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

MAR 0 9 2017

A

Permit Number
HSOO 14406

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* 11670 Stagecoach Rd (no rural route) City Hickman, NE Zip 68372

Legal Description _____

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

PID 21-3-4-2-001-006 SB Approx. Address (If to be determined) _____

B. Owner

Name Travis & Stephanie Meyer Signature _____

Address 9519 S. 72nd St City/State/Zip Lincoln, NE 68516

Home Phone ~~402 540 1016~~ 402 540 1016 Work Phone 402 540 1016

C. Certified Installer

Name: Haws Excavating Inc. Signature _____

Address 9800 Bluegrass RD City/State/Zip Lincoln NE 68526

Work Phone 402-499-1166

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 1 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 7.2

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 SB Cash/Check No. 1036

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

MAR 0 9 2017

C

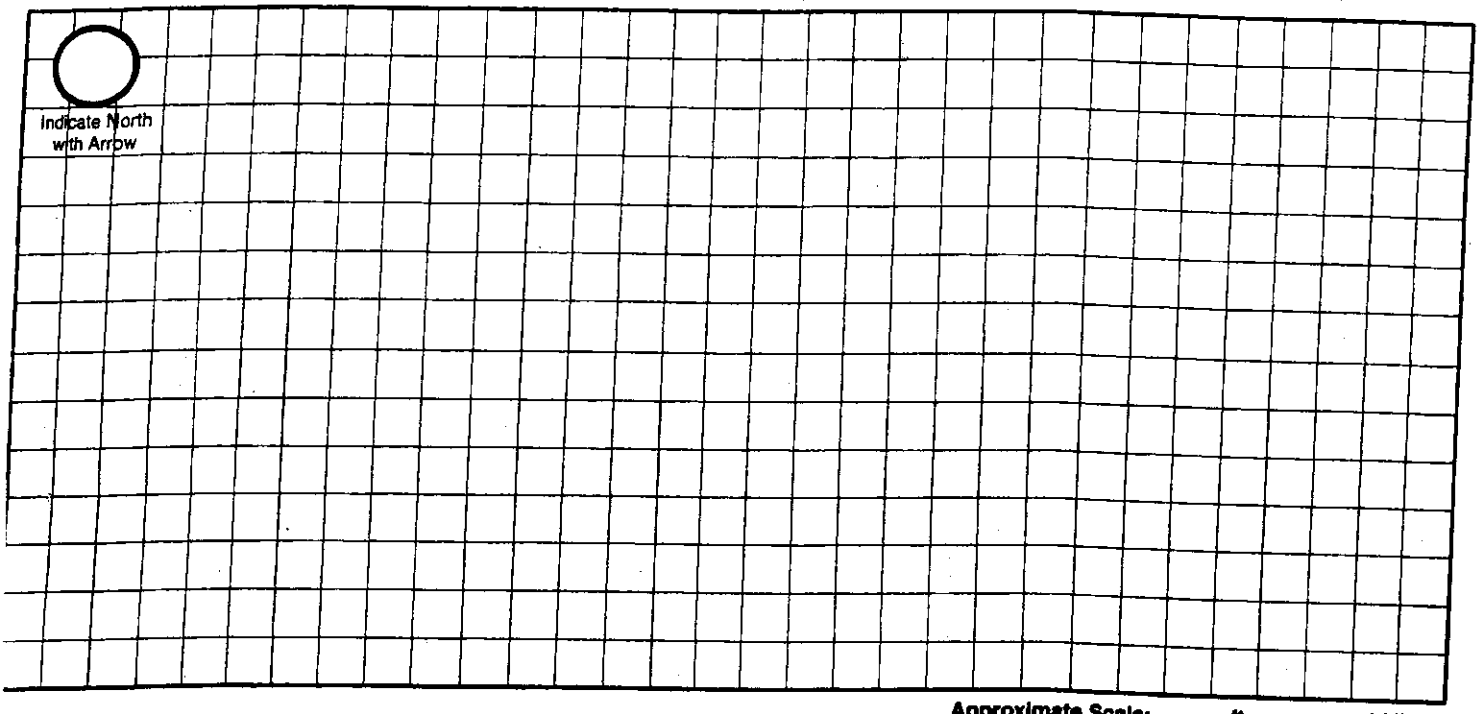
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HSO 014106

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.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 11670 Stagecoach Rd City Hickman NE, Zip 68372

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 1 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_____ Distrubtion 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	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
agoon (ft)	100 ☒	500 ☐	50 ☐	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☐

F. Required Signatures

ome Building Contractor _____ Date 3-9-17

taller _____ Date _____

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. HS001406

System Type: Lagoon

Situs: 11670 STAGECOACH RD, RURAL, NE

Issued: 3/13/2017

Expires: 3/13/2018

Description: NATURE MEADOWS ADDITION, BLOCK 2, Lot 1

Owner: MEYER, TRAVIS & STEPHANIE
11670 STAGECOACH RD
HICKMAN, NE 68372

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

TRAVIS MEYER
9619 S 72ND ST
LINCOLN, NE 68516

MAR 0 9 2017

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

A

Permit Number
H500 14406

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 11670 Stagecoach Rd (no rural route) City Hickman, NE Zip 68372

Legal Description 31 8 8 2 1

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

PID 21-3.1-402-001-006 SB Approx. Address (If to be determined)

B. Owner

Name Travis & Stephanie Meyer Signature

Address 9504 S. 72nd St City/State/Zip Lincoln, NE 68516

Home Phone ~~402 540 1016~~ 402 540 1016 Work Phone 402 540 1016

C. Certified Installer

Name: Haes Excavating Inc. Signature

Address 9800 Bretzlaff RD City/State/Zip Lincoln NE 68526

Work Phone 402-499-1166

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 6 - Nit as per contract Whirlpool Bathtub? ❑ Yes ☒ No Total Acres 7.2

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 Must meet floodplain regs.
Date rec'd 3/10/17
Date frwd
ACTION ☒ Approved ❑ Disapproved
Signature

3. City or County Engineer
Comments Flood plain in corner of lot. Avoid!
Date rec'd 3-13-17
Date frwd 3-13-17
ACTION ☒ Approved ❑ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By
Date

*NOTE PERMIT EXPIRED

Business Office Use Only
Date Received 3-9-17 Amount Paid $395
Received By SB Cash/Check No. 1036

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

Form A Updated: 4/15