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

A

Permit Number
HSD01153

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 18830 Markell Rd. SB

Address NW Corner 190th & Markell Road City Bennet, NE Zip 68317
(no rural route)

Legal Description 24 8 8 SB
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: 40 38 34 N 96 27 57 W PID 21-24-400-005-000 SB

B. Owner

Name Kelly Black & Cindy Brenning Signature

Address City/State/Zip

Home Phone Work Phone 712 310 5299

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 80??

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

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
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 10-22-15 Amount Paid $385.00
Received By SB Cash/Check No. CC - Discover 7742

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

Form A Updated: 5/10

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

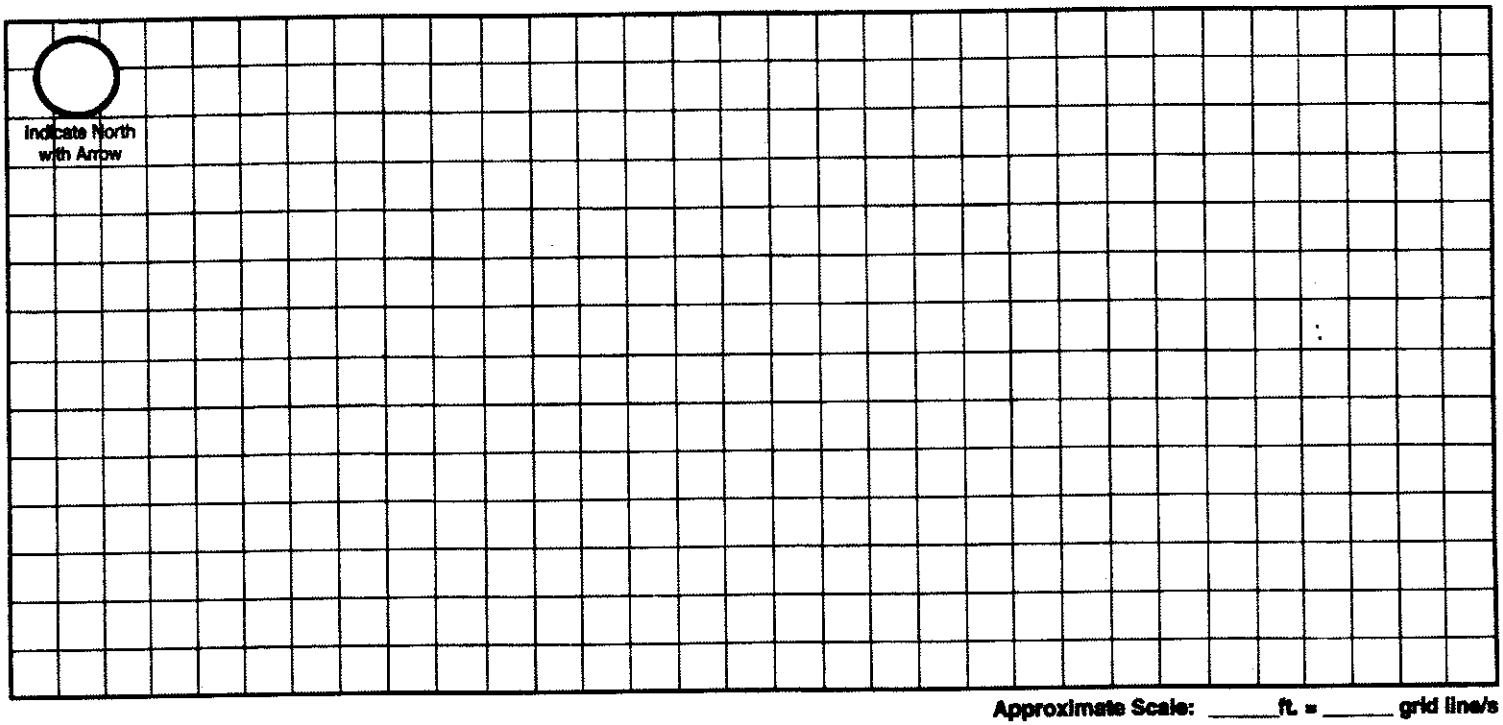
C

Permit Number: HS001153

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) 190th & Morrell Road City Bennet NE, Zip 68317

