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

A

Permit Number #S001164

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 19751 SW 58th St (no rural route) City Hallam, NE Zip 68568

Legal Description NE (1/4) 36 (1/4 Section) 8N (Township) 5E (Range) _____ (Subdivison) _____ (Addition) _____ (Block) 11 (Lot)

PID 02-36-200-005-000

B. Owner

Name Todd Wendelin Signature Todd Wendelin

Address 19745 SW 58th St City/State/Zip Hallam, NE 68568

Home Phone 402-580-3225 Work Phone _____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature _____

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

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 9.92

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 12-4-15 Amount Paid $385.00
Received By GB Cash/Check No. VISA

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

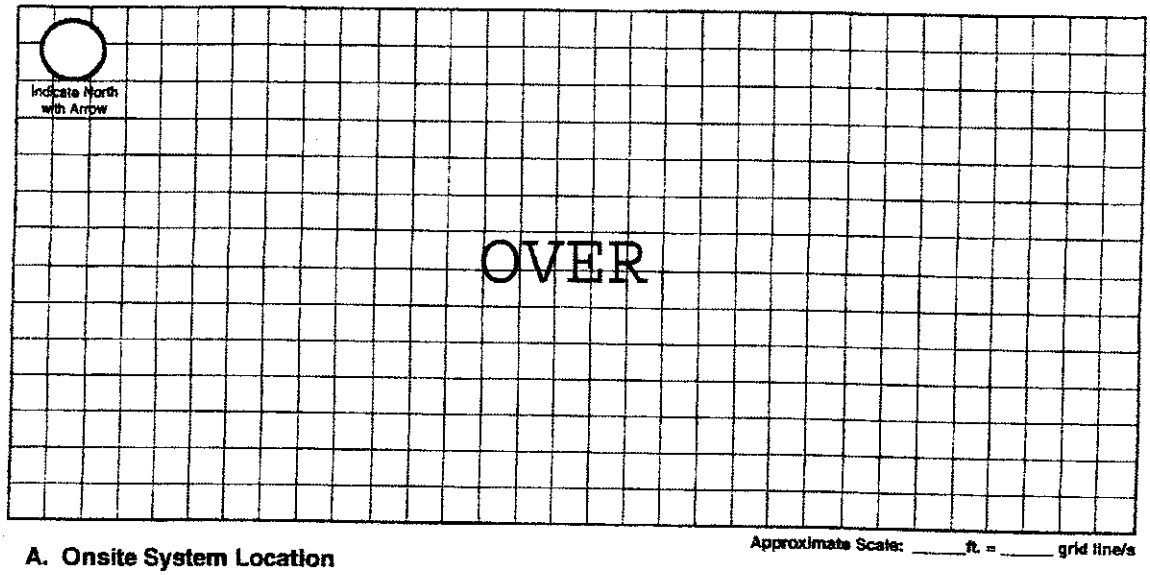
C

Permit Number: HS001164

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) 19751 SW 58th St City Hallam NE, Zip 68568

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 Existing Home Date _____

Installer _____ Date 11/3/2015

Onsite Form C 12-06



Lancaster County/City of Lincoln GIS Map

Todd Wendelin 19751 SW 58th St, Hallam, NE 68568 402-580-3225

N
W E
S

Printed Nov 01, 2015

DISCLAIMER: The information is presented on a best efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email age@lincoln.ne.gov and you will be directed to the appropriate department.

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. HS001164

System Type: Lagoon

Situs: 19751 SW 58 ST, RURAL, NE

Issued: 11/4/2015

Expires: 11/4/2016

Description: S36, T8, R5, 6th Principal Meridian, LOT 11 NE

Owner: WENDELIN, TODD
19751 SW 58 ST
HALLAM, NE 68368

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 INC
13800 NW 70TH ST
RAYMOND, NE 68428

8-5-36

NOV 19 2015

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: H5001164

Onsite Wastewater Treatment System
As-Built Description and Drawing

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

w/ Tank & effluent pump

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 19751 SW 58th St Hallam NE 68368

Owner: Todd Wendelin Address Same

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 15' ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 16 in.
4. Distance to:
   Well 100 ft.
   Pressure line 100 ft
   Property Line 100 ft.
   Foundation 15 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

~~☐ Trench ☐ Bed~~ Lagoon

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.

