DEC 29 2015

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

A

Permit Number
HSOO1188

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* _____ City CRETE, NE Zip 68333
(no rural route)

Legal Description _____ WENDELIN EST 2ND ADD 1 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-2S-307-005-000 *Approx. Address (If to be determined) 6550 W GLENROSE RIDGE RD

B. Owner ROB CHAMPOUX

Name PRAIRIE HOME BUILDERS Signature Robert D. Champoux
Address 2045 S FOLSOM ST City/State/Zip LINCOLN, NE 68522
Home Phone 402-730-7301 Work Phone 402-476-6599

C. Certified Installer

Name: RAYMOND CONTRACTING INC Signature _____
Address 13800 NW 70TH ST City/State/Zip RAYMOND, NE 68428
Work Phone 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.0
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

1. Health Department
Site visits _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
Comments _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

3. City or County Engineer
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 12-29-15 Amount Paid $385.00
Received By SB Cash/Check No. 12736

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

Form A Updated: 4/15

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

DEC 2 9 2015

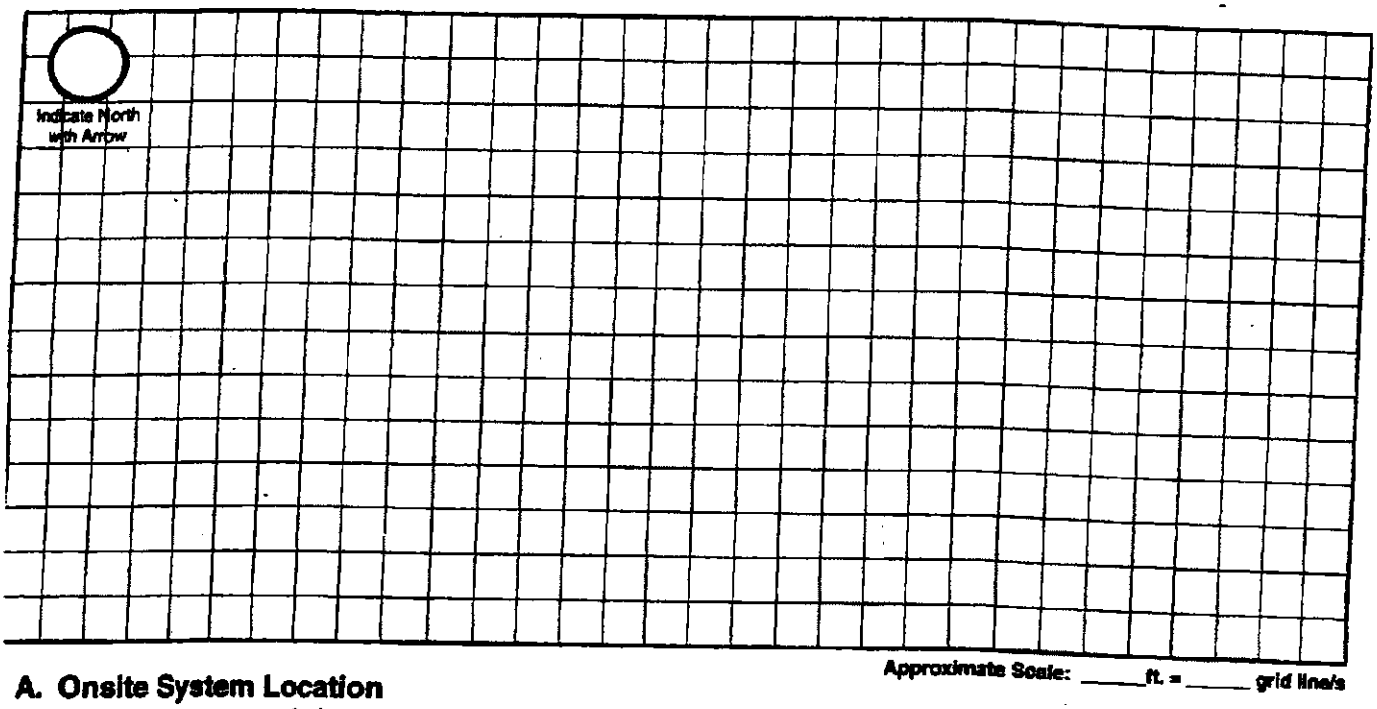
C

Permit Number: HS001188

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) 6550 W GLENROSE RIDGE RD City CRETE NE, Zip 68333