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 _____

Installer [signature] Date 21 Oct 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. HS001153

System Type: Lagoon

Situs: No Site Address Specified

Issued: 10/23/2015

Expires: 10/23/2016

Description: S24, T8, R8, 6th Principal Meridian, LOT 13 SE

Owner: BRENNING, CINDY ANN & BLACK,
KELLEY SCOTT
14500 PINE LAKE RD
WALTON, NE 68461

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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301

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

GK 10/17/16 QC

Exhibit 6

Permit Number: HS001153

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 4/14/16 Legal Description ___ 8 8 24
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 18830 Marshall Rd. City ___

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	Yes ☒ No ☐

Top of the Dike X 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 ☒	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.

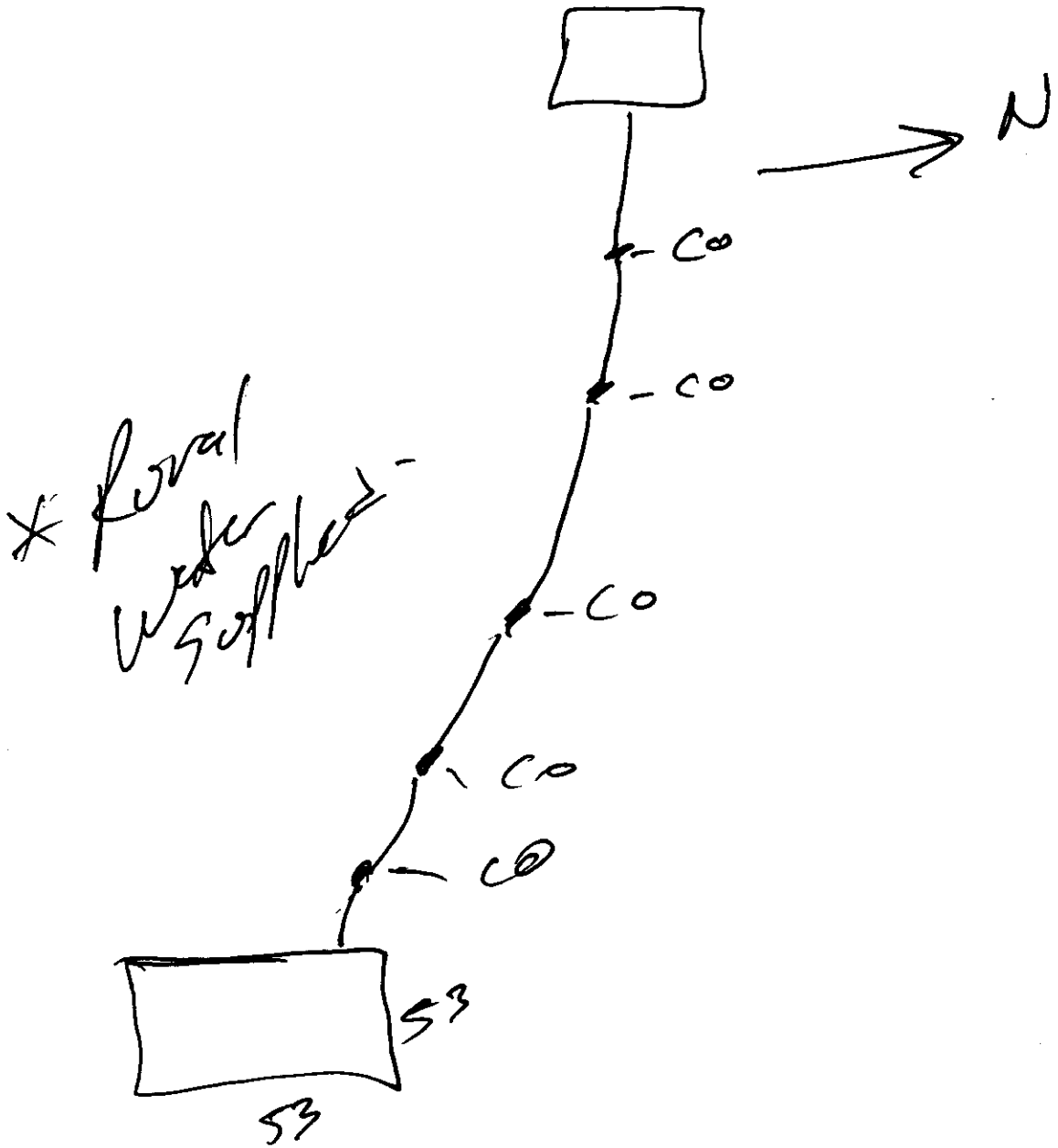
Geographical Coordinates to 6 Decimals: N/O

