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

A

Permit Number
HS001336

Onsite Wastewater Treatment System Permit Application

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

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 4590 W F St City lincoln, NE Zip
(no rural route)

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

PID 10-30-400-017-000 *Approx. Address (If to be determined)

B. Owner

Name FALAH ALMUSAWY Signature
Address 4590 W F St City/State/Zip lincoln NE 68522
Home Phone 402 601 7600 Work Phone 402-601-7600

C. Certified Installer

Name: Kevin Lewis Signature
Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523
Work Phone 402 310 9160

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 5 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 4.81
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

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 9-2-16 Amount Paid $1395
Received By SB Cash/Check No. 1560

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

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. HS001336

System Type: Lagoon

Situs: No Site Address Specified

Issued: 9/7/2016

Expires: 9/7/2017

Description: CUSHMAN PARK, Lot K

Owner: ALMUSAWY, FALAH
135 W DAWES AVE
LINCOLN, NE 68521

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

FALAH ALMUSAWY
135 W DAWES AVE
LINCOLN, NE 68521

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

OK 5/15/17 QP

Exhibit 6

Permit Number: HS001336

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 1/23/17 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4590 W F St 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 ☐ N/A
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 ☒ Fence Complied 5/11/17
Top of the Dike_____ 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.

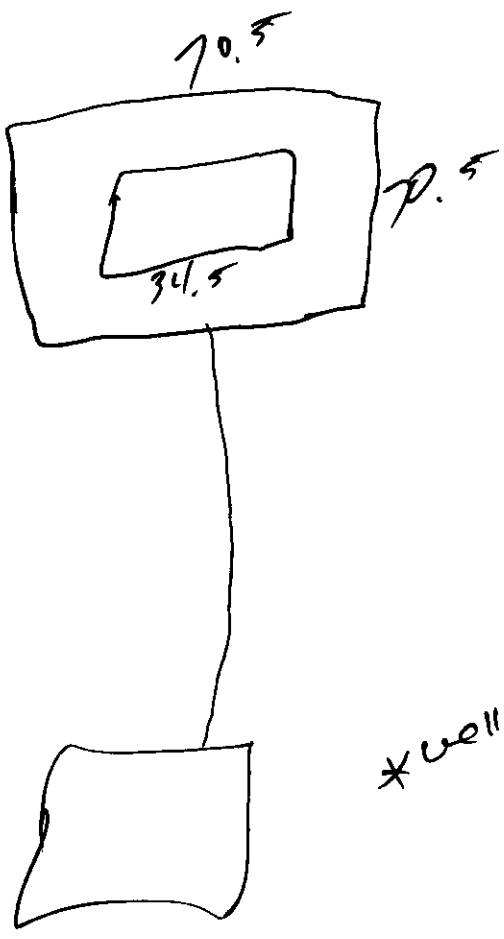
Geographical Coordinates to 6 Decimals: _____

Dike North side

Comments:

*Told contractor that Dike must be 1 ft above Flood grade (BFE).

Inspections prior to Final Approval
Initial DH Date 4/17/17
Follow-Up DS. Date 5/11/17
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 5/11/17


N
70.5
30.5
34.5
*ص11

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

SCANNED

A

Permit Number
HS001336

Onsite Wastewater Treatment System Permit Application

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A. Onsite System Location

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Legal Description 36 10 6

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

PID 10-30-400-017-000 *Approx. Address (If to be determined)

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☐ 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

1. Health Department
Site visits 11/27/16 by Nate Lagoon fence stake D.S
Comments
Date rec'd 9/2/16
Date frwd 9/2/16
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 2-9-16
Date frwd 2-9-16
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 9/2/16
Date frwd 9/2/16
ACTION ☒ Approved ☐ Disapproved
Signature Chad Packard

Installation Final Written Approval
By Doug Ahrens
Date 5/11/17

Business Office Use Only
Date Received 9-2-16 Amount Paid $1395
Received By SB Cash/Check No. 1560

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

Form A Updated: 4/15