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

AUG 07 2017

A

Permit Number
HS001510

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 18801 S. 176th (no rural route) City Bennet NE Zip 68317

Legal Description SE 26 8 8 Lot 12
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 21-26-400-005-000 SE

B. Owner

Name Carrie Meinecke Signature Carrie L. Meinecke

Address 18801 S. 176 City/State/Zip Bennet NE 68317

Home Phone _____ Work Phone _____

C. Certified Installer

Name Bob Beneš Signature _____

Address 1633 Normandy Ct City/State/Zip Lincoln, NE 68512

Work Phone _____

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 4.5
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 ❑ Municipal Code 24.38 ❑ County Resolution No. 02-30

1. **Health Department** ACTION ❑ Approved ❑ Disapproved
Site visits _____ Date rec'd _____ Signature _____
Date frwd _____
Comments _____

2. **Supt. Bldg. Insp. or Village Clerk** ACTION ❑ Approved ❑ Disapproved
Comments _____ Date rec'd _____ Signature _____
Date frwd _____

3. **City or County Engineer** ACTION ❑ Approved ❑ Disapproved
Comments _____ Date rec'd _____ Signature _____
Date frwd _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 8/8/17 Amount Paid $395.00
Received By SB Cash/Check No 22927

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

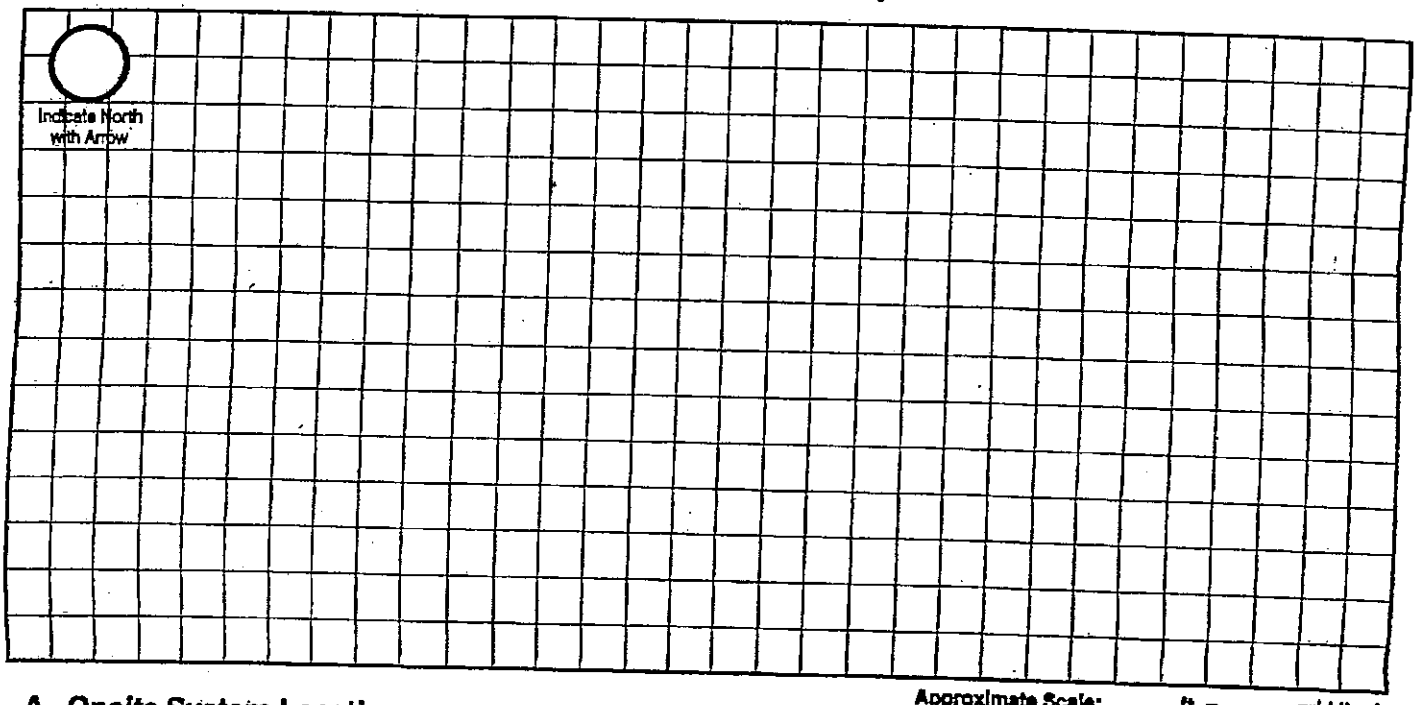
C

Permit Number: HS001510

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) 18801 S. 176 City Bennett NE, Zip 68317