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_____

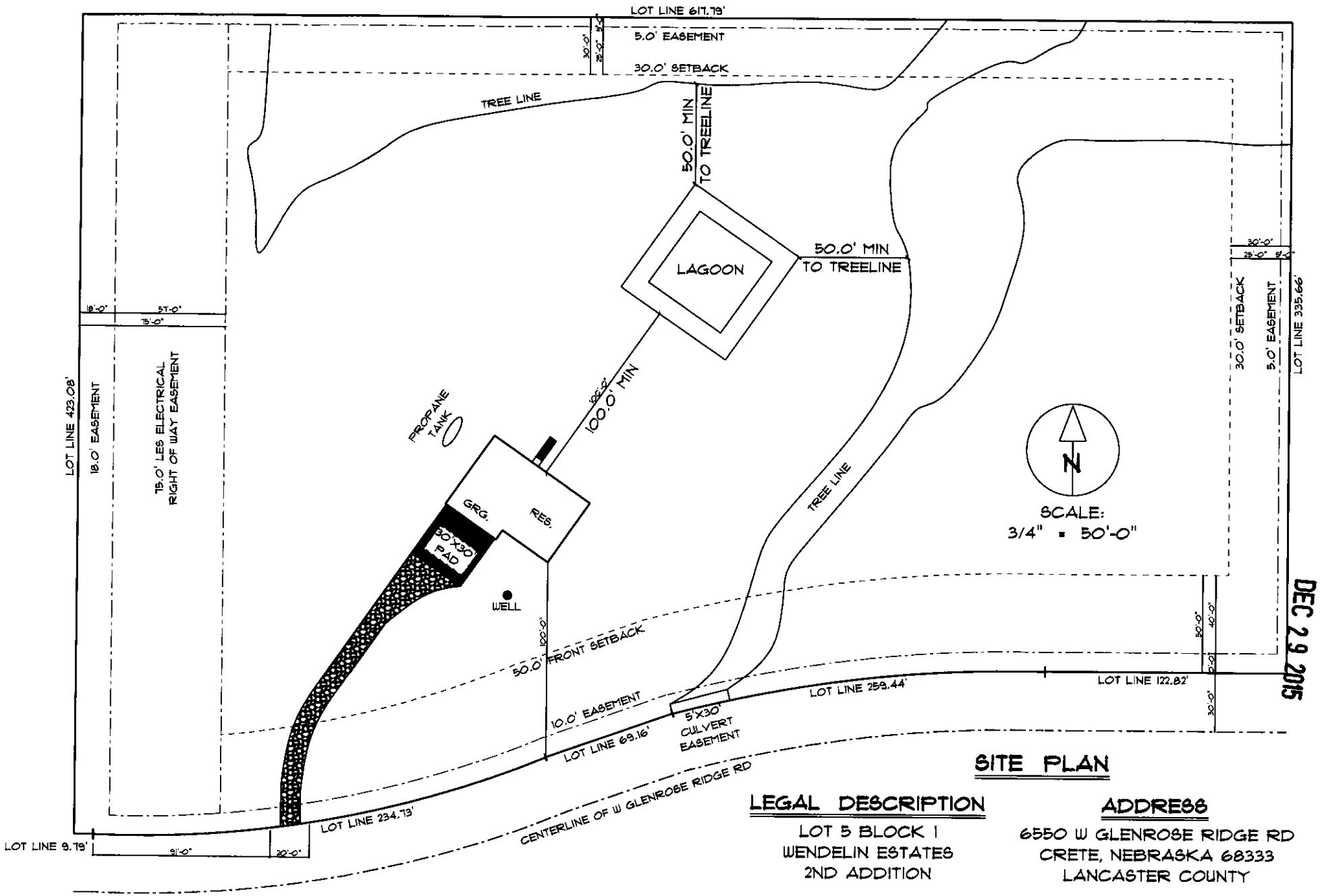
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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