Dike North side

Comments: Lagoon was lined -

Inspections prior to Final Approval
Initial EDR Date 4/19/16 Contacted owner via VM
Follow-Up 9/8/16 Date ___
Follow-Up 10/17/16 Date ___
~~Installation Final Written Approval~~
By ___
Date 10/17/16

Updated 4/15


N
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- Co
* Rural water supplies
53
53

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

SCANNED

A

Permit Number
HSD01153

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.

Shawn Thomas

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18830 Martell Rd. SB

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(no rural route)

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

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Home Phone Work Phone 712 310 5299

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a

57.4 AH

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 80??

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits 2 Dec & Lagoon 4/13/16
Date rec'd 10/23/15
Date frwd 10/23/15
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 10/20/16

7731 $13 7795

Business Office Use Only
Date Received 10-22-15 Amount Paid $385.00
Received By SB Cash/Check No. CC - Discover 7792

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

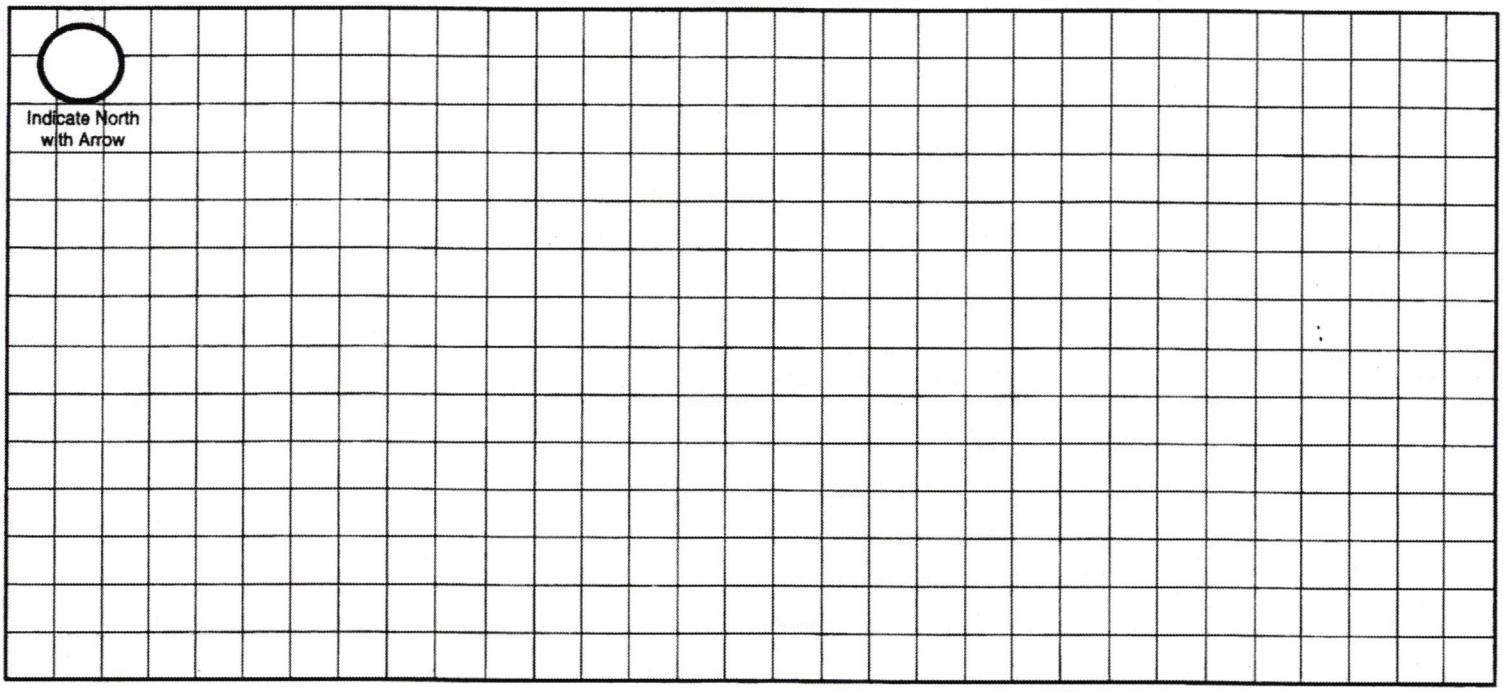
C

Permit Number: 1750011153

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) 190th & Martell Road City Bennet NE, Zip 68317

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.

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Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

F. Required Signatures

Home Building Contractor_____ Date_____

Installer Blue Fishnet Date 21 Oct 2015

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

SCANNED

Exhibit 6

GK 10/17/16 gr

Permit Number: HS001153

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 4/14/16 Legal Description 8-8-24
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 18830 Mandell Rd. City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☐ Repair

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

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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	Yes ☒ No ☐

Top of the Dike X 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 ☒	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.

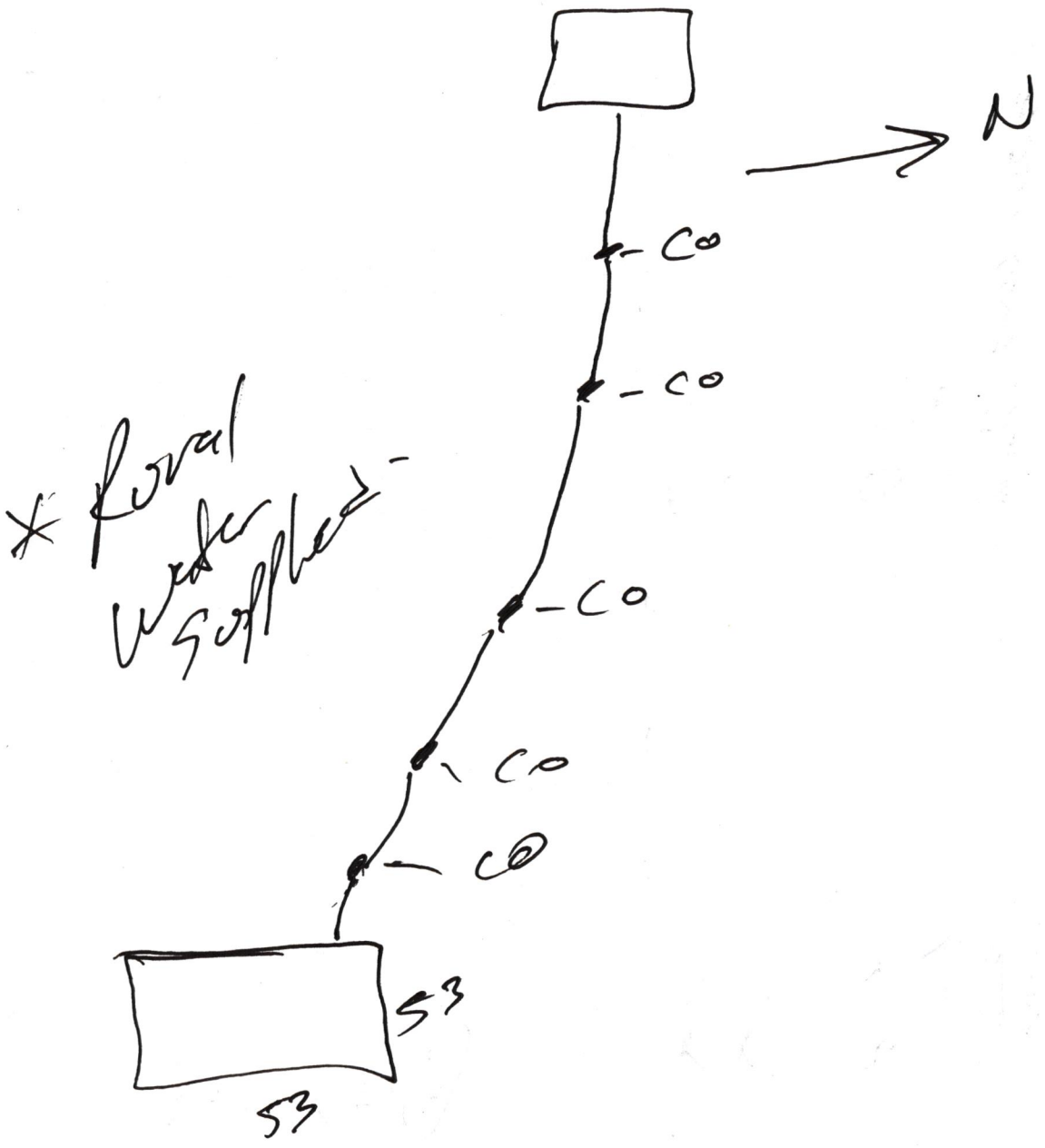
Geographical Coordinates to 6 Decimals: N/O

