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

A

Permit Number
HS001423

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*_____ City_____, NE Zip_____
(no rural route)

Legal Description S½ NE 5 T-11-N R-7-E 35
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 1805200 011 000 *Approx. Address (If to be determined) 14101

B. Owner

Name Harry & Lois Muhlbach Signature Harry Muhlbach
Address 5701 Vine Str City/State/Zip Lincoln, Ne
Home Phone 402-430-7304 Work Phone

C. Certified Installer

Name: H.L. Muhlbach Constr Signature Harry T. Muhlbach
Address 5701 Vine Str City/State/Zip Lincoln, Ne 68505
Work Phone 402-430-7304

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_____
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 4-4-17 Amount Paid $395.00
Received By GB Cash/Check No. 8104

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. HS001423

System Type: Lagoon

Situs: No Site Address Specified

Description: S5, T11, R7, 6th Principal Meridian, LOT 35 NE

Issued: 4/6/2017

Expires: 4/6/2018

Owner: MUHLBACH, HARRY L
5701 VINE ST
LINCOLN, NE 68505

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 STREET
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

Permit Number
HS001423

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* 14277 N 56th City _____, NE Zip _____
(no rural route)

Legal Description S½ NE 5 T-11-N R-7-E 35
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 1805200 011 000 *Approx. Address (If to be determined) 14101

B. Owner

Name Harry & Lois Muhlbach Signature Harry Muhlbach
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☐ 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 _____
Comments _____
Date rec'd 4/5/17
Date frwd 4/5/17
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 _____
3/21/18

Business Office Use Only
Date Received 4-4-17 Amount Paid $395.00
Received By GB Cash/Check No. 8104

EXTENSION: 5-01-18 $120.00 CC 2665

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

X-Existing Property JRO

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

SCANNED

A

Permit Number
HS001423

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* 14277 N 56th (no rural route) City _____, NE Zip _____

Legal Description S½ NE 5 T-11-N R-7-E 35

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

PID 1805200 011 000 *Approx. Address (If to be determined) 14101

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Name Harry & Lois Muhlbach Signature Harry Muhlbach

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Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits _____
Comments _____
Date rec'd 4/5/17
Date frwd 4/5/17
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 5/31/18

3/31/18

Business Office Use Only
Date Received 4-4-17 Amount Paid $395.00
Received By GG Cash/Check No. 8104

EXTENSION: 5-01-18 $120.00 CC 2665

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

SCANNED

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS001423

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 8/2/18 Legal Description T11NR7E Sec 5 Lot 38
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1427 N. 56th 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___
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___
Top of the Dike_____ Bottom of Lagoon_____ Design Flow_____

12/3/18

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:

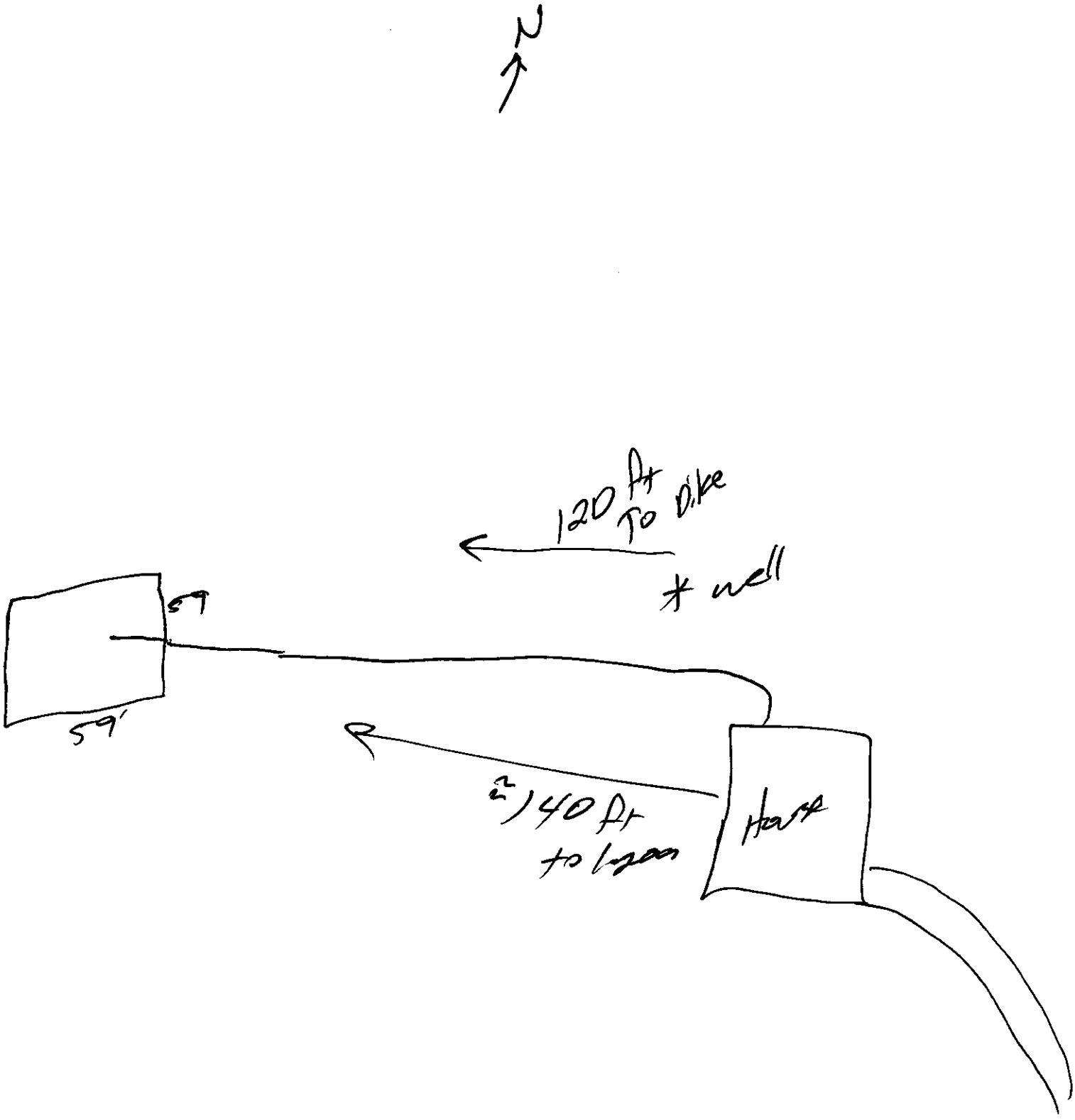
Inspections prior to Final Approval
Initial DH Date 8/2/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 12/3/18


