Mike Peterson APR 2 2 2016

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

A

Permit Number HS001234

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 _____ City _____, NE Zip _____
(no rural route)

Legal Description S28 T11 R5 ACRES 6TH PRINCIPAL MERIDIAN 29
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 05-28-300-015-000

B. Owner

Name Jerod Roth Signature Jerod Roth
Address 1097 Z38 RD. City/State/Zip MILFORD NE 68405
Home Phone _____ Work Phone 402-499-0234

C. Certified Installer

Name: Justin 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 20
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 400

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 _____ 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 4-22-16 Amount Paid $385
Received By SB Cash/Check No. 16810

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

Form A Updated: 1/13

APR 2 2 2016

C

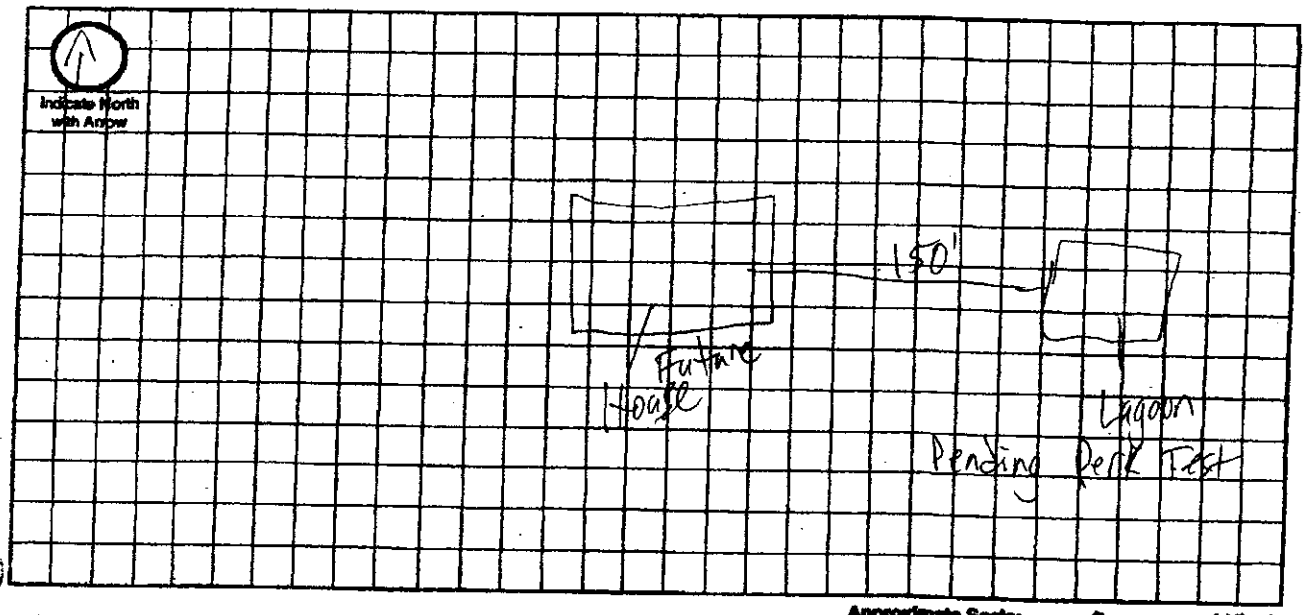
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS001234

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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) ~ Pending Perk Test ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate _____ (min/inch = mpi) No. of Bedrooms 3 Soil Type Clay 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 _____ 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
Tank (ft)	50 ☐	500 ☐	50 ☐	N/A ☐	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 _____ Date 4/4/16

Onsite Form C 12_08

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. HS001234

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/27/2016

Expires: 4/27/2017

Description: S28, T11, R5, Acres 6th Principal Meridian, LOT 29 SW

Owner: ROTH, JERED & DINORATH
1097 238 RD
MILFORD, NE 68405

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

KUHLMAN CONSTRUCTION INC
2054 HOLDREGE RD
PLEASANT DALE, NE 68423

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

OK 9/15/2016

Exhibit 6

Permit Number: HSD1234

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 7/5/16

Legal Description T11N, R3E, Sec 28 Lot 29
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7888 NW 112th City _____

Owner Roth, Jerry 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	Yes X No ___
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 X
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: _____

Dike North side N/A

Comments:

Inspections prior to Final Approval
Initial N/A Date 6/30/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 9/14/16

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: HS001234

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

Address or Legal Description or Parcel Identification Number (PID) _____

Owner: Jered Roth Address 7848 NW 112th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: _____ 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 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

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.

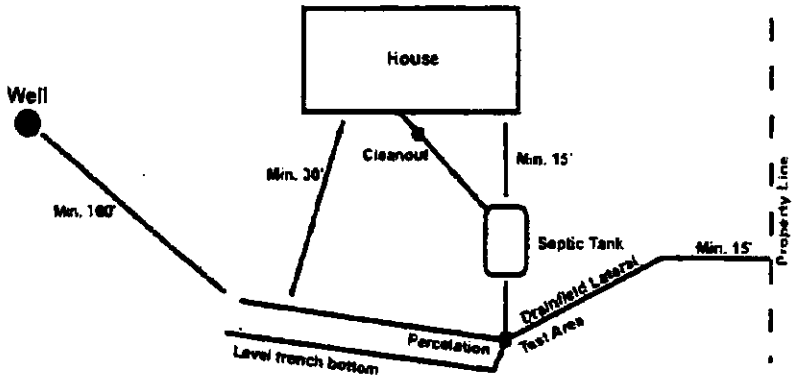
Certified Professional Signature: _____ Date: 6/30/16

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

Onsite Wastewater System Design (Example)