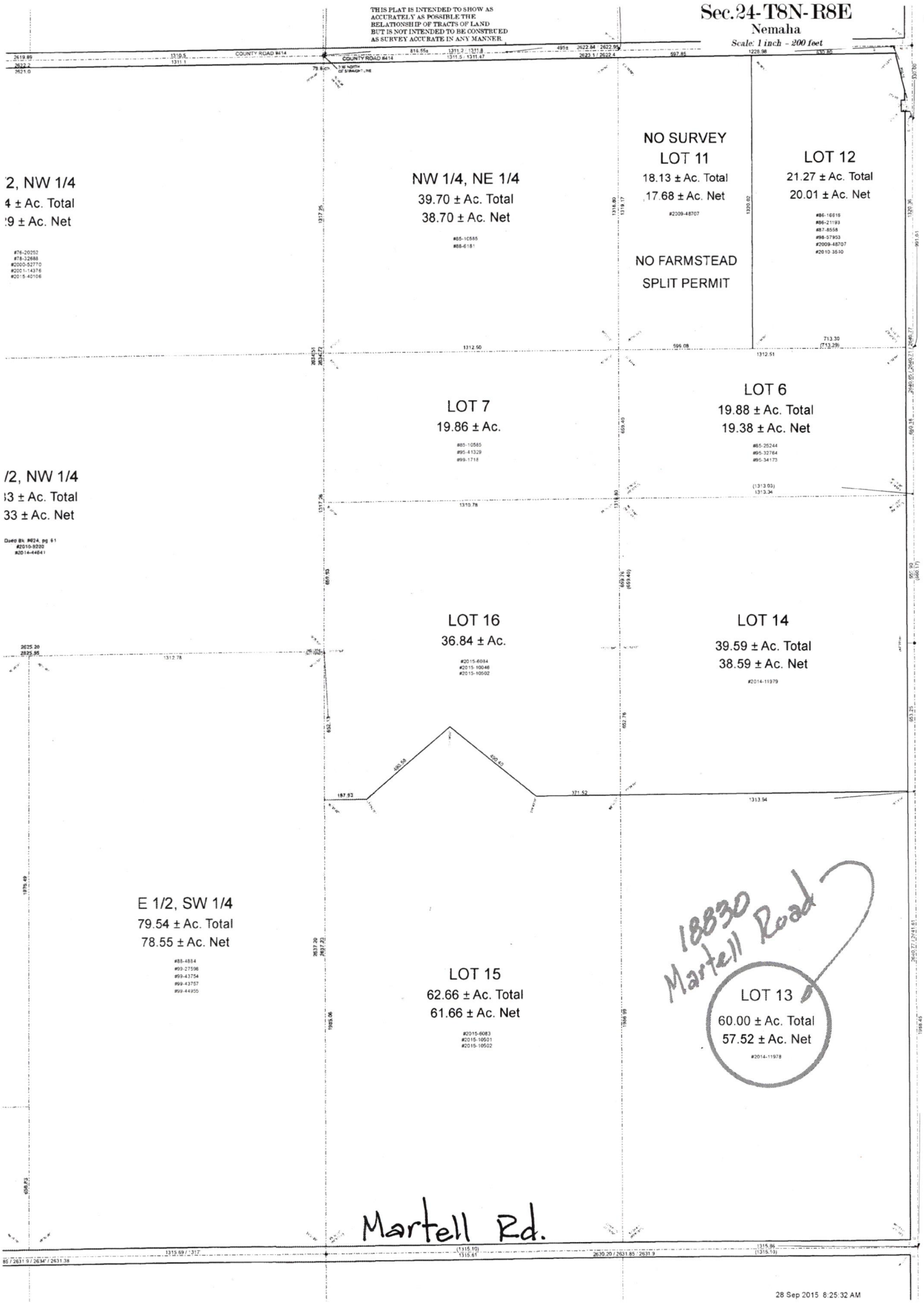
Dike North side

Comments:
Lagoon was lined -

Inspections prior to Final Approval
Initial EOH Date 4/13/16
Follow-Up 9/8/16 Date Contacted owner
Follow-Up 10/17/16 Date gr
Installation Final Written Approval
By _____
Date 10/17/16

Updated 4/15


N
CO
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* Rural water supplies
53
53


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. 24-T8N-R8E
Nemaha
Scale: 1 inch = 200 feet
COUNTY ROAD #414
2, NW 1/4
4 ± Ac. Total
9 ± Ac. Net
#76-20252
#78-32688
#2000-52770
#2001-14376
#2015-40106
NW 1/4, NE 1/4
39.70 ± Ac. Total
38.70 ± Ac. Net
#85-10585
#88-6181
NO SURVEY
LOT 11
18.13 ± Ac. Total
17.68 ± Ac. Net
#2009-48707