Name Building Contractor Robert D. Haug Date 12-29-15

Installer _____ Date _____



DEC 29 2015

SITE PLAN

LEGAL DESCRIPTION

LOT 5 BLOCK 1
WENDELIN ESTATES
2ND ADDITION

ADDRESS

6550 W GLENROSE RIDGE RD
CRETE, NEBRASKA 68333
LANCASTER COUNTY

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

A

Permit Number
HS 601188

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* _____ City CRETE, NE Zip 68333
(no rural route)

Legal Description WENDELIN 1ST 2ND ADD 1 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-25-307-005-000 *Approx. Address (If to be determined) 5550 W GLENROSE RIDGE RD

B. Owner ROB CHAMPOUX

Name PRAIRIE HOME BUILDERS Signature Robert D. Champoux
Address 2045 S FOLSOM ST City/State/Zip LINCOLN, NE 68522
Home Phone 402-730-7301 Work Phone 402-476-6599

C. Certified Installer

Name: RAYMOND CONTRACTING INC Signature _____
Address 13800 NW 70TH ST City/State/Zip RAYMOND, NE 68428
Work Phone 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.0
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

1. Health Department
Site visits _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
Comments _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

3. City or County Engineer
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 4/15

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

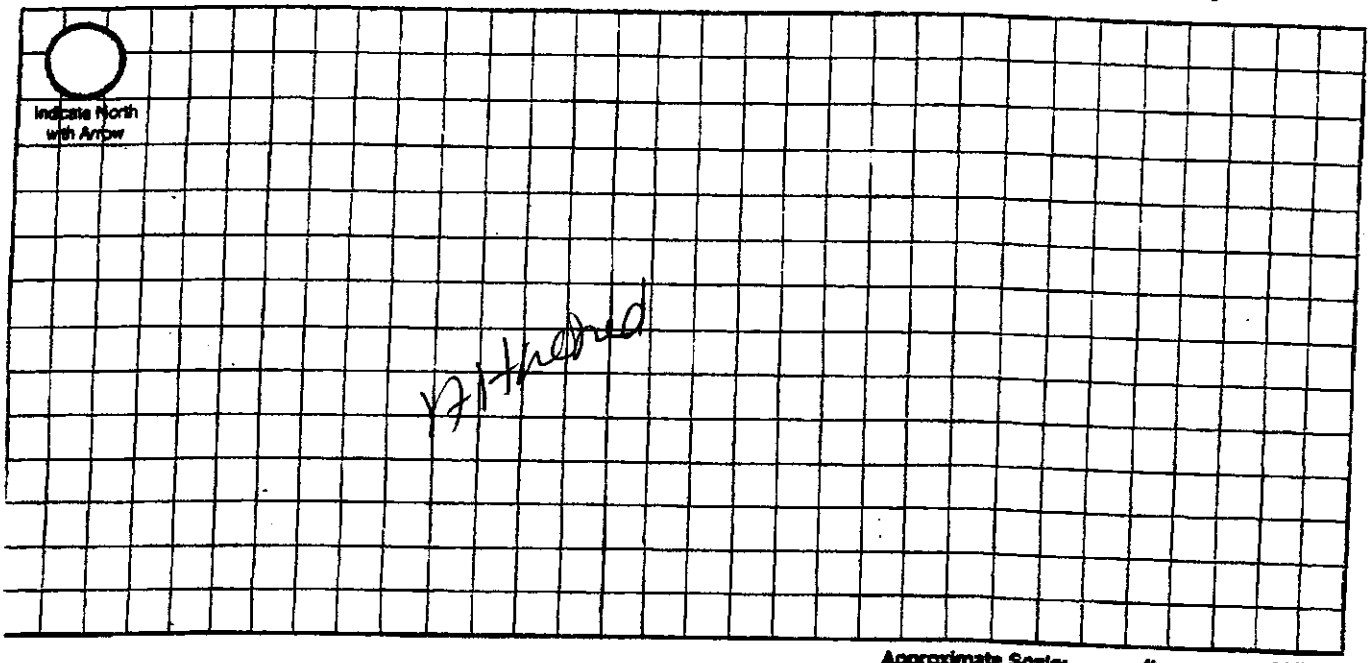
C

Permit Number:

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) 6550 W GLENROSE RIDGE RD City CRETE NE, Zip 68333

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 ☐	☐
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agoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

me Building Contractor Robert D. Hamp Date 12-29-15

staller Nick D. Gallagher Date 12/29/15

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. HS001188

System Type: Lagoon

Situs: No Site Address Specified

Issued: 1/6/2016

Expires: 1/6/2017

Description: WENDELIN ESTATES SECOND ADDITION, BLOCK 1, Lot 5

Owner: PRAIRIE HOME BUILDERS INC
6550 W GLENROSE RIDGE RD
CRETE, NE 68333

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

PRAIRIE HOME BUILDERS INC
2045 S FOLSOM ST STE A
LINCOLN, NE 68522

