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

A

Permit Number HS 001644

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* 25205 S 12th ST City Cortland, NE Zip 68404
(no rural route)

Legal Description ____ 23 7 6 ____ 31NE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 07-23-200-003-000 *Approx. Address (If to be determined)____

B. Owner

Name JERRRY BARGER Signature____
Address 25205 S 12th ST City/State/Zip CORTLAND, NE
Home Phone____ Work Phone____

C. Certified Installer

Name: JASON KUBIK Signature____
Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372
Work Phone 402-440-7606

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 10.80
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 4-18-18 Amount Paid $405.00
Received By KM Cash/Check No. 3214

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001644

System Type: Lagoon

Situs: 25205 S 12TH ST, CORTLAND, NE 68404

Issued: 4/25/2018

Expires: 4/25/2019

Description: S23, T7, R6, 6th Principal Meridian, LOT 31 NE

Owner: BARGER, JERRY W & CATHERINE A
25205 S 12 ST
MARTELL, NE 68404

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

SOUTHWICK LIQUID WASTE INC
105 LOCUST ST
HICKMAN, NE 68372

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

SCANNED

A

Permit Number
HS 001644

Onsite Wastewater Treatment System Permit Application

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(no rural route)

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

PID 07-23-200-003-000 *Approx. Address (If to be determined)____

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Name JERRRY BARGER Signature____
Address 25205 S 12th ST City/State/Zip CORTLAND, NE
Home Phone____ Work Phone____

C. Certified Installer

Name: JASON KUBIK Signature____
Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372
Work Phone 402-440-7606

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DO NOT WRITE BELOW THIS LINE

Approval Process

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Site visits____
Comments____
Date rec'd 4/25/18
Date frwd 4/25/18
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 4/25/18 5/4/18

Business Office Use Only
Date Received 4-18-18 Amount Paid $405.00
Received By JAN Cash/Check No. 3214

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

Form A Updated: 4/15

+ System Replacement

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

Exhibit 6

Permit Number: HS001644

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 5/4/18 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 25205 S 12th 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	
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 59' Bottom of Lagoon 29' Design Flow 300

Lagoon has a pump tank

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 NH Date unknown
Follow-Up DS Date 5/3/18
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mrs
Date 5/4/18

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) 07-23-200-003-000

Owner: JERRY BARGE Address 25205 S 12th ST, MARTELL NE 68404

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 25 ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100 ft.
   Pressure line 50 ft
   Property Line 10 ft.
   Foundation 25 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: NA 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 60 ft.
   Depth of Groundwater +12

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.

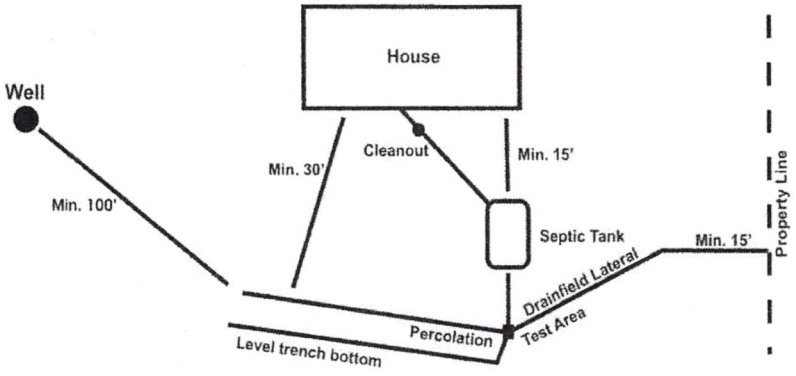
Certified Professional Signature: _____ Date: 4/18/18

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

Zoeller Bx/153 Sewage Pump
500 gallon dose tank
Alarm 4x4 Post
with high water alarm
Exsting 1000 gallon Tank
280' 2" pipe
House
54'
54'
N



HARPER WELL & PLUMBING INC.
P.O. Box 15
Adams, Nebraska 68301
Bus: (402) 988-2055 Home: (402) 782-8715
Leonard Harper, Owner

JOB

402

PHONE | DATE 5/18

JOB NAME/LOCATION

Well Inspection @ Tipton
@ 2520 S W 17-4

TO Doug Smith

JOB DESCRIPTION

TOTAL

I Looked the well that is a 2" pipe It is filled with Concrete to the top I Assume that it was filled when ~~old~~ NEW well was Drilled.

THIS ESTIMATE IS FOR COMPLETING THE JOB AS DESCRIBED ABOVE. IT IS BASED ON OUR EVALUATION AND DOES NOT INCLUDE MATERIAL PRICE INCREASES OR ADDITIONAL LABOR AND MATERIALS WHICH MAY BE REQUIRED SHOULD UNFORESEEN PROBLEMS OR ADVERSE WEATHER CONDITIONS ARISE AFTER THE WORK HAS STARTED.

ALL INVOICES ARE DUE UPON RECEIPT. ANY OVER 30 DAYS WILL BE CHARGED 1.5% OR THE HIGHEST ALLOWABLE BY LAW, WITH A MINIMUM OF _____ ANY, AND ALL EXPENSES INCLUDING BY US, WHILE TRYING TO COLLECT FROM YOU, WILL BE YOUR RESPONSIBILITY, INCLUDING LEGAL AND COURT COSTS.

~~TAX~~ _____

~~ESTIMATED~~ JOB COST _____

~~ESTIMATED~~ BY _____