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

A

Permit Number
HSO01268

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 5600 S Coddington Ave (no rural route) City Lincoln, NE Zip 68523

Legal Description 9 9 6 Potters Pocket 1st Add. 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 09-09-402-001-000

B. Owner

Name Catholic Social Services Signature [signature]

Address 2241 O St. City/State/Zip Lincoln, NE 68510

Home Phone _____ Work Phone 402 327 6230

C. Certified Installer

Name: Harry Muhlbach Signature Harry T. Muhlbach

Address 5701 Vine ST City/State/Zip Lincoln NE 68505

Work Phone 402-430-7304

D. Engineer

☑ Check and complete if engineer designed system P.E. License Number: E-7588

Designer Name Dan Rosenthal Firm REGA Engineering Work Phone 402-421-2500

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 7 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 7

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

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 _____
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 10-1-16 Amount Paid $385.00
Received By SB Cash/Check No. 7830

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

Form A Updated: 5/10

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. HS001268

System Type: Lagoon

Situs: 5600 S CODDINGTON AVE, RURAL, NE

Issued: 6/7/2016

Expires: 6/7/2017

Description: POTTERS POCKET 1ST ADDITION, Lot 1

Owner: ST JOSEPH INSTITUTE
2241 O ST
LINCOLN, NE 68510-1122

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

HL MUHLBACH CONSTRUCTION
5701 VINE ST
LINCOLN, NE 68505

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

SCANNED

A

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Work Phone 402-430-7309

D. Engineer

☑ Check and complete if engineer designed system P.E. License Number: E-7588

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No. 82-30

1. Health Department
Site visits 8/23, January 2017, 4/24/17 – Needs fence
Date rec'd 6/2/16
Date frwd 6/2/16
ACTION ☐ Approved ☐ Disapproved
Signature [signature]

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

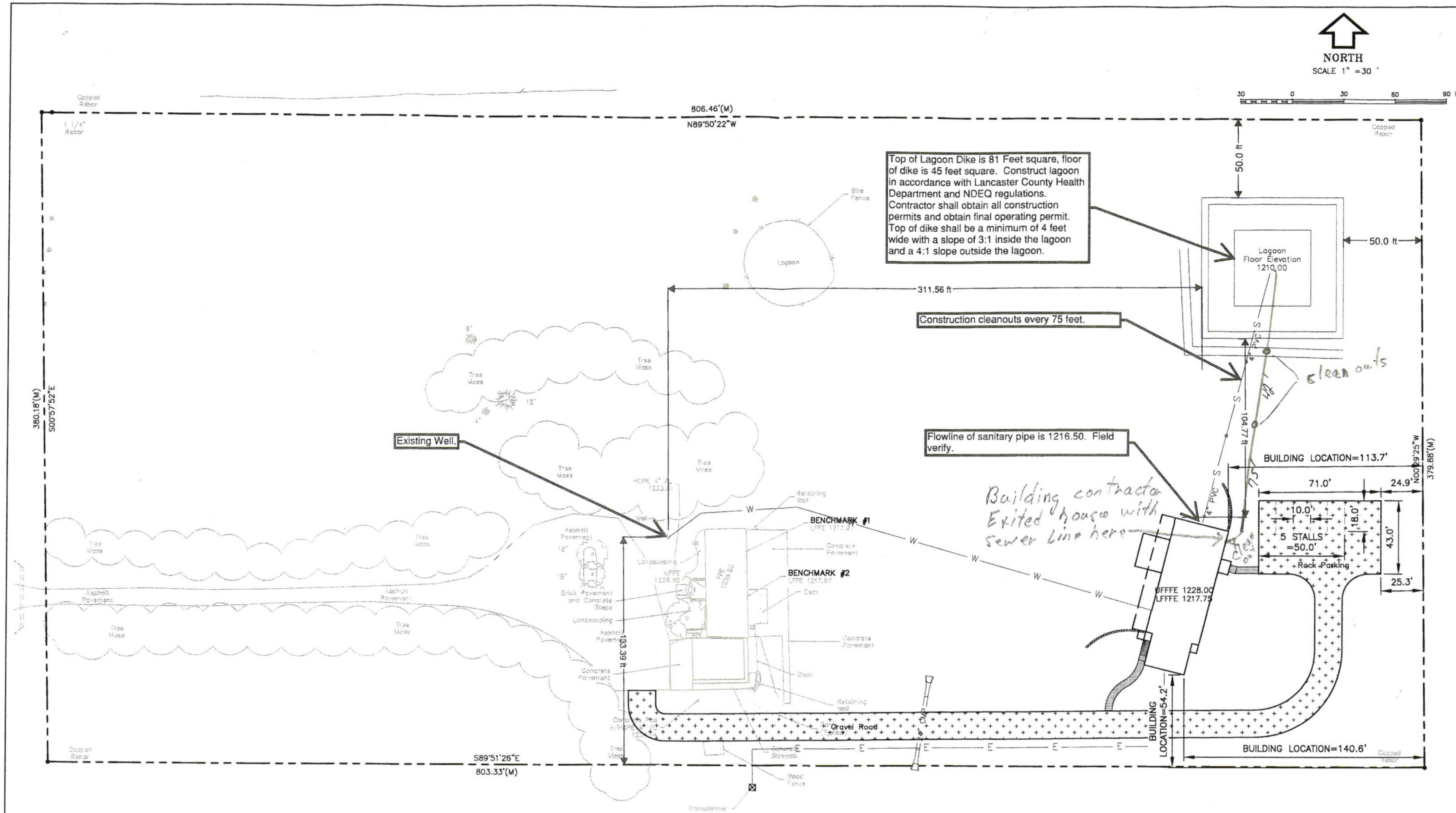
3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By [signature]
Date 5/11/18