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

OK 7/11/16 g

Exhibit 6

Permit Number: HS001188

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 7/5/16 Legal Description ¼ ¼ 25/9/5 Section/Township/Range Plat 1, Lot 5

Onsite System Location

Address (no rural route) 6460 Glenrose 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 65' Bottom of Lagoon 29' Design Flow 375 gpd

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied): 105' from house foundation to inside dike

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: _____

Dike North side N/A

Comments:

Inspections prior to Final Approval
Initial _____ Date 7/11/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 7/5/16

SCANNED

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

A

Permit Number
HS 601188

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* _____ City CRETE, NE Zip 68333
(no rural route)

Legal Description _____ WENDELIN EST 2ND ADD 1 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-2S-307-005-000 *Approx. Address (If to be determined) 6550 W GLENROSE RIDGE RD

B. Owner ROB CHAMPOUX

Name PRAIRIE HOME BUILDERS Signature Robert D. Champoux
Address 2045 S FOLSOM ST City/State/Zip LINCOLN, NE 68522
Home Phone 402-730-7301 Work Phone 402-476-6599

C. Certified Installer

Name: RAYMOND CONTRACTING INC Signature Kevin L. Jaskulski
Address 13800 NW 70TH ST City/State/Zip RAYMOND, NE 68428
Work Phone 402-783-2563

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 5.0
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

1. Health Department
Site visits 7/1/10
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 7/5/10

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 4/15

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

D Exhibit 4

Permit Number:

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 PID = 02-25-307-005-000

Address or Legal Description or Parcel Identification Number (PID) 6460 W. Glenrose Ridge Rd, Crete, NE 68333

Owner: Dylon Grantski Address 6460 W Glenrose Ridge Rd, Crete, NE 68333

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 145' 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 lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

