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

A

Permit Number: HS001429

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* ~~Olive Creek Rd + SW 40th Rd~~ City _____, NE Zip _____
(no rural route)

Legal Description SW 15 7N 5E 6th Prime Meridian Lot 31 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 01-15-300-005-000 *Approx. Address (If to be determined) _____

B. Owner

Name Dan Johnson Homes 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 N 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 _____
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 4-10-17 Amount Paid $395
Received By SB Cash/Check No. 6750

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

Rev 10/04/16

ACCESS PERMIT APPLICATION

LANCASTER COUNTY ENGINERING DEPARTMENT
444 Cherrycreek Road, building C, Lincoln Nebraska 68528-1578
402-441-7681

FOR OFFICE USE ONLY
Permit # _____
Maintenance District _____
Date Received _____
County Rep _____

(*-Denotes required fields, Application will not be processed if left blank)

*Permit Type Residential *if Accessory Drive, see requirement item #1 Listed in the guidelines for driveway permits

If temporary, list date to be removed: _____

Application is hereby made to the Lancaster County Engineering Department: pursuant to County Board Resolution #3708 by:

*Property Owner Casey and Heather Dahlke

*Mailing Address 911 Donnie Ln

City Lincoln State NE Zip Code _____

E-Mail Address hhdahlke@gmail.com

*402-440-6151 Daytime Phone and/or _____ Cell Phone

Applicant/Agent Brad Johnson
(If different than owner)
Company Name Don Johnson Homes
Mailing Address 5901 N 27th St

City Lincoln State NE Zip Code 68521

E-Mail Address brad@donjohnsonhomes.com

402-617-3663 Daytime Phone and/or _____ Cell Phone

Legal Description of Property: (Legal descriptions can be found here: http://lincoln.ne.gov/gis/gisviewer)

*Subdivision _____ *Lot # _____ * Block # _____ **or**

*Irregular Tract # Lot 31 IT SW 1/4 Section *Section # 15 *Township 7 N *Range 5 E
Or Fractional part of Section (if Applicable)

If in an adjacent county, list the county _____

Driveway Information:

*Is this an existing drive? No

What is the requested Drive width? 20 **Feet (Residential or Accessory = 16' Min, 25' Max. Field or Commercial 35' Max)**

If the property has an existing address list it here _____

*List name of street to access SW 100th

*Has the proposed driveway been flagged? YES (Flags are available in the County Engineers Office or at Maintenance stations)

*If not what date will the location be flagged in the field? 4/10/17

*How is the proposed driveway location flagged or marked in the field (list material used)? Flags

What is the approximate distance to the nearest cross street? 500 Feet to SW 100 and W Princeton Rd
(Nearest cross street name)

What is the approximate date you intend to begin driveway construction? 5/15/17

Do you require an onsite meeting with our District Supervisor? _____

Owner /Applicant Comments:

THIS PAGE MUST BE SUBMITTED WITH SIGNATURES BEFORE THE PERMIT WILL BE PROCESSED

FOR OFFICE USE ONLY
Permit #_____
Maintenance District ____
Date Received _____
County Rep _____

General Guidelines:

- Construction of culvert headwalls is not permitted. Plastic culvert pipes are not permitted.
- Landscaping which may cause a safety hazard or maintenance concerns shall not be permitted within road right-of- way. Any cleaning or re-grading of the existing road ditch needed for private construction along roads maintained by the County will be done by the County or done under the County's direct supervision.
- Adequate time shall be given for crew scheduling and to allow utility line locates be done prior to ditch cleaning or re-grading.
- No driveway pipe shall be located within 24' of any adjacent driveway culvert pipe.
- On County maintained roads, the County assumes ownership of culverts after installation.
- If concrete pipe is desired and installed, the applicant/owner is responsible for all costs incurred for cleaning, maintenance and/or replacement at such time that may be designated by the Lancaster County Engineering Department.

When a driveway approach to public right-of- way is to be paved, the following conditions shall apply:

- We recommend paved driveways be a minimum of four-inch (4") concrete or a minimum of five-inch (5") asphalt.
- Driveway shall be sloped and crowned to prevent drainage onto the connection roadway. (minimum slope shall be ¼ inch per foot)
- When connecting a paved driveway to an adjacent paved public roadway, the driveway surface shall match the existing public road surface elevation with a tolerance of the connecting driveway being no more than 3/8 of an inch above the adjacent roadway.
- Driveway shall be inspected prior to paving by a representative from the Lancaster County Engineering Department.
- A Twenty four hour notice shall be given for driveway inspections prior to paving except if connecting to urban type pavement with curb and gutter drainage.
- Maintenance and upkeep of any paved driveway shall be the sole responsibility of the property owner that the drive serves.
- If the driveway access is to a gravel or non-paved roadway, the paved portion of the private driveway shall stop at the property line and shall not encroach on the County right-of-way.

