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

A

Permit Number HS001647

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 23989 S 190TH ST City ADAMS, NE Zip 68301
(no rural route)

Legal Description 13 T1 8 6TH PRINCIPAL MERIDIAN 15
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: 40.57~~FLS~~, -96.46~~WB~~ PID 20-13-200-007-000 JAD

B. Owner

Name ENGLER Signature

Address 23989 S. 190TH ST City/State/Zip ADAMS NE 68301

Home Phone Work Phone

C. Certified Installer

Name: TAYLOR BUSS Signature

Address 342 S 50TH ST City/State/Zip LINCOLN NE

Work Phone 402-430-8380

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 20

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 375

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 Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Site visits Date frwd Signature

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

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

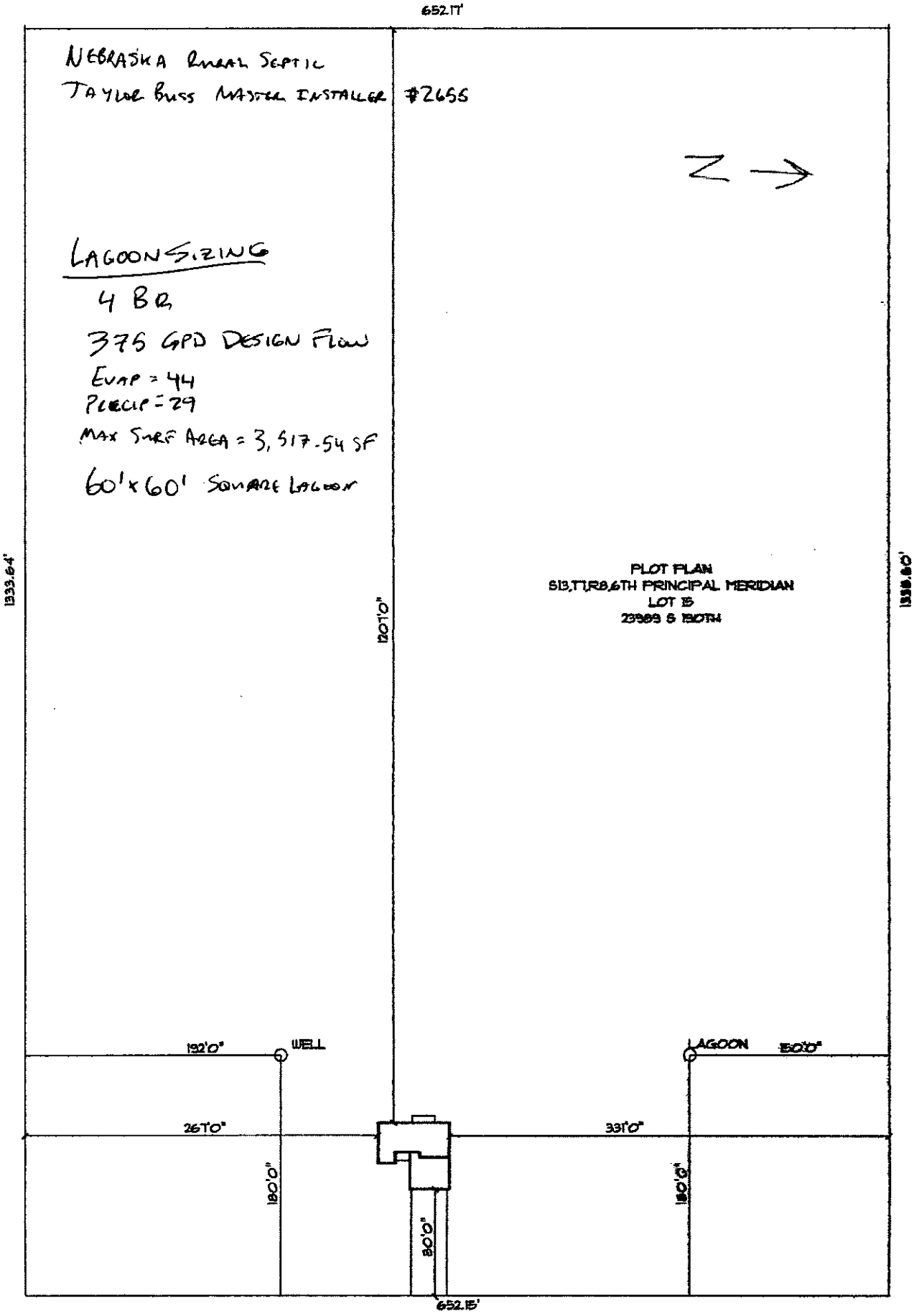
Installation Final Written Approval
By

Date

Business Office Use Only
Date Received 4-20-18 Amount Paid $405.-
Received By JAD Cash/Check No. 09902

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

Form A Updated: 5/10


652.17'
NEBRASKA RURAL SEPTIC
TAYLOR BUSS MASTER INSTALLER #2655
N
LAGOON SIZING
4 BR
375 GPD DESIGN FLOW
EVAP = 44
PRECIP = 29
MAX SURF AREA = 3,517.54 SF
60'x60' SQUARE LAGOON
1333.64'
1320'0"
1338.60'
PLOT PLAN
S13,T1,R8,6TH PRINCIPAL MERIDIAN
LOT 15
23989 S 180TH
192'0"
WELL
LAGOON
150'0"
26'0"
331'0"
180'0"
180'0"
80'0"
652.15'