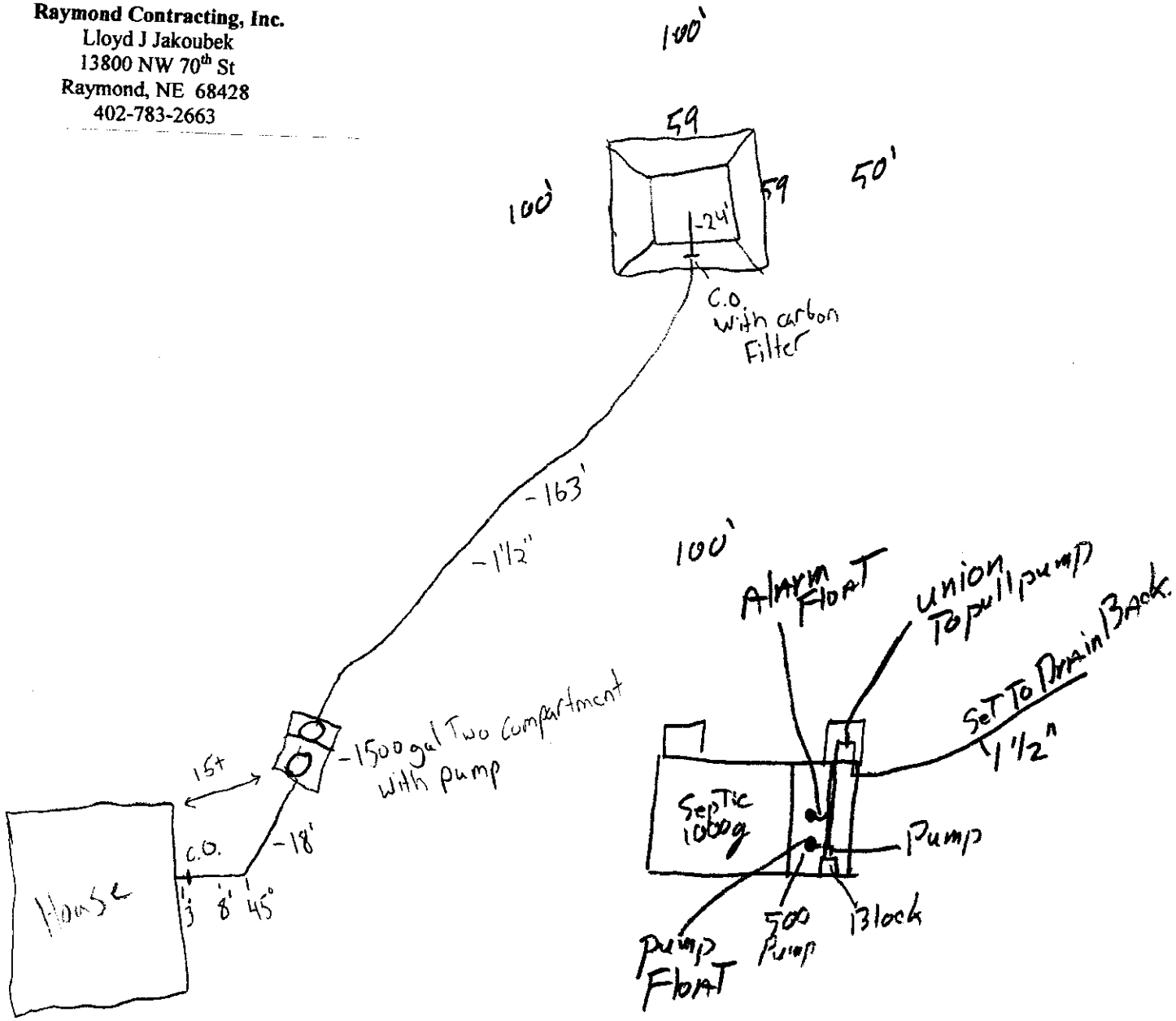
Certified Professional Signature: [signature] Date: 11/13/2015

