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

A

Permit Number HS001228

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 10542 SW 140th (no rural route) City _____, NE Zip _____

Legal Description SE NW 31 9 5E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID _____

B. Owner

Name Brad Cheney Signature _____

Address 11901 S. 171st Street Court City/State/Zip Bennet, NE 68317

Home Phone 402-432-6143 Cell Work Phone _____

C. Certified Installer

Name: Justyn Peterson Signature _____

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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 _____ 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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

D

Permit Number: HS001228

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4/13/16 Legal Description SE (1/4) NW (1/4) 31 (Section) 9E (Township Range)

Onsite System Location

Address (no rural route) 10542 SW 140th City _____ NE, Zip _____

Owner Brad Cheney Address 11901 S. 171st Street Court Bennet, NE 68317

A. Sewer Pipe

Lagoon

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: NA ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 10+ ft.
   property line 50+ ft.

Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

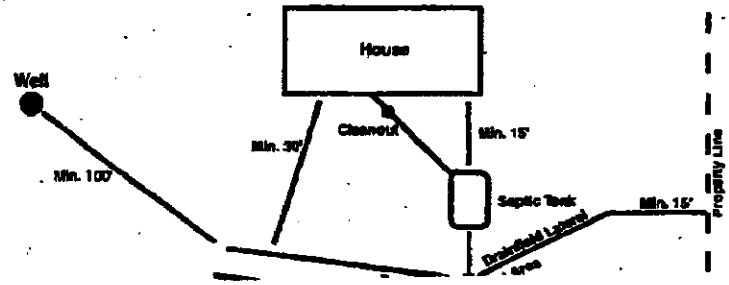
D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

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

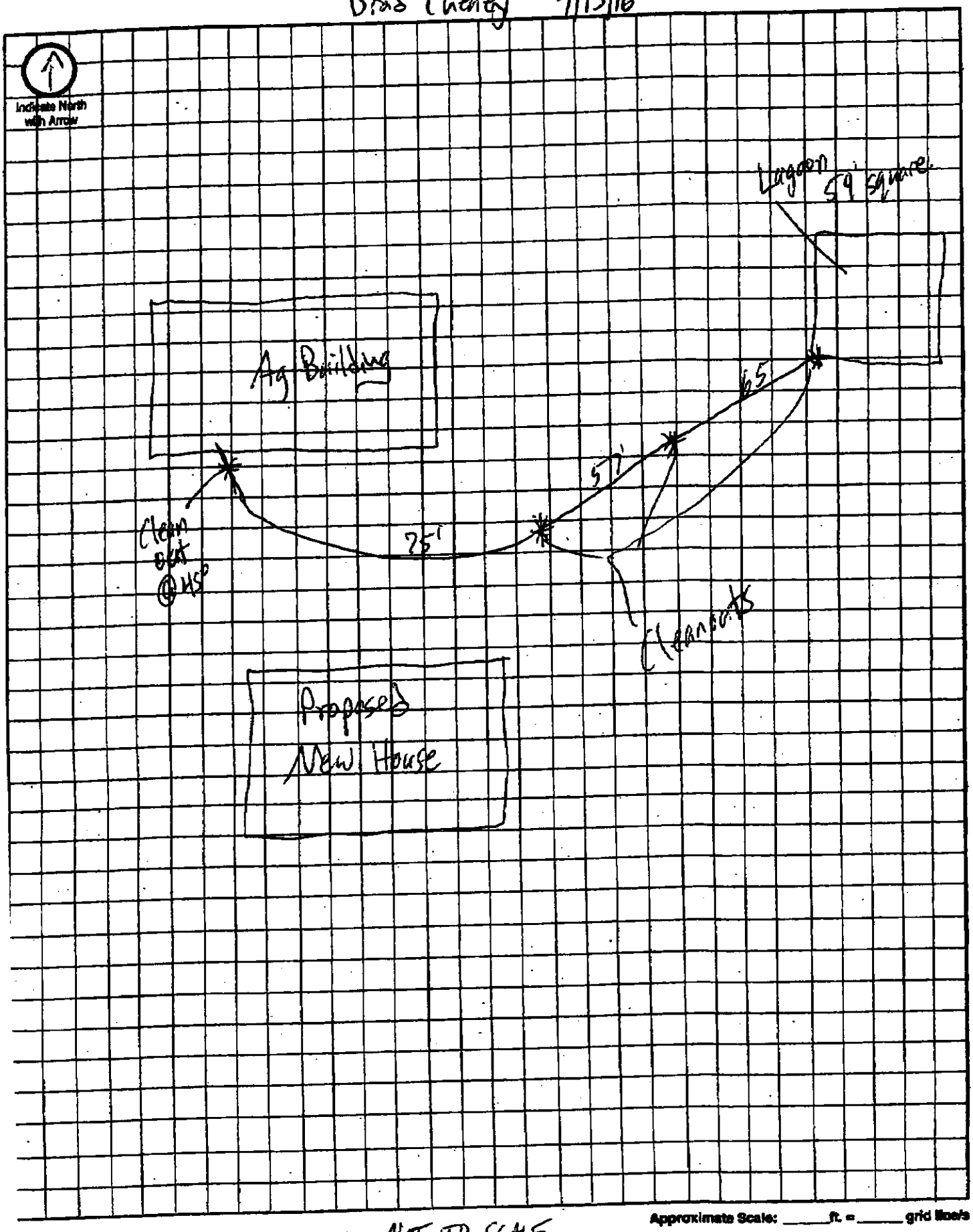
Onsite Wastewater System Design (Example)



ate North
Arrow

As Built Drawing

Brad Cheney 4/13/16



NOT TO SCALE

Approximate Scale: _____ ft. = _____ grid lines

140th & Rokeby Rd

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

Exhibit 6

Permit Number:

