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

**A**

Permit Number
H5001505

# 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)

R

**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address* 3705 South Coddington (no rural route) City Linden, NE Zip 68532

Legal Description _____

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

PID _____ *Approx. Address (If to be determined) _____

## B. Owner

Name Yankee Hill Brick Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

## C. Certified Installer

Name: Harper Well Signature _____

Address P.O Box 15 City/State/Zip Adams NE 68301

Work Phone 402 432-2204

## 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 _____ Whirlpool Bathtub? ☐ Yes ☐ No Total Acres _____

Garbage Grinder? ☐ Yes ☐ No

☑ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 200

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 7-27-17 Amount Paid 215.00
Received By LC Cash/Check No. 7323

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: 402-441-8022

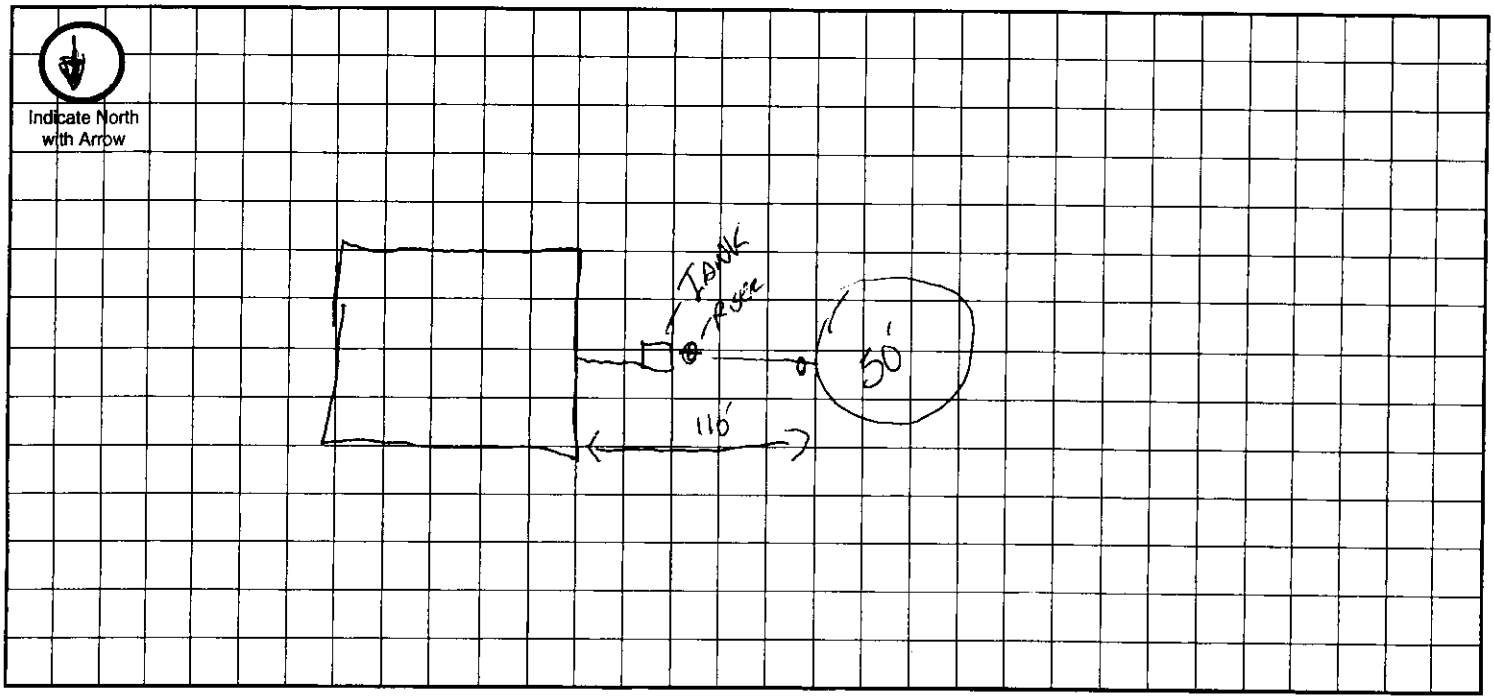
**C**

Permit Number:

# 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) 3705 Coddington City _____ NE, Zip _____

## 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 _____ Date _____

Installer Jason Wall License Hogan _____ Date 7/26/17

SCANNED

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

**A**

Permit Number
HSD01505

# 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)

R

**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address* 3705 South Coddington (no rural route) City Lincoln, NE Zip 68522

Legal Description _____

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

PID _____ *Approx. Address (If to be determined) _____

## B. Owner

Name Yankee Hill Brew Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

## C. Certified Installer

Name: HARPER WELL Signature _____

Address P.O BOX 15 City/State/Zip ADAMS NE 68301

Work Phone 402 432-2204

## 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 N/A Whirlpool Bathtub? ☐ Yes ☑ No Total Acres _____

Garbage Grinder? ☐ Yes ☑ No

☑ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 200

Type of Wastewater ☑ Domestic ☐ Non-Domestic

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

**Approval Process**

**1. Health Department**
Site visits _____
Comments _____
Date rec'd 7/27/17
Date frwd 7/27/17
**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 6/19/18

*Contacted on 5/2/18

*Fence Installed

***Business Office Use Only***
Date Received 7-27-17 Amount Paid 215.00
Received By LC Cash/Check No. 7323

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:

# 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) _____

Owner Yankee Hill Brick Address _____

### A. Wastewater Piping

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

### B. Septic Tank

1. Material Concrete
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: 3 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 _____

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: Leonard Hagen Date: 5/21/18

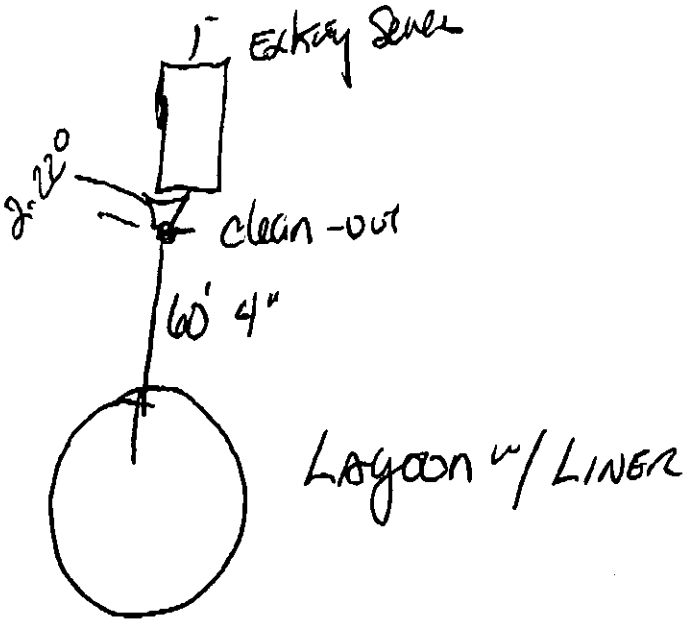
**Complete As-Built drawing on the back of this form.**

Updated 4/15

YANKEE HILL BRICK

HARPER WELL AS BUILT LAGOON

Building




FENCE WAS INSTALLED BY YANKEE HILL BRICK