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

N

11/13/2015

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663



owell
100'

• well

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

Exhibit 6

Permit Number: HS009164

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 11/13/2015 Legal Description 8N 5E 36 Lot 11

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 19751 SW 58th ST City Hallam

Owner Todd Wendelin Address 19745 SW 58th ST

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	Yes ✓ No ___
Influent line is at least 4 inches and slopes no less than 1/8 inch -use effluent pump in tank	
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ___ No ___ na
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_____ 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: na

Dike North side

Comments: Fence installed 9/9/16

Inspections prior to Final Approval

Initial _____ Date _____

Follow-Up 9/9/16 Date NA

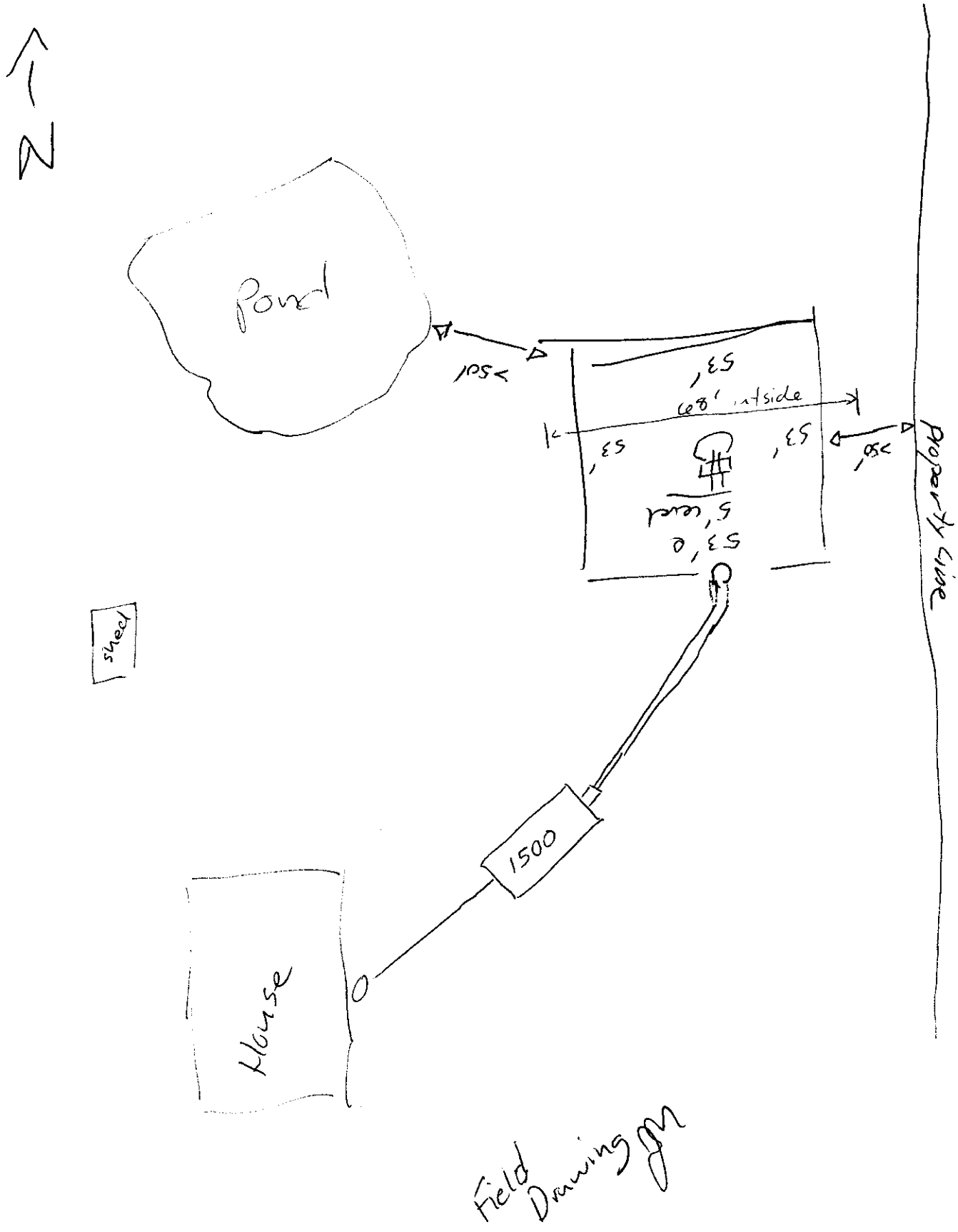
Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 9/9/16