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_____ 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 Carrie Meinecke Date 7-28-17

Installer _____ Date 7-21-17

Onsite Form C 12_06

Carrie Meinecke

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. HS001510

System Type: Lagoon

Situs: 18801 S 176 ST, RURAL, NE

Issued: 8/11/2017

Expires: 8/11/2018

Description: S26, T8, R8, 6th Principal Meridian, LOT 12 SE

Owner: MEINECKE, CARRIE L
18801 S 176 ST
BENNET, NE 68317

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

ASPEN BUILDERS
1633 NORMANDY COURT SUITE B
LINCOLN, NE 68512

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

AUG 07 2017

SCANNED

Permit Number HS001510

existing home

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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PID 21-26-400-005-000 SE

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Site visits _____ Date rec'd 8/4/17
Date frwd 8/4/17
Comments _____
ACTION ☒ Approved ❑ Disapproved
Signature _____

2. **Supt. Bldg. Insp. or Village Clerk**
Comments _____ Date rec'd _____
Date frwd _____
ACTION ❑ Approved ❑ Disapproved
Signature _____

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Comments _____ Date rec'd _____
Date frwd _____
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Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 8/8/17 Amount Paid $395.00
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Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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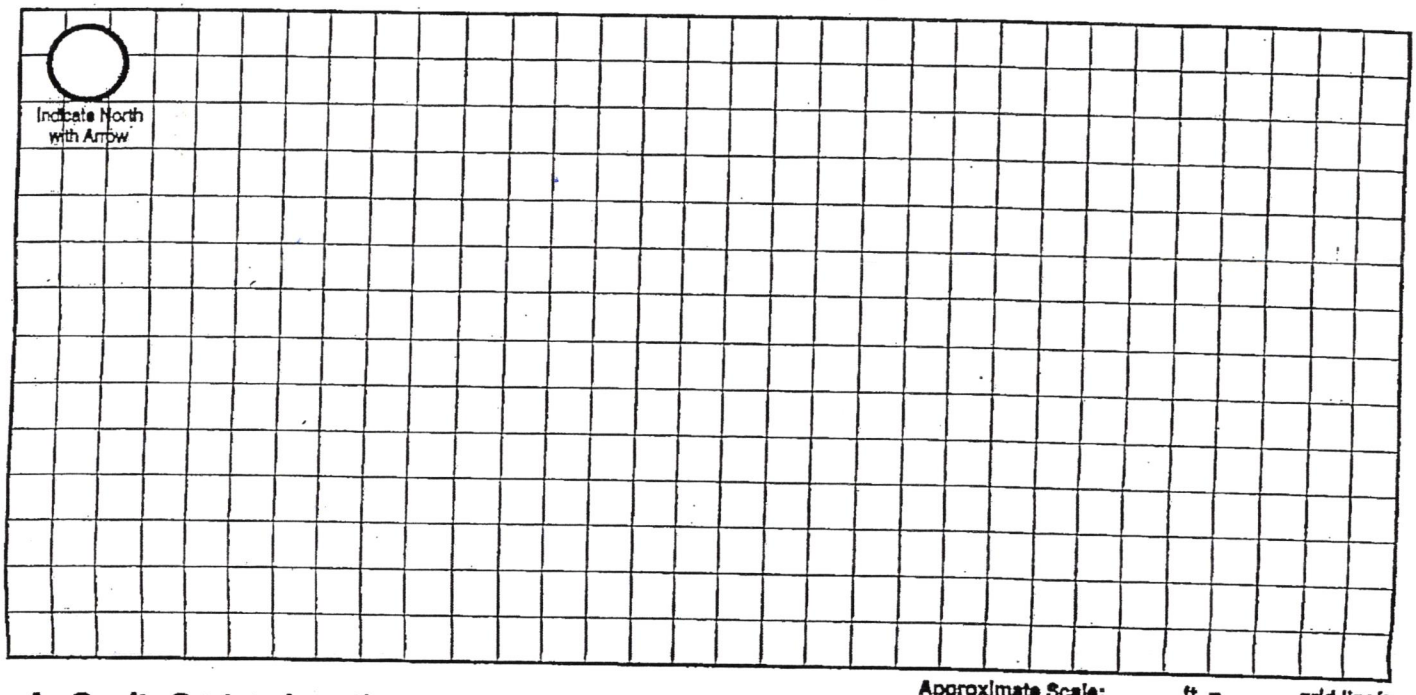
C

