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

**A**

Permit Number
HS001586

# 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* 15890 BOBWHITE TRAIL (no rural route) City CRETE, NE Zip 68333

Legal Description: SE (1/4) SW (1/4) 17 (Section) 10N (Township) 5E (Range) ELSNER LAKESIDE ESTATES (Subdivison) 3 (Addition) 1 (Block) (Lot)

PID 02-17-301-004-000 *Approx. Address (If to be determined)

## B. Owner

Name SCOTT RIHA Signature

Address 15890 BOBWHITE TRAIL City/State/Zip CRETE, NE 68333

Home Phone 402-641-1141 Work Phone

## C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

## 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 3.01
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
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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 4/15

# Nebraska Department of Environmental Quality

## *Construction Permit No. 17OWT031*

*is hereby issued to*

## *Scott Riha*

*for the*

## *375 Gallon/Day Onsite Wastewater Treatment System Alternative Design system*

### *Description:*

*System incudes a 1,250 gallon capacity septic tank, to be followed by a 1,000 gallon tank with a Bio-Microbics MicroFast 0.625 aerobic treatment system. The treatment system discharges to a surface polishing pond. The minimum total area of the pond, based on lagoon sizing requirements, is 3,462 square feet. A maintenance agreement with a certified and manufacturer authorized installer is required for the life of the system.*

