Lincoln-Lancaster County Health Department

New Construction

14720 Bennet Rd

Bennet

SE SW SE Chambers Ridge Administrative

21-04-401-001-000

BRANDON M. DONOVAN

550 TYLER St.

BENNET, NE 68317

402-540-8978

Lloyd Jakoubek, Raymond Contracting Inc

10800 NW 70th St

Raymond, NE 68428

402-690-0008 or 402-783-0350

4

5-6-16 SB

$ 385.00 VISA

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

C

Permit Number: #S001249

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.

Indicate North with Arrow

OVER

Approximate Scale: _____ ft. = _____ grid line/s

A. Onsite System Location

Chambers Ridge Administrative Lot 1
SE1/4 S4-T8N-R8E

Address (no rural route) 14720 Bennet Rd City Bennet NE, Zip 68317

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_____ 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 ☐	5 ☐	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 Richard Weber Date 5-4-16

Installer: Dennis Johnson Date 5/5/16

Onsite Form 2-12-08



Lancaster County/City of Lincoln GIS Map

14720 Bennet Rd, Bennet, NE 68317

RKV

ted: May 04, 2016

SCLAIMER: 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 a 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. HS001249

System Type: Lagoon

Situs: 14720 BENNET RD, RURAL, NE

Issued: 5/6/2016

Expires: 5/6/2017

Description: CHAMBERS RIDGE ADMINISTRATIVE SUBDIVISION, Lot 1

Owner: CHAMBERS, MARVIN D & JEAN E
LIFE ESTATE
10051 S 148 ST
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

RAYMOND CONTRACTING
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

3/13/17 OK QV

Exhibit 6

Permit Number: HS001249

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 3/10/17 Legal Description Chambers Ridge Lot 12

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14720 Benner 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 ✓ 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):

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 3/9/17 Date DC

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ames

Date 3/10/17