Permit Number: HS001510

Onsite Wastewater Treatment System

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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.



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Address (no rural route) 18801 S. 176 City Bennett NE, Zip 68317

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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

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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_____

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F. Required Signatures

Home Building Contractor Carrie Meinecke Date 7-28-17

Installer _____ Date 7-21-17

Onsite Form C 12_06

Carrie Meinecke

SEP 20 2017

D Exhibit 4

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

OK 11-3-17

Permit Number: HS-001510

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) 21-26-400-005-000

Owner: Meincke Address: 18801 S. 176 St

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 _____

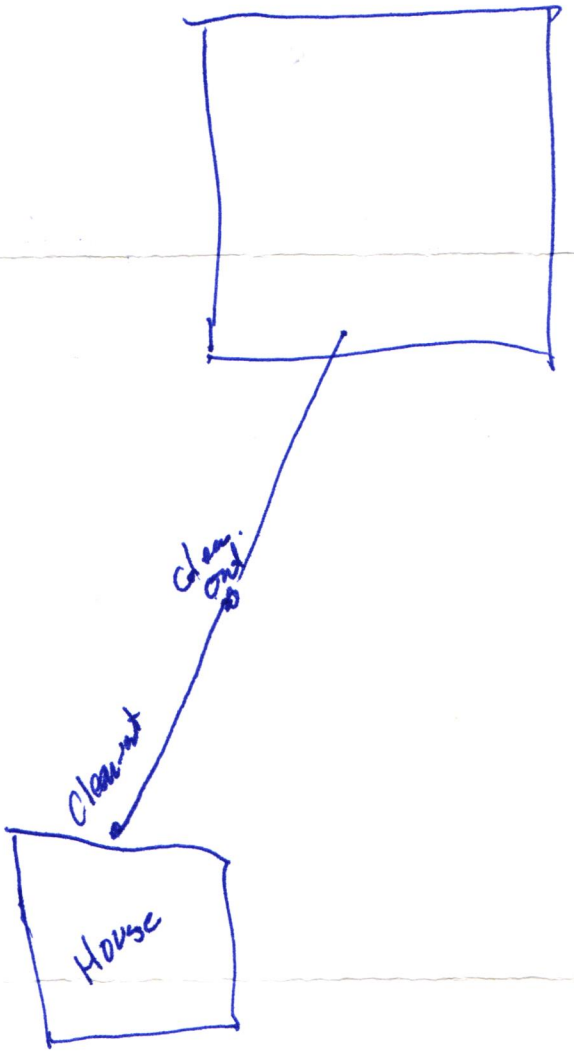
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

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: 9-6-17

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


House

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

Exhibit 6

Permit Number: HS001570

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 10/2/17 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 18801 S. 176th 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 ☒ Bottom of Lagoon____ Design Flow_____

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: ☒ verified w/ contractor that home is on rural water supply. - Planing is noted by initials.

