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

A

Permit Number
HS001292

Onsite Wastewater Treatment System Permit Application

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

* Holding Tank 2000 gallon

❑ Septic System ❑ Lagoon ❑ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 15192 NW 56 Street (no rural route) City Raymond, NE Zip 68428

Legal Description 6 11 6 SB

1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-06-100-007-000 SB *Approx. Address (If to be determined)

B. Owner

Name Raymond farmer Co Op Signature

Address 15192 NW 56th St. City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Matt Taylor Signature

Address 2610 S 11th Street City/State/Zip Lincoln NE 68502

Work Phone

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 Whirlpool Bathtub? ❑ Yes ❑ No Total Acres

Garbage Grinder? ❑ Yes ❑ No

X Commercial Establishment/Other Facility Specify Office Design flow in gallons per day

Type of Wastewater ❑ Domestic ❑ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
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 6-20-14 Amount Paid $385
Received By SB Cash/Check No. 1209

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

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Exhibit 5

OK 6/30/16 Q

Permit Number: HS001292

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/30/16 Legal Description Raymond Coop

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 15192 NW 56th City _____

Owner _____ Address _____

Mark One: ☐ Dwelling ☒ Non-dwelling

☐ New System ☐ Alteration ☒ Tank Only ☐ Trench Only ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

☐ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☒ Holding Tank ☐ Trench

Total square feet of drainfield _____ Sq. Ft. Tank Size 2000 gals

Total length of laterals N/A Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	10 ☒	5 ☒
Field (ft)	100 ☐	500 ☒	50 ☒	4 ☒	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Tank is over 500 ft from well

Alarm is installed

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial WH Date 6/23/16

Follow-Up_____ Date_____

Follow-Up_____ Date_____

Installation Final/Written Approval
By _____

Date 6/30/16

Updated 4/15