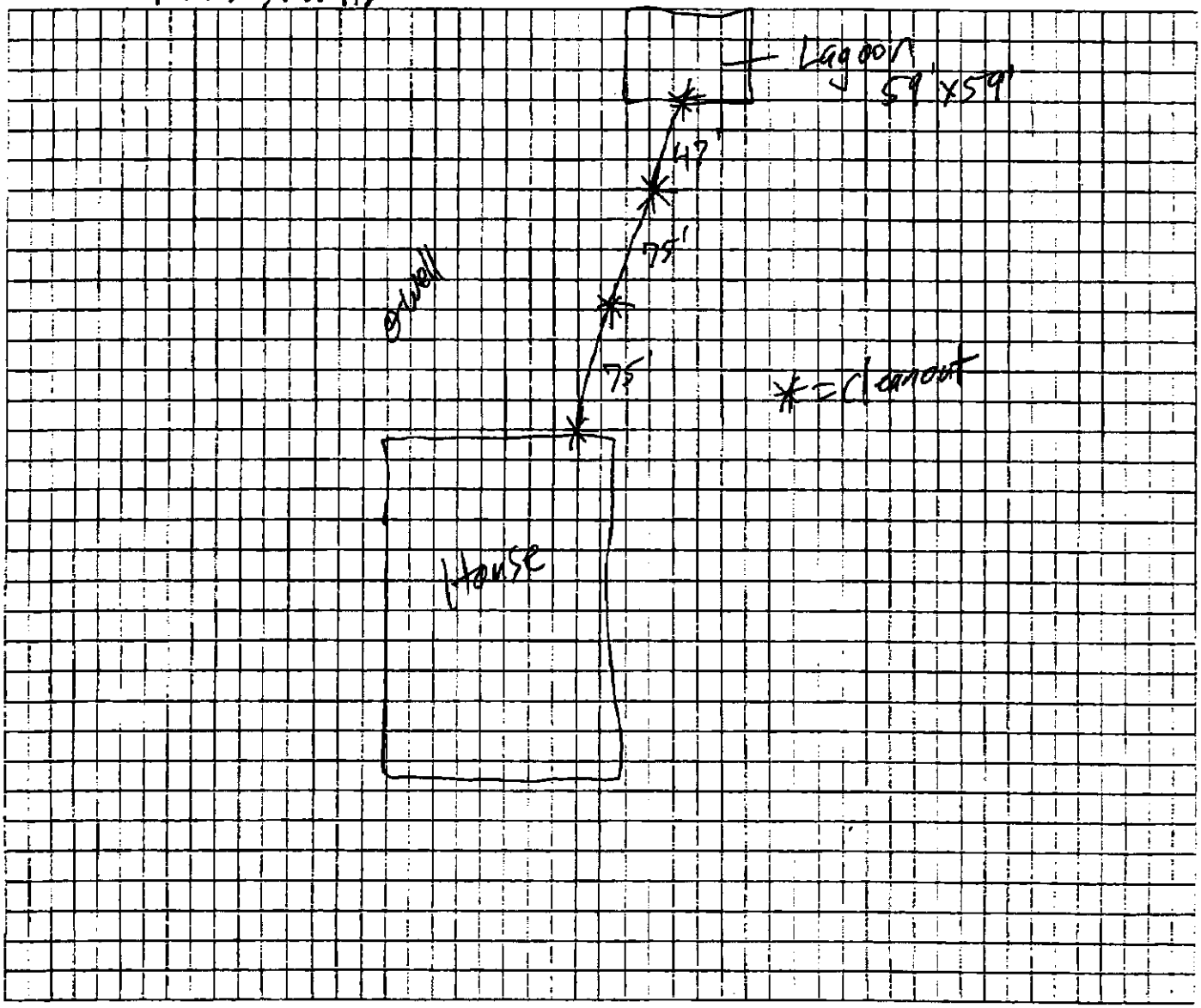
Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions

7988 NW 112th



Nate C. Hartman

From: Nadine Link <malcolmne@msn.com>
Sent: Tuesday, April 26, 2016 2:43 PM
To: Nate C. Hartman
Subject: Re: Roth Lagoon/Septic

Malcolm has no objections for a Lagoon at Lot 29, S28, T11, R5 Meridian for Jered & Dinorath Roth.

Nadine Link, Village Clerk
Village of Malcolm
137 E 2nd Street
P.O. Box 228
Malcolm, NE 68402
(402) 796-2250 - Office
(402) 580-3959 - Cell
(402) 796-2288 - Fax

----- Original Message -----
From: Nate C. Hartman
To: 'Nadine Link'
Sent: Tuesday, April 26, 2016 8:22 AM
Subject: RE: Roth Lagoon/Septic

Nadine:

Please let me know if Malcolm has any objections to the issuance of their onsite wastewater treatment system permit. The permit application is for a Lagoon.

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
Water Quality Section
Lincoln-Lancaster County Health Department
(402) 441-8643 Fax (402) 441-3890

From: Nadine Link [mailto:malcolmne@msn.com]
Sent: Monday, April 25, 2016 4:30 PM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: Roth Lagoon/Septic

Nate,

Jered & Dinorath Roth have applied for a Building permit to build a new home legal description is Lot 29, S28, T11, R5 Meridian in Malcolm Nebraska (NW 112th and off of Highway 34th). Kuhlman Construction out of Pleasant Dale is the contractor.

If you have any questions, feel free to call anytime.

Thanks,

Nadine Link, Village Clerk
Village of Malcolm
137 E 2nd Street
P.O. Box 228
Malcolm, NE 68402
(402) 796-2250 - Office
(402) 580-3959 - Cell
(402) 796-2288 - Fax

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