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

A

Permit Number

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

Application is hereby made 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: 7800 W Hallam Rd (use 68003) City: Hallam NE Zip: 68368

Legal Description: SE 26 7N 5E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Tax ID: 01-26-400-001-000

B. Owner

Name: Darren R Compton Signature: Darren R Compton

Address: 7800 W Hallam Rd City/State/Zip: Hallam, NE 68368

Home Phone: 402-405-2632 Work Phone:

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature: Lloyd Jakoubek

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 PE License Number:

Designer Name: Firm: Work Phone:

E. This system will serve a

☒ Residence/Dwelling Number of Bedrooms: 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres: 78.72
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. 02-36

1. Health Department
Site Visit: Date Rec'd: ACTION ☐ Approved ☐ Disapproved
Comments: Date Appr'd: Signature:

2. Supt. Bldg. Insp. or Village Clerk
Site Visit: Date Rec'd: ACTION ☐ Approved ☐ Disapproved
Comments: Date Appr'd: Signature:

3. City or County Engineer
Site Visit: Date Rec'd: ACTION ☐ Approved ☐ Disapproved
Comments: Date Appr'd: Signature:

Distribution: Final Written Approval

Business Office Use Only
Date Received: Amount Paid:
Receipt No.: Check/Cash No.:

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

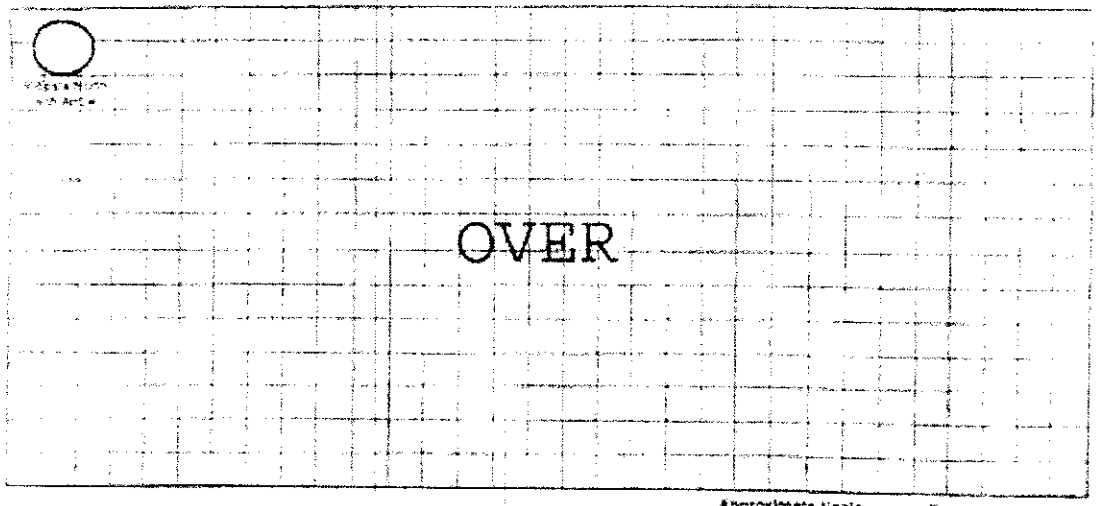
C

Permit Number: HS 001203

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plat plan showing onsite system sewer lines, drop or distribution boxes, tank, drainfields, percolation test holes, well, the general direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ ft. = _____ grid boxes

A. Onsite System Location

Address of Onsite System: 7800 W Hallam Rd City: Hallam NE, Zip: 68368

B. Proposed Septic Tank/s

Septic Tank Cap _____ gals. Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____ ☒ Approximate location of tank

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Unknown

D. Drainfield Absorption System

Percolation Rate _____ (min/inch or mpi) No. of Bedrooms _____ Soil Type _____ Land Slope _____

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved) Total Square Feet of drainfield _____

Total Length of Trenches _____ Type of Distribution: ☐ Perforated pipe ☐ Header/Round ☐ Chamber ☐ Other

No. of absorption trenches _____ Width _____ No. of drop boxes _____ Distribution 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	Ground Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Septic Tank	50 ☐	50 ☐	50 ☐	NA ☐	25 ☐	10 ☐	15 ☐	20 ☐	☐
Pressure Lines	100 ☐	500 ☐	50 ☐	4 ☐	12 ☐	10 ☐	30 ☐	40 ☐	☐
Drainfield	100 ☒	500 ☒	50 ☒	N/A ☒	12 ☒	10 ☒	100 ☒	200 ☒	☒

F. Required Signatures

Print Name: _____ Date _____

Signature: Kevin L. Schneider Date: 3/2/2016



Lancaster County/City of Lincoln GIS Map

Darren Compton 7800 W Hallam Rd, Hallam, NE 68368 402-405-2632

Printed: Mar 02, 2016

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 ags@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. HS001203

System Type: Lagoon

Situs: 7800 W HALLAM RD, RURAL, NE

Issued: 3/9/2016

Expires: 3/9/2017

Description: S26, T7, R5, 6th Principal Meridian, LOT 1 SE & NW SE

Owner: COMPTON, DARREN R & DANCE,
JULIE L
7800 W HALLAM RD
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

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

8/17/16 OK

Exhibit 6

Permit Number: HS001203

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 8/16/16 Legal Description ___ ¼ ___ ¼ 26/7/5 Lot 1
Section/Township/Range

Onsite System Location

Address (no rural route) 7800 W. Hallam 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 X No ___
Lagoon floor is level	Yes X No ___
Lagoon is equipped with a depth gage/concrete slab	Yes X 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 X No ___
Inside slope not steeper than three horizontal to one vertical	Yes X No ___
Minimum width of the top of the dike shall be 4 feet	Yes X No ___
Fence installed	Yes X No ___

Top of the Dike 52' Bottom of Lagoon 16' Design Flow 225 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: ___

Dike North side

Comments: NA

Inspections prior to Final Approval
Initial ___ Date 8/15/16

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By ___
Date 8/16/16