I (we) agree to construct the private driveway in accordance with the above information within three (3) months from the date of issuance of this permit. It is my (our) understanding that this permit may be canceled at any time by the applicant prior to the construction of the work and that this permit is valid for only three (3) months from date of issuance; however, if more time is required, contact this office at (402) 441-7681 for a one-time extension approval.

If a driveway permit is issued to you, it will state the terms and conditions for its use. Any changes in the use of the permit not consistent with the terms and conditions listed herein may be considered a violation of the permit.

The owner/applicant declares that all information provided on this form is to the best of their knowledge, true and complete. They further understand receipt of the driveway permit does not constitute approval to begin any building construction. **Also, the owner/ applicant agrees to notify County Engineering Department when work covered by this permit has been completed and is ready for final inspection and installation approval.**

* _____ * _____ * _____

Signature of Owner | Printed Name | Date

Owner must sign within 48 hours of submitted permit to continue the application process. If the applicant is not the owner of the property, **we require this application also to be signed by the property owner or their legally authorized representative**. This signature shall constitute agreement with this application by all owners-of -interest unless otherwise stated in writing. If a permit is issued, the property owner, in most cases will be listed as the Permittee.

BJ | Brad Johnson | 4/10/17

***Signature of Applicant Required (If NOT Owner)** | *Printed Name | *Date

Allow a minimum of 7-10 working days for permit processing, weather permitting.

Save a Copy & E-Mail to coeng@lancaster.ne.gov **Print Form** **Clear Form**

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. HS001429

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/18/2017

Expires: 4/18/2018

Description: S15, T7, R5, Acres 6th Principal Meridian, LOT 31 SW

Owner: DAHLKE, CASEY J & HEATHER L
911 DONNIE LN
LINCOLN, NE 68522

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 INC
4901 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

Exhibit 6

Permit Number: H-5001429

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 10/12/17 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 24446 SW 100th 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	Yes ☒ No ☐
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 65' Bottom of Lagoon 29' Design Flow 450 gpd

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: N/A

Dike North side

Comments:

Inspections prior to Final Approval

Initial DS. Date 10/12/17

Follow-Up DS. Date 9/10/18

Follow-Up _____ Date _____

Installation Final Written Approval

By Doug Mues

Date 9/10/18

Updated 4/15

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

SCANNED

A

Permit Number: HS001429

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) Frazer construction 1320 for pd.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* ~~Olive Creek Rd + SW 40th Rd~~ City _____, NE Zip _____
(no rural route)

Legal Description SW 15 7N 5E 6th Prime Meridian Lot 31 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 01-15-300-005-000 *Approx. Address (If to be determined) _____

B. Owner

Name Dan Johnson Homes 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 N 26th Rd City/State/Zip Syracuse NE 68446
Work Phone 402-430-2546

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 1 ± 30 #Calculated*
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 10/12/17 - Need, line + lagoon fence
Comments Completed 9/6/18 BS
Date rec'd 4/18/17
Date frwd 4/18/17
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4-17-17
Date frwd 4-17-17
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments _____
Date rec'd 4-17-17
Date frwd 4-17-17
ACTION ☒ Approved ☐ Disapproved
Signature James Plouzek

Installation Final Written Approval
By Dan Jones
Date 9/10/18

Business Office Use Only
Date Received 4-20-17 Amount Paid $395
Received By SB Cash/Check No. 2750

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

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

D Exhibit 4

Permit Number: HS001429

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) 24444 SW 100th

Owner: _____ Address _____

Lagoon

A. Wastewater Piping

1. Material: _____ Diameter: _____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 lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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

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

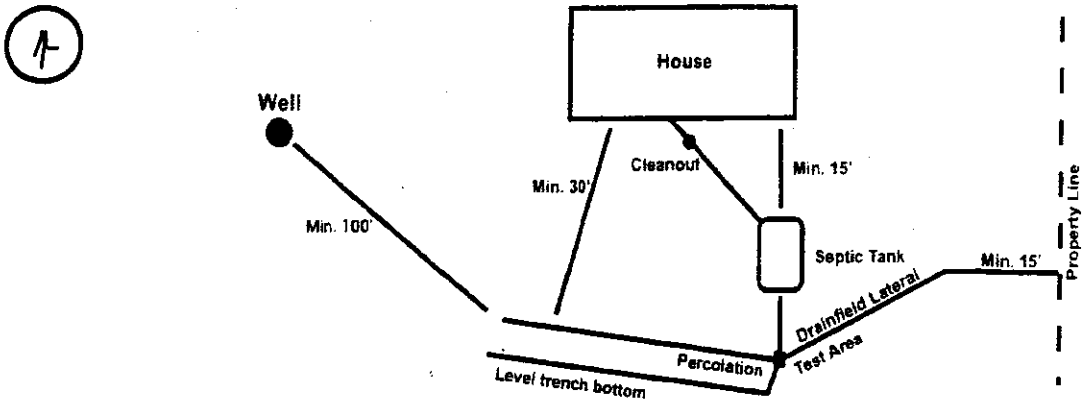
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

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

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions

Sized for 4 bd.