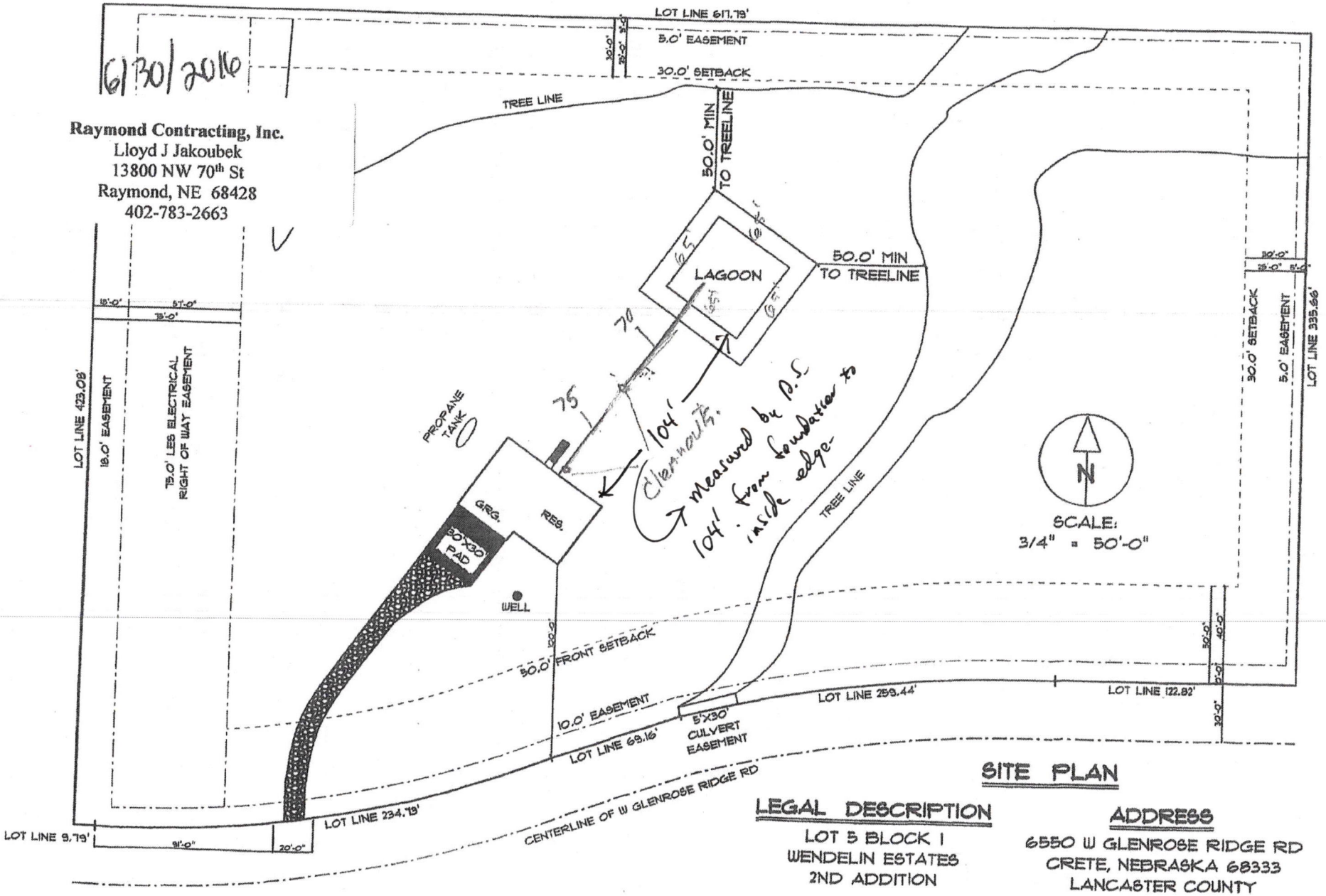
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: 6/30/16