*located at*

## *15890 Bobwhite Trail, Crete*
## *SE ¼, SW ¼, S17 – T08N – R05E, Lancaster County*

***Pursuant to a Delegation Memorandum dated August 22, 2016, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.***

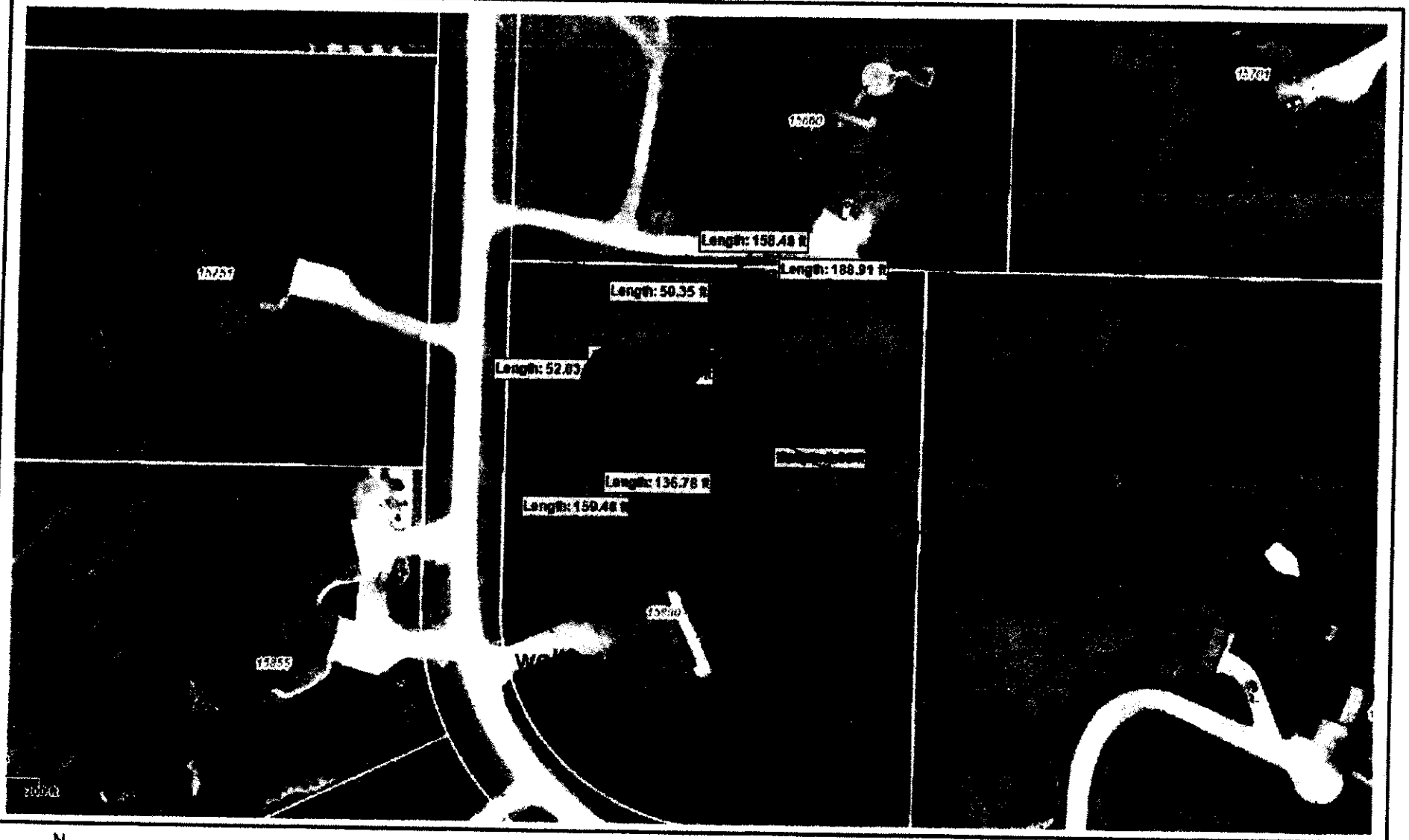
*Signed* 11/15/17

Shelley Schneider

*Shelley Schneider, Water Permits Division Administrator*

2017007260

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186, Fax (402) 471-2909, e-mail Pubinfo@mail.deq.state.ne.us




# Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Aug 24, 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 age@lincolnne.gov and you will be directed to the appropriate department.

SCANNED

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

**A**

Permit Number HS001586

# 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)

* Retaining Pond -

**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address* 15890 BOBWHITE TRAIL City CRETE, NE Zip 68333
(no rural route)

Legal Description SE SW 17 T8N 10W 5E ELSNER LAKESIDE ESTATES 3 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-17-301-004-000 *Approx. Address (If to be determined)

## B. Owner

Name SCOTT RIHA Signature

Address 15890 BOBWHITE TRAIL City/State/Zip CRETE, NE 68333

Home Phone 402-641-1141 Work Phone

## C. Certified Installer

Name: JASON KUBIK Signature

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☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.01
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 12/18/17
Date frwd 12/18/17
**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 1/16/18

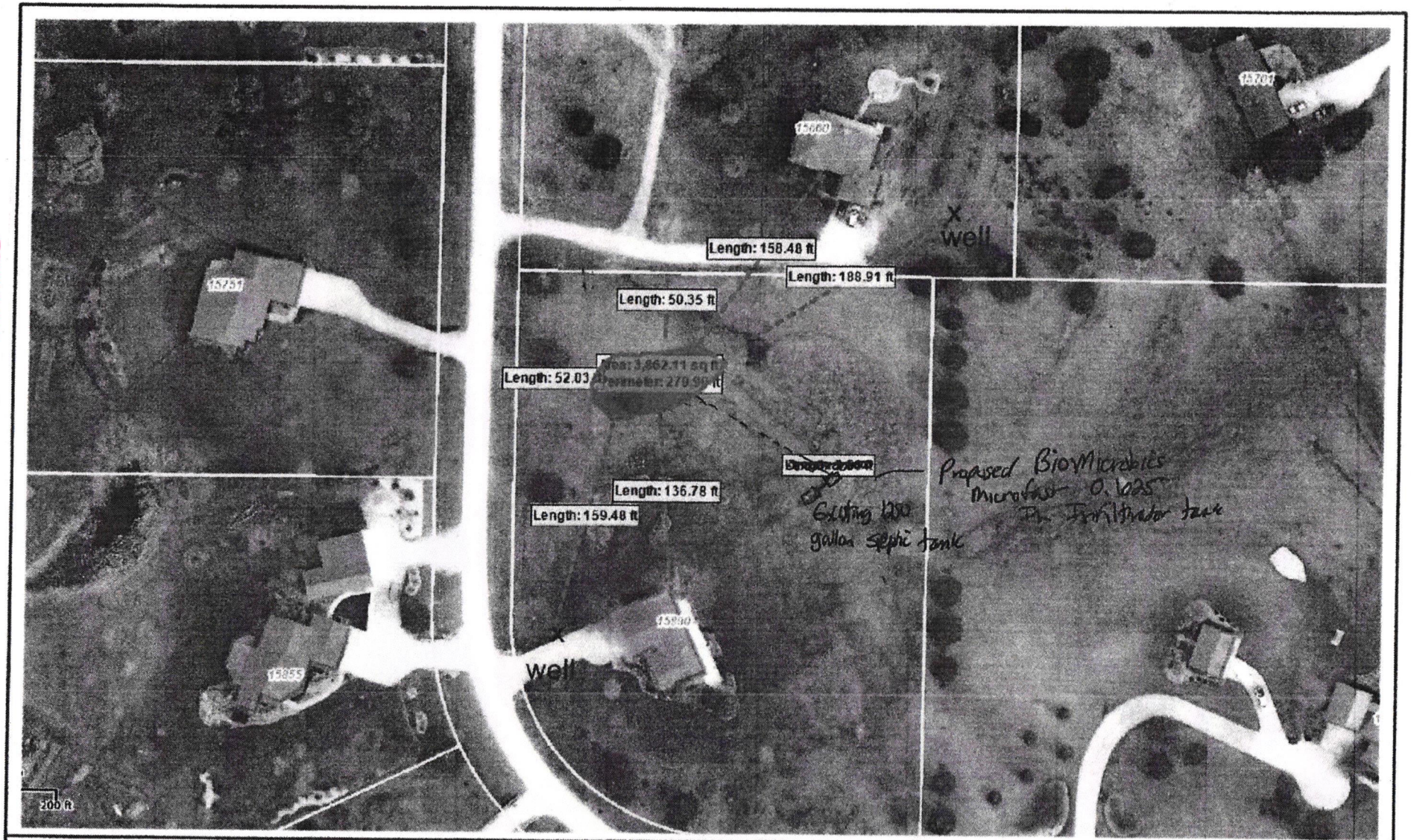
***Business Office Use Only***
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated: 4/15