Updated 4/15


N
Pond
Property Line
shed
1500
House
Field Drawing

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

SCANNED

A

Permit Number #S001164

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

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PID 02-36-200-005-000

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Name Todd Wendelin Signature Todd Wendelin

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Home Phone 402-580-3225 Work Phone ____

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Designer Name ____ Firm ____ Work Phone ____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 9.92

Garbage Grinder? ☐ Yes ☐ No

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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 11/12/15 JimN
Comments ____
Date rec'd 11/4/15
Date frwd 11/4/15
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 9/9/16

Business Office Use Only
Date Received 11-4-15 Amount Paid $385.00
Received By SB Cash/Check No. VISA

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

* 5/3/16 - no fence - NH
Fence is up - need to inspect.

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

SCANNED

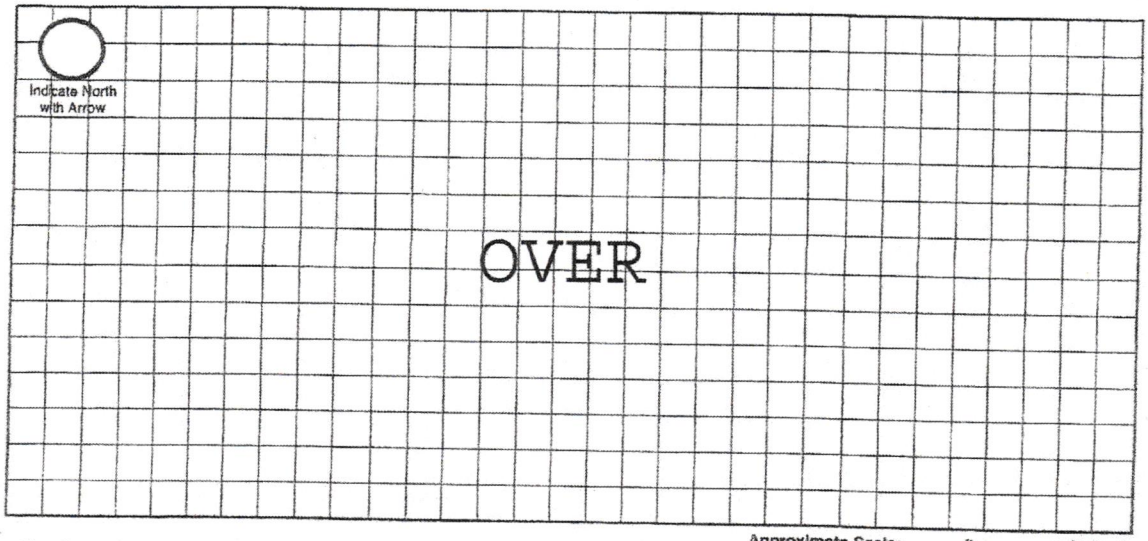
C

Permit Number: HS001164

Onsite Wastewater Treatment System

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C. Reserve Area for Replacement Onsite System