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



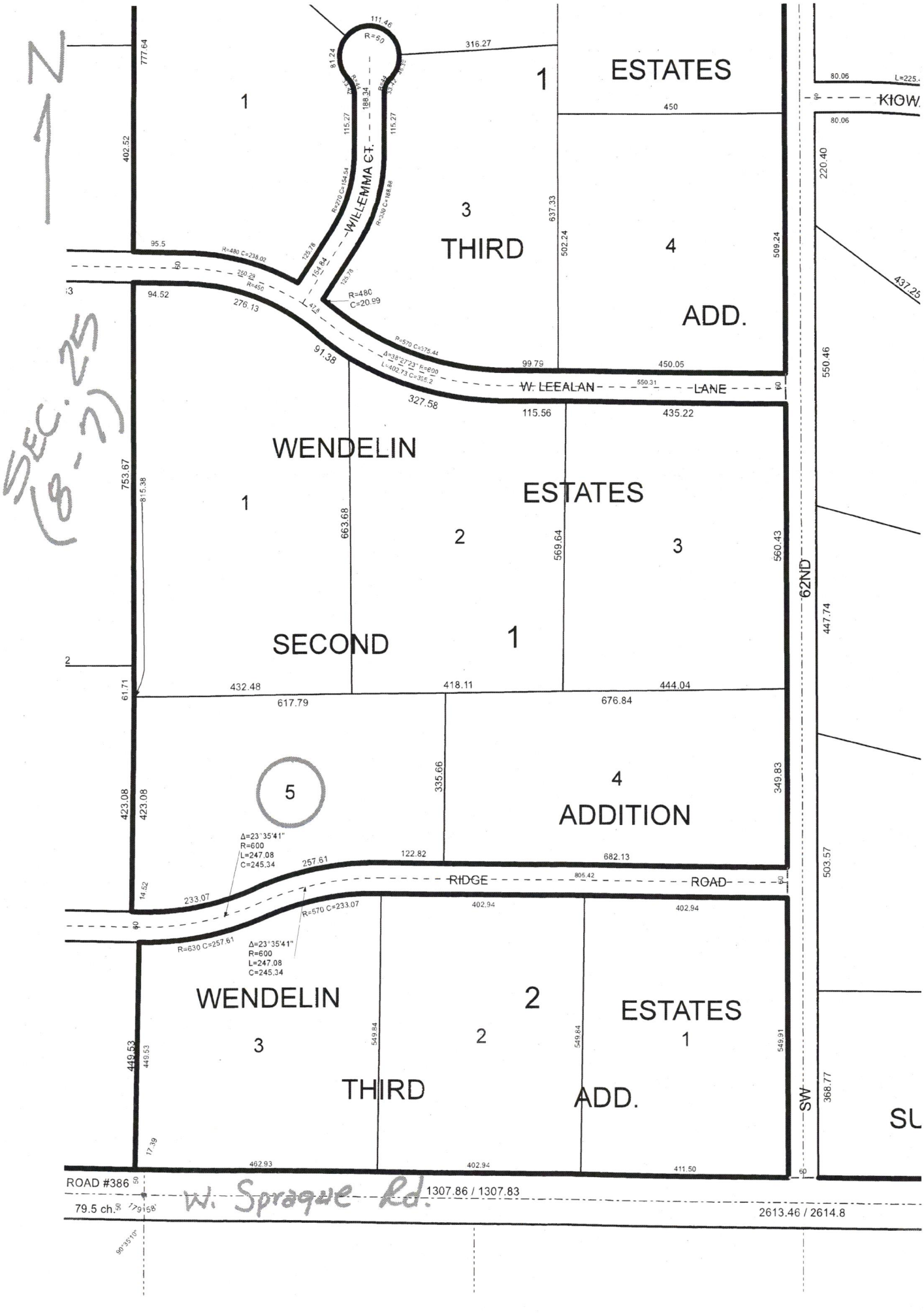
SITE PLAN

LEGAL DESCRIPTION

LOT 5 BLOCK 1
WENDELIN ESTATES
2ND ADDITION

ADDRESS

6550 W GLENROSE RIDGE RD
CRETE, NEBRASKA 68333
LANCASTER COUNTY


N
SEC. 25
(8-7)
ESTATES
THIRD
ADD.
WILLEMMA CT.
W. LEEALAN
LANE
WENDELIN
ESTATES
SECOND
ADDITION
RIDGE
ROAD
62ND
SW
WENDELIN
THIRD
ESTATES
ADD.
W. Sprague Rd.
ROAD #386
79.5 ch.
1307.86 / 1307.83
2613.46 / 2614.8