* Existing property -

SCANNED




# Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Aug 24, 2017

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

**D**

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) 02-17-301-004-000

Owner: SCOTT RIHA Address 15890 BOBWHITE TRAIL

### A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 113 ft.

### B. Septic Tank

1. Material CONCRETE, PLASTIC
2. Capacity: 1250
3. Depth to top of tank, below unfinished grade: 8 in.
4. Distance to:
   Well +100 ft.
   Pressure line +30 ft
   Property Line +50 ft.
   Foundation 113 ft.

### C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 160 ft. NW

### 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.

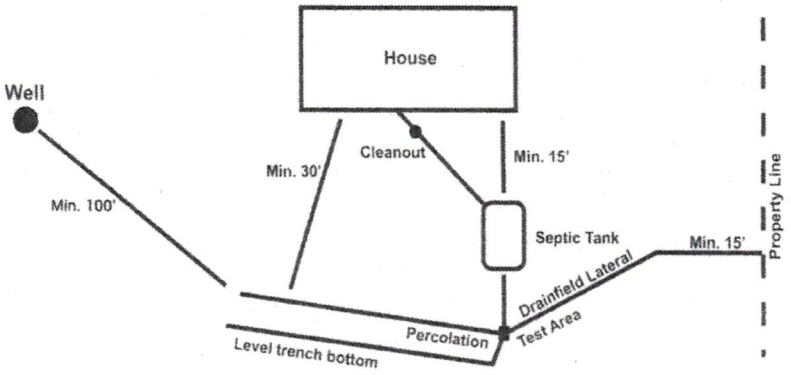
Certified Professional Signature: _____ Date: 1/15/18

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

Indicate North
w/ Arrow Here:

N

## Onsite Wastewater System Design (Example)




*Note-If Lagoon, show all applicable dimensions

N

Pond

1000 gallon Jim Lowe with Biomicrobics 0.625

500 gallon plastic pump tank with Zoeller m267

w/o

100 ft.

68'

115'

Cleanout

House

Well

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

K OCS

Exhibit 6

Permit Number: 1450015586

# Onsite Wastewater Treatment System-Lagoon

## Inspection Sheet

Date 1/16/18

Legal Description _____
¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 15840 Bobwhite Trail City _____

Owner _____ Address _____

**Mark One:** ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

polish pond

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_____

**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:** see D sheet - Engineered System

Inspections prior to Final Approval
Initial NA Date 12/29/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

**Installation Final Written Approval**
By _____

Date 1/16/18