N
120 ft
To Dike
* well
59
59'
~140 ft
to Lagoon
House

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCT/ INSTALL EXTENSION PERMIT
No. HS001423

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/7/2018

Expires: 10/6/2018

Description: S5, T11, R7, 6th Principal Meridian, LOT 35 NE

Owner: MUHLBACH, HARRY L
5701 VINE ST
LINCOLN, NE 68505

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

HL MUHLBACH CONSTRUCTION
5701 VINE STREET
LINCOLN, NE 68505

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

D Exhibit 4

Permit Number: HS001423

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☒ Lagoon (Skip to Back Page) ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 14277 56th St

Owner: Harry Muhlbach Address Lincoln NE 68514

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

Inspected post weather lift relevant

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

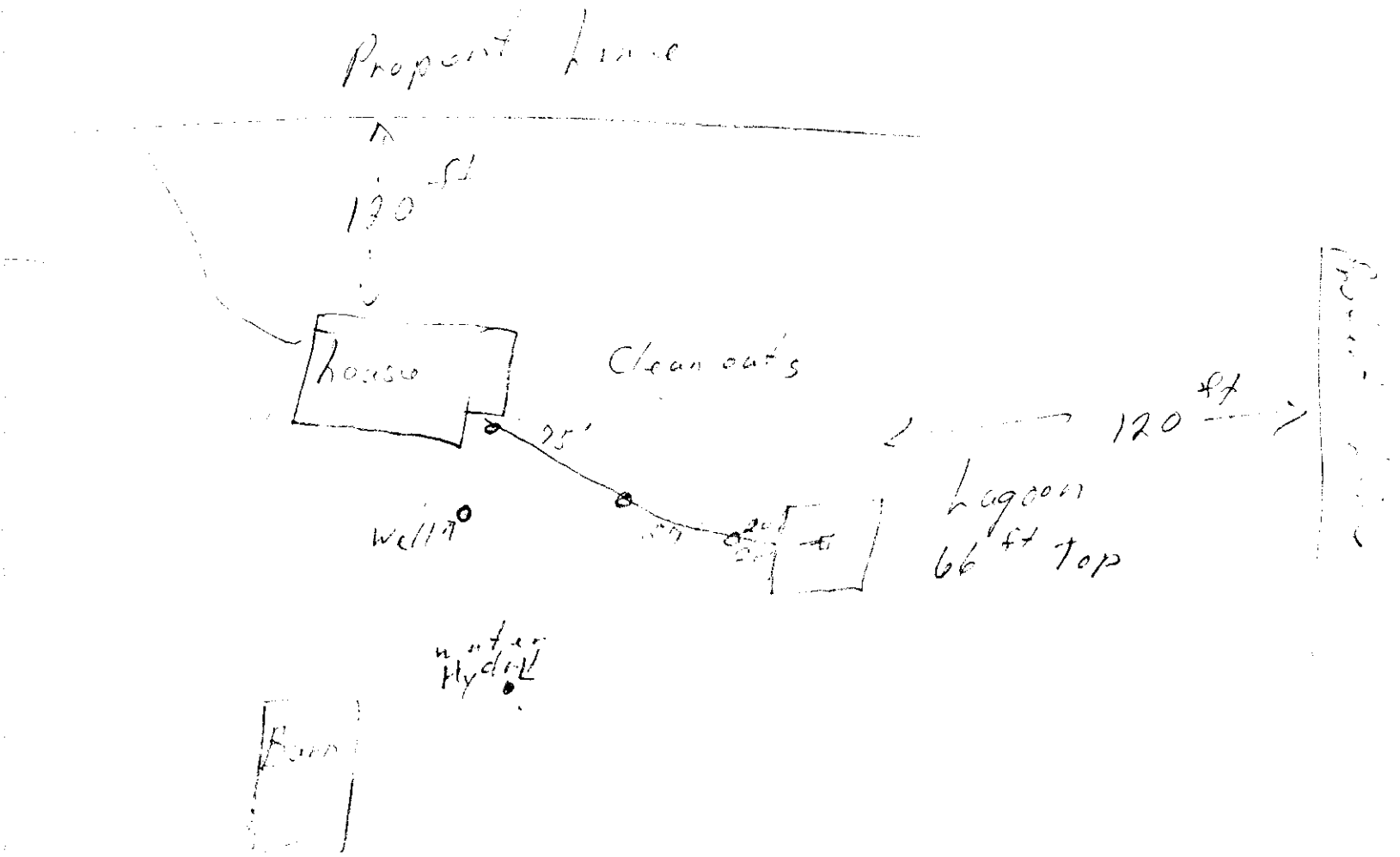
If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Harry Muhlbach Date: 11-1-18

Complete As-Built drawing on the back of this form.

S ↑


Property line
120 ft
House
Clean outs
25'
120 ft
Lagoon
66 ft Top
well
Hydrant
Barn