Business Office Use Only
Date Received 6-1-16 Amount Paid $385.00
Received By SB Cash/Check No. 7830

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

Form A Updated: 5/10



LEGEND

- GRAVEL ROAD/GRAVEL PARKING LOT
- SIDEWALK PAVEMENT
- RETAINING WALL
- PROPERTY LINE

BENCHMARK

BENCHMARK #1 LOWER LEVEL FINISH FLOOR=1217.97

BENCHMARK #2 LOWER LEVEL FINISH FLOOR=1217.97

Retain the Location Request Number for YOUR Own Protection!

Diggers Hotline of Nebraska 1-800-331-5666 (STATEWIDE)

NOTE:
UNDERGROUND UTILITY LOCATIONS SHOWN ARE FROM INFORMATION PROVIDED TO US FROM UTILITY COMPANIES. UTILITY COMPANIES MAKE NO WARRANTIES OR GUARANTEES REGARDING THE ACCURACY OF THE INFORMATION CONTAINED IN THEIR DOCUMENTS AND PROVIDES IT ONLY AS GENERAL INFORMATION TO THE RECEIVER. FOR SPECIFIC LOCATIONS DURING CONSTRUCTION CALL "DIGGERS HOTLINE" 1-800-331-5666 (STATEWIDE) PRIOR TO DIGGING.

ISSUED FOR:	DATE:	BY:	REVIEW BY:
SWPPP PERMIT	10/08/15	NB	DR
REVISED STALLS/NORTH PROP. DIM. LINE	12/11/15	NB	DR

PROJECT
151127

REVISIONS NO.	DESCRIPTION	DATE	BY

REGA
ENGINEERING GROUP, INC.

601 OLD CHENEY RD., SUITE A
LINCOLN, NEBRASKA 68512
(402).484.7342

- ENGINEERING
- PLANNING
- LAND SURVEYING

JOHN PAUL II, MERCY HOME SANITARY LAGOON/PARKING LOT LINCOLN, NEBRASKA SITE LAYOUT

DATE: 10/2015
DESIGNED BY: BW/NB
DRAWN BY: BW/SDB
CHECKED BY: DR/NB

PROFESSIONAL CIVIL ENGINEER DANIEL J. ROSENTHAL NEBRASKA

Dan Rosenthal

SHEET NO.
1

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

Exhibit 6

Permit Number: HS001268

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 4/24/12 Legal Description Potter Packer 1st. Lot 1
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5600 S. Coddington 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	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 78' - Set to Engineer Stacks	Yes ___ No X

Top of the Dike 80' Bottom of Lagoon 44' Design Flow 600

Verified Fence Completion 5/10/12 DG

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:

Inspections prior to Final Approval
Initial DS Date Various 4/20/12
Follow-Up _____ Date _____
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Hurd
Date 5/11/12