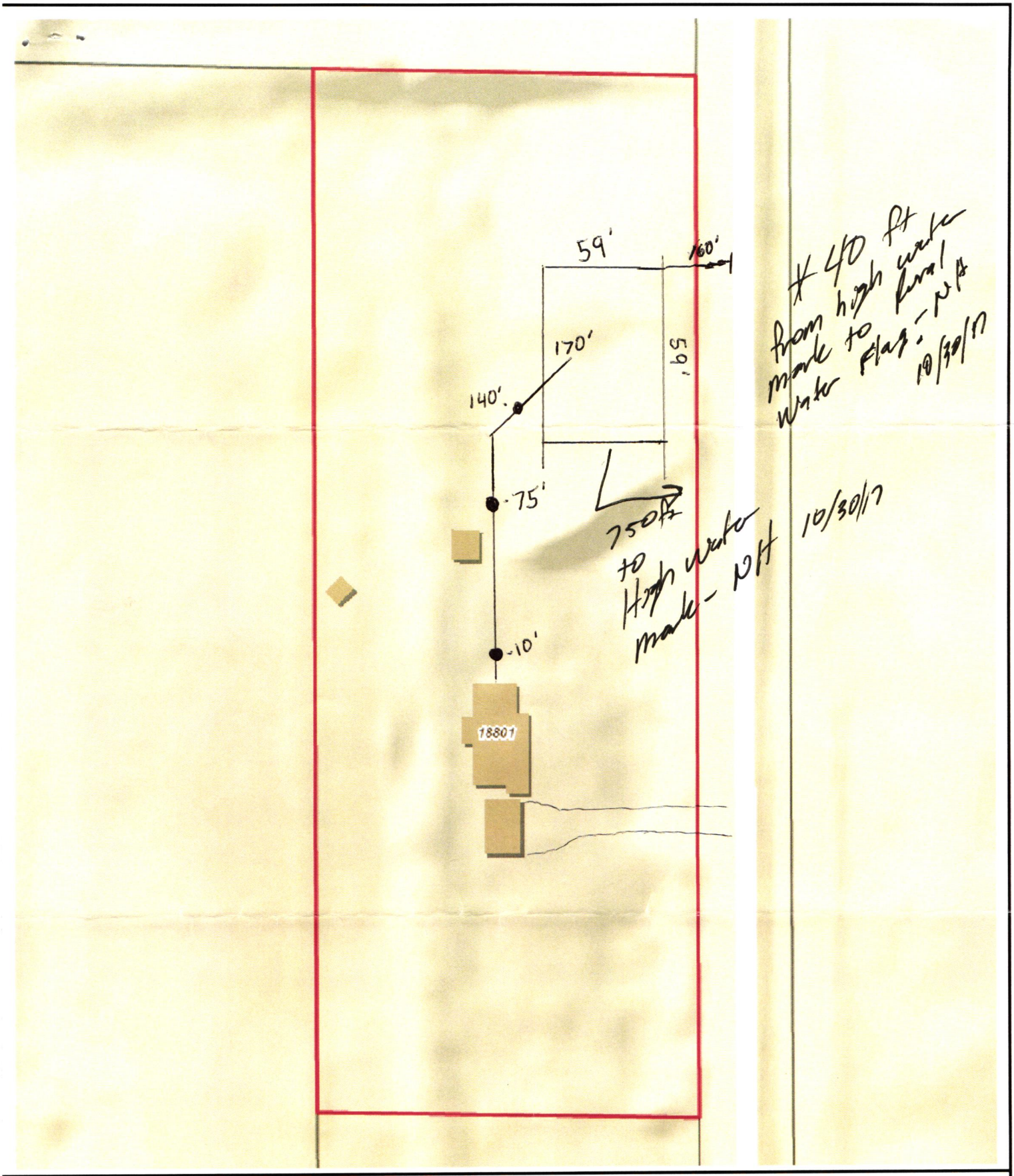
Inspections prior to Final Approval
Initial 10/3/17 Date NH

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/3/17



Lancaster County/City of Lincoln GIS Map

N
W E
S

Parcel ID:	21-26-400-005-000
Owner:	MEINECKE, CARRIE L
Address:	18801 S 176 ST, RURAL, NE
Legal:	S26, T8, R8, 6th Principal Meridian, LOT 12 SE

Printed: Sep 15, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.