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 4/12 Legal Description Lot 13 ¼ ¼ 531/T9/R5 Section/Township/Range

Onsite System Location

Address (no rural route) _____ 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___ No X

Top of the Dike 59' Bottom of Lagoon 23 Design Flow 300

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 ❑ ? ? Along North side	50ft ❑ Some trees need clearing out	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:

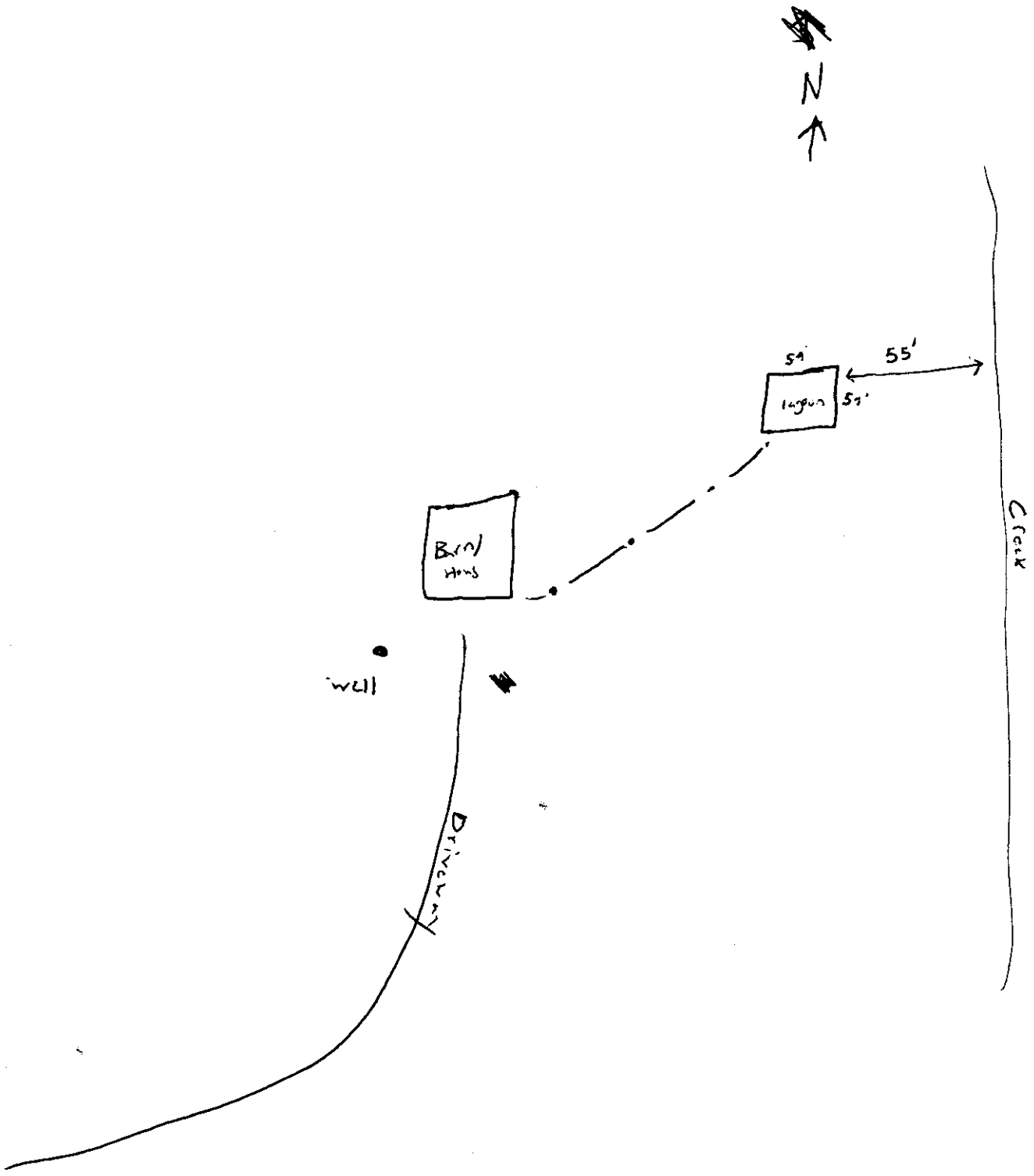
Inspections prior to Final Approval
Initial [signature] Date 4/12

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date _____


N
54'
55'
54'
Lagoon
Creek
Barn
Horse
well
Driveway

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. HS001228

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/19/2016

Expires: 4/19/2017

Description: S31, T9, R5, 6th Principal Meridian, LOT 13 N1/2

Owner: CHENEY, BRADLEY WARREN &
KORTH-CHENEY, SARAH MARGARET
11901 S 171 CT
BENNET, NE 68317

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

EARNEST WELL DRILLING
P.O. BOX 6
MILFORD, NE 68405

140th & Rokeby Rd 5/16/17

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

SCANNED

Exhibit 6

Permit Number: HS001238

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 4/12 Legal Description Lot 13 53I/T9/R5
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10542 SW 140th 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 No X Fence has been installed 5/15/17

Top of the Dike 59' Bottom of Lagoon 23 Design Flow 300

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 ☐ ?? Along North side	50ft ☐ Some trees need clearing out	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:

Inspections prior to Final Approval
Initial [illegible] Date 4/12
Follow-Up DS Date 5/15/17
Follow-Up Date
Installation Final Written Approval
By [illegible]
Date 5/16/17

Updated 4/15