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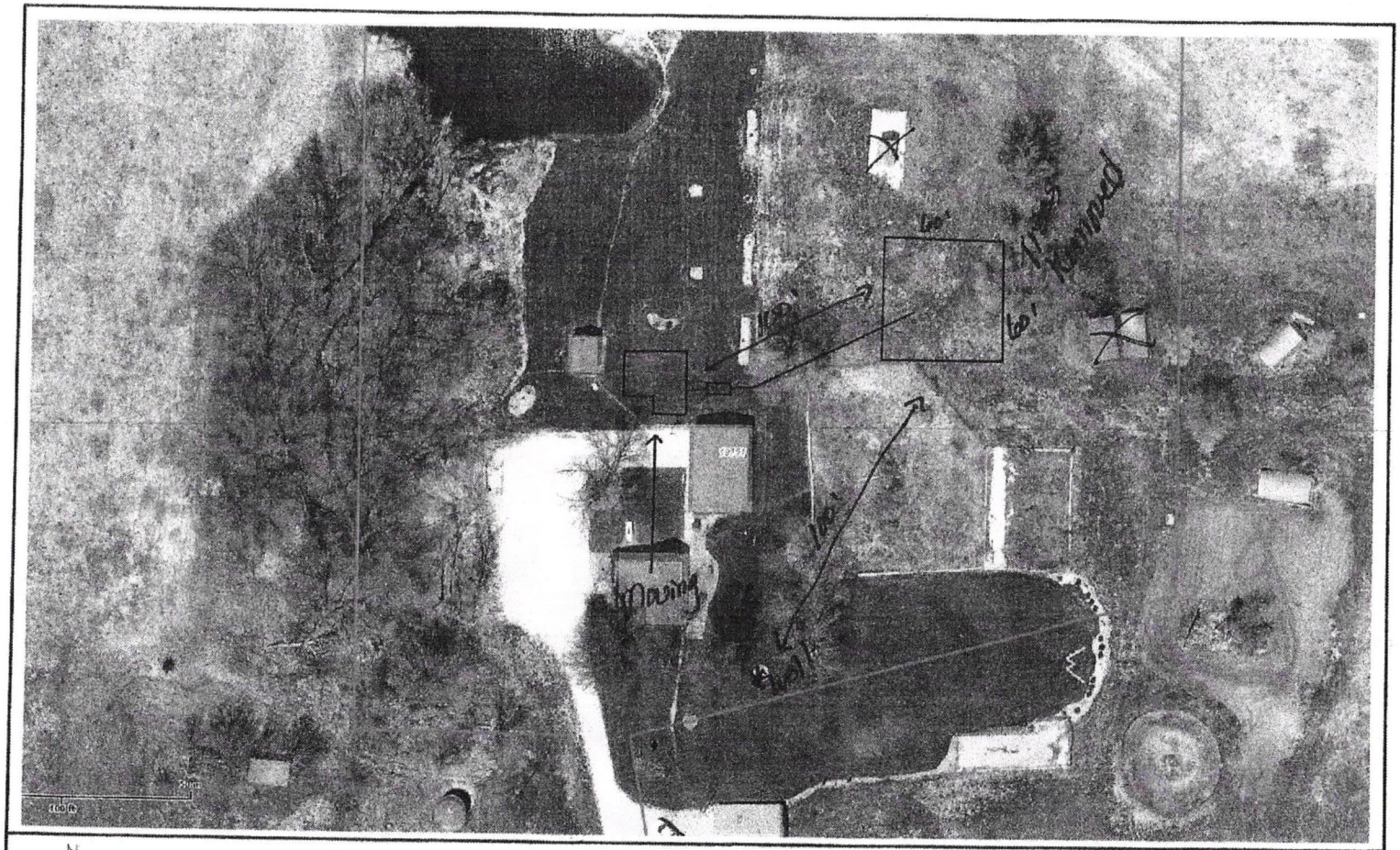
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F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer _____ Date 11/3/2015

Onsite Form C 12-06



N
W E
S

Lancaster County/City of Lincoln GIS Map

Todd Wendelin 19751 SW 58th St, Hallam, NE 68568 402-580-3225

Printed: Nov 01, 2015

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SCANNED