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

A

Permit Number HS0014104

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* 17301 Red Sunset Ct City Bennet, NE Zip _____
(no rural route)

Legal Description Lot 82 Nemaha Ridge T8, R8 Sec. 11
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-11-202-008-000 SB *Approx. Address (If to be determined) _____

B. Owner

Name Don Johnson Homes II Inc. Signature [signature]
Address 5901 N 27th St City/State/Zip Lincoln, NE 68521
Home Phone _____ Work Phone 402-617-3663

C. Certified Installer

Name: Scott Mueller Signature [signature]
Address 1345 L 26th Rd City/State/Zip Syracuse NE 68446
Work Phone 402-430-2946

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 5
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 _____ 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 3-9-17 Amount Paid $395
Received By JB Cash/Check No. 21066

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. HS001404

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/15/2017

Expires: 3/15/2018

Description:

Owner:

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

DON JOHNSON HOMES II
5901 NORTH 27TH ST
LINCOLN, NE 68521

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

A

Permit Number HS0014104

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 (17333) D.S

Address* ~~17301~~ Red Sunset Ct City Bennet, NE Zip
(no rural route)

Legal Description Lot 8 Block 2 Nemaha Ridge T 8, R 8 Sec. 11
1/4 1/4 Section (D.S.) Township Range Subdivison Addition Block Lot

PID 21-11-202-008-000 SB *Approx. Address (If to be determined)

B. Owner

Name Don Johnson Homes II Inc. Signature
Address 5901 N 27th St City/State/Zip Lincoln, NE 68521
Home Phone Work Phone 402-617-3603

C. Certified Installer

Name: Scott Mueller Signature
Address 1345 W 26th Rd City/State/Zip Syracuse NE 68446
Work Phone 402-430-2946

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 5 3.03 ac
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 3/10/17
Date frwd 3/10/17
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3/10/17
Date frwd
ACTION ☒ Approved ☐ Disapproved see attached
Signature

3. City or County Engineer
Comments
Date rec'd 3-13-17
Date frwd 3-13-17
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation ~~Final Written~~ Approval
By
Date 3/19/18

Business Office Use Only
Date Received 3-9-17 Amount Paid $395
Received By KB Cash/Check No. 21666

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

* cannot pour to inspection
* Bennett Jurisdiction
see - Sheet - 2

Form A Updated: 4/15

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

A

Permit Number HS001404

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* 17301 Red Sunset Ct City Bennet NE Zip

(no rural route)

Legal Description LS 52 Nemaha Ridge T8, R8 Sec. 11

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

PID 21-11-202-008-000 SB *Approx. Address (If to be determined)

B. Owner

Name Dan Johnson Homes II Inc Signature

Address 5901 N 27th St City/State/Zip Lincoln, NE 68521

Home Phone Work Phone 402-617-3663

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 L 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-432-2946

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 Garbage Grinder? ☒ Yes ☐ No Total Acres 5 3.03 ac

☐ 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 3/10/17
Date frwd 3/10/17
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3/10/17
Date ~~frwd~~ 3-14-17
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 3-13-17
Date frwd 3-13-17
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploenzke

Installation Final Written Approval
By
Date

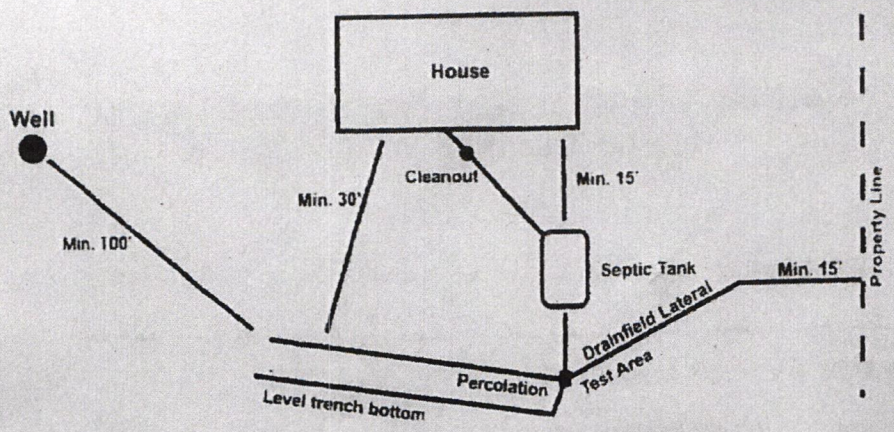
Business Office Use Only
Date Received 3-9-17 Amount Paid $395
Received By KB Cash/Check No. 21666

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

Form A Updated 4/15

Onsite Wastewater System Design (Example)

:ate North
rrow Here:



*Note-If Lagoon, show all applicable dimensions

House

Cleanout

Cleanout

65'x 65'

Lagoon