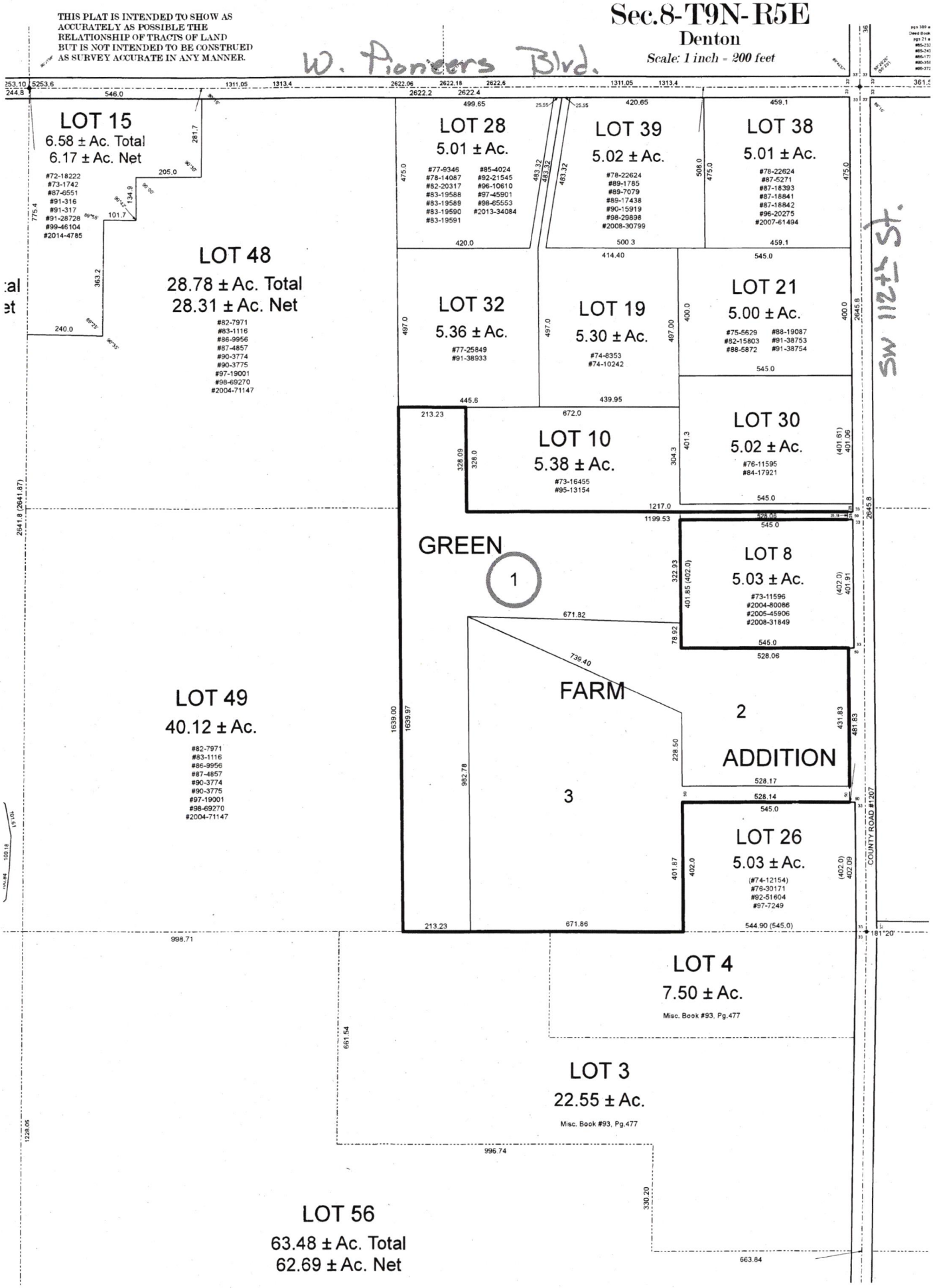
If Yes, the Certified Professional must sign below for final approval:

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Certified Professional Signature: _____ Date: 11/10/15

Complete As-Built drawing on the back of this form.


N property line
*well
100' +
House
C.O.
75'
C.O.
70'
55'
55'
50' +
50' +
S property line


THIS PLAT IS INTENDED TO SHOW AS ACCURATELY AS POSSIBLE THE RELATIONSHIP OF TRACTS OF LAND BUT IS NOT INTENDED TO BE CONSTRUED AS SURVEY ACCURATE IN ANY MANNER.
Sec.8-T9N-R5E
Denton
Scale: 1 inch = 200 feet
W. Pioneers Blvd.
SW 112th St.
COUNTY ROAD #1207
LOT 15
6.58 ± Ac. Total
6.17 ± Ac. Net
#72-18222
#73-1742
#87-6551
#91-316
#91-317
#91-28728
#99-46104
#2014-4785
LOT 48
28.78 ± Ac. Total
28.31 ± Ac. Net
#82-7971
#83-1116
#86-9956
#87-4857
#90-3774
#90-3775
#97-19001
#98-69270
#2004-71147
LOT 28
5.01 ± Ac.
#77-9346
#78-14087
#82-20317
#83-19588
#83-19589
#83-19590
#83-19591
#85-4024
#92-21545
#96-10610
#97-45901
#98-65553
#2013-34084
LOT 39
5.02 ± Ac.
#78-22624
#89-1785
#89-7079
#89-17438
#90-15919
#98-29898
#2008-30799
LOT 38
5.01 ± Ac.
#78-22624
#87-5271
#87-18393
#87-18841
#87-18842
#96-20275
#2007-61494
LOT 32
5.36 ± Ac.
#77-25849
#91-38933
LOT 19
5.30 ± Ac.
#74-8353
#74-10242
LOT 21
5.00 ± Ac.
#75-5629
#82-15803
#88-5872
#88-19087
#91-38753
#91-38754
LOT 10
5.38 ± Ac.
#73-16455
#95-13154
LOT 30
5.02 ± Ac.
#76-11595
#84-17921
GREEN
1
LOT 8
5.03 ± Ac.
#73-11596
#2004-80086
#2005-45906
#2008-31849
FARM
2
ADDITION
3
LOT 49
40.12 ± Ac.
#82-7971
#83-1116
#86-9956
#87-4857
#90-3774
#90-3775
#97-19001
#98-69270
#2004-71147
LOT 26
5.03 ± Ac.
(#74-12154)
#76-30171
#92-51604
#97-7249
LOT 4
7.50 ± Ac.
Misc. Book #93, Pg.477
LOT 3
22.55 ± Ac.
Misc. Book #93, Pg.477
LOT 56
63.48 ± Ac. Total
62.69 ± Ac. Net