NO FARMSTEAD
SPLIT PERMIT
LOT 12
21.27 ± Ac. Total
20.01 ± Ac. Net
#86-16618
#86-21193
#87-8558
#98-57953
#2009-48707
#2010-3510
LOT 7
19.86 ± Ac.
#85-10585
#95-41329
#99-1718
LOT 6
19.88 ± Ac. Total
19.38 ± Ac. Net
#85-25244
#95-32764
#95-34173
/2, NW 1/4
3 ± Ac. Total
33 ± Ac. Net
Deed Bk #624, pg 61
#2010-9220
#2014-44641
LOT 16
36.84 ± Ac.
#2015-6084
#2015-10046
#2015-10502
LOT 14
39.59 ± Ac. Total
38.59 ± Ac. Net
#2014-11979
E 1/2, SW 1/4
79.54 ± Ac. Total
78.55 ± Ac. Net
#88-4884
#99-27596
#99-43754
#99-43757
#99-44955
LOT 15
62.66 ± Ac. Total
61.66 ± Ac. Net
#2015-6083
#2015-10501
#2015-10502
18830 Martell Road
LOT 13
60.00 ± Ac. Total
57.52 ± Ac. Net
#2014-11978
Martell Rd.
S 190th St
28 Sep 2015 8:25:32 AM