JUL 17 2017

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

**A**

Permit Number HS001496

# Onsite Wastewater Treatment System Request for Site Clearance and Permit

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

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address 3130 W Fletcher Ave City Lincoln, NE Zip 68524
(no rural route)

Legal Description SW SE 31 11 S
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 05-31-400-004-000

## B. Owner

Name Britton & Karla Wilson Signature _____

Address 730 N 7 St City/State/Zip David City, Ne 68637

Home Phone 402-430-4589 Work Phone _____

## C. Certified Installer

Name: Knut T Virgil Signature _____

Address 4620 W Mary Louise Ln City/State/Zip Lincoln, Ne 68528

Work Phone 402-525-6681

## 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 4 Is there a Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 65.90

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

***DO NOT WRITE BELOW THIS LINE***

**Approval Process** ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

**1. Health Department**
Site visits _____
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 7-18-17 Amount Paid $395
Received By SB Cash/Check No. 2036

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

Form A Updated: 5/10

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

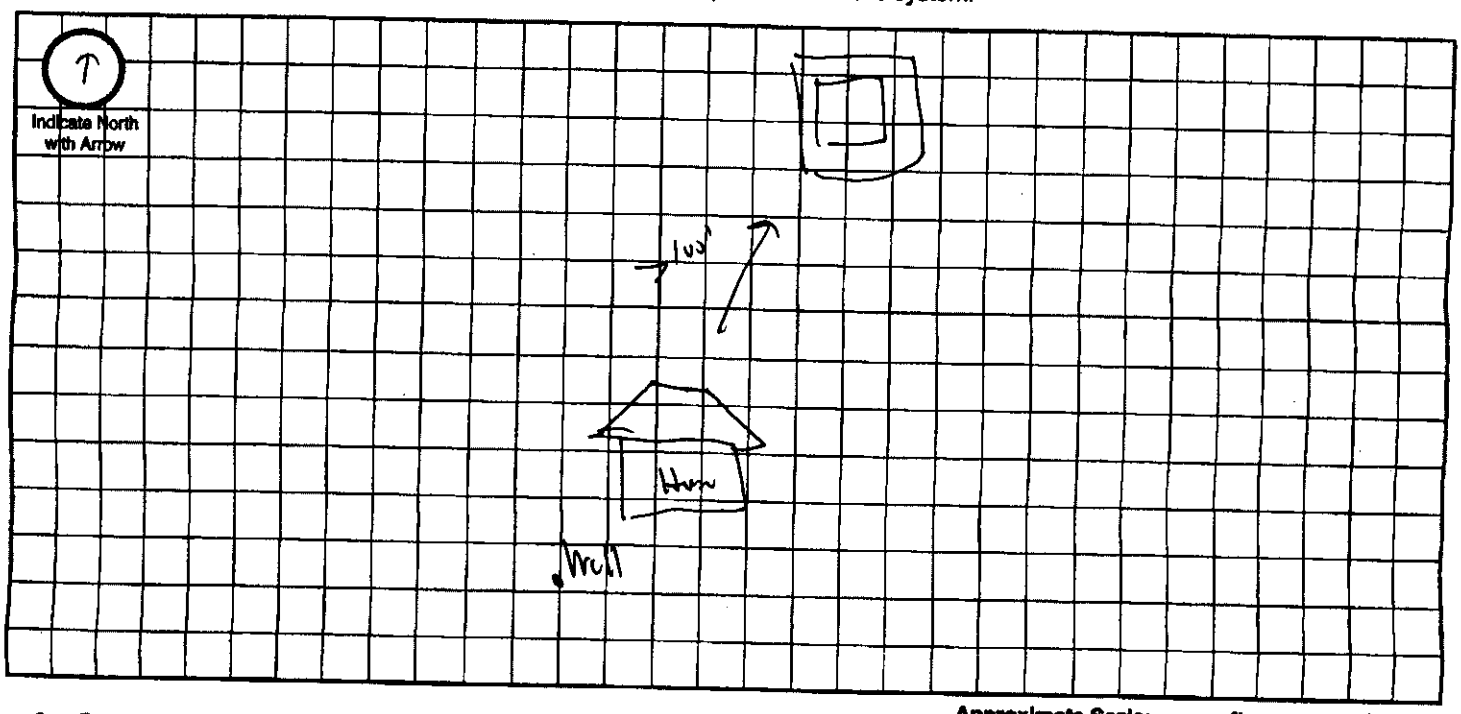
**C**

Permit Number: HSO01496

# 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) 13130 W Fletcher Ave City Lincoln NE, Zip 68524

## 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 (percoloation test required) ☐ Lagoon

## D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ 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 ☐ | ☐ |
| Lagoon (ft) | 100 ☒ | 500 ☒ | 50 ☒ | N/A ☒ | 30 ☒ | 50 ☒ | 100 ☒ | 200 ☒ | ☒ |

## F. Required Signatures

Home Building Contractor Brian Wilson Date _____

Installer _____ Date 7-12-17

**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. HS001496**

**System Type:** Lagoon

**Situs:** 13130 W FLETCHER AVE, RURAL, NE

Issued: 7/21/2017

Expires: 7/21/2018

**Description:** S31, T11, R5, 6th Principal Meridian, LOT 23 SE

**Owner:** WILSON, BRITTON & KARLA
730 N 7 ST
DAVID CITY, NE 68637

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim Health Director

BRITTON WILSON
730 N 7TH ST
DAVID CITY, NE 68632

4500.4496

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

CITY OF LINCOLN NEBRASKA

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07/24/2017
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JUL 31 2017

BRITTON WILSON
730 N 7TH ST
DAVID CITY, NE 68632

681 NFE 1 617C0007/28/17
RETURN TO SENDER
WILSON
419 FLETCHER AVE APT 1
LINCOLN NE 68521-1284

RETURN TO SENDER

68510>1514
68632$1412 CO