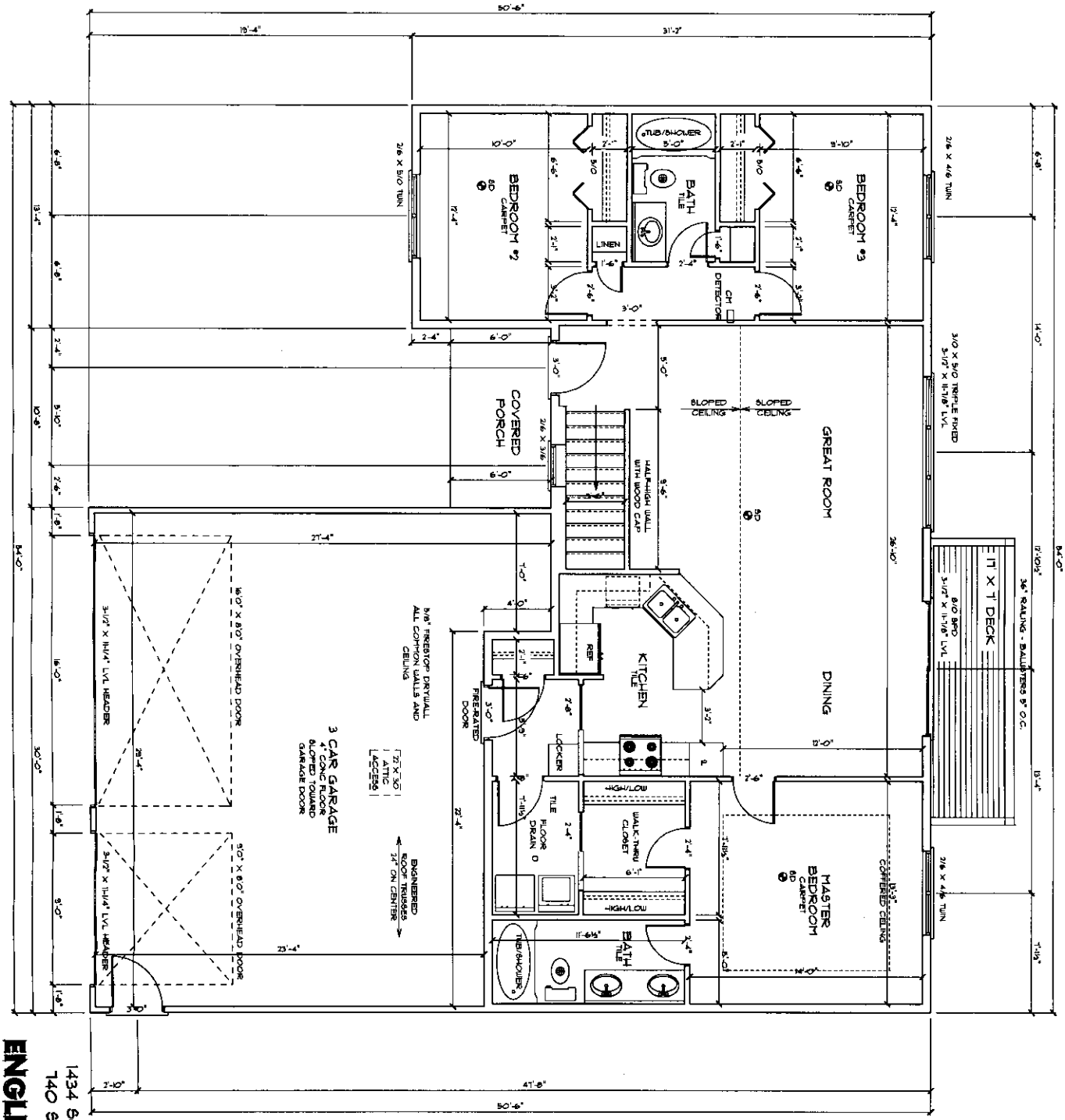
S 190th

STEVE SCHMIDT DESIGN
3411 FIRETHORN TERRACE
LINCOLN NE. 68520
402-770-8264

SORENSON CONSTRUCTION

NOTE: CAD DRAFTING SERVICE IS HIRED TO CREATE CAD DRAWINGS TO ILLUSTRATE THE HOME MODIFICATION PROVIDED BY THE CLIENT BY ACCEPTING DELIVERY OF THESE PLANS THE CLIENT AND ONE CONTRACTOR AGREES TO RELEASE CAD DRAFTING SERVICE FROM ANY LIABILITY FOR THE USE OF THESE CONSTRUCTION PLANS THESE PLANS MAY BE USED IN CONFORMANCE OF LOCAL BUILDING CODES AND IT IS THE RESPONSIBILITY OF THE CLIENT/CONTRACTOR TO APPROVE ALL PLANS AND DRAWINGS HAVING ANY MODIFICATIONS OR CORRECTIONS ERRORS AND OMISSIONS IN THE DESIGN CONSTRUCTION OF THE GARAGE SHALL BE THE RESPONSIBILITY OF THE CLIENT OR CONTRACTOR

ENGLER RESIDENCE



MAIN LEVEL FLOOR PLAN

SCALE 1/4" = 1'—0"

CONTRACTOR VERIFY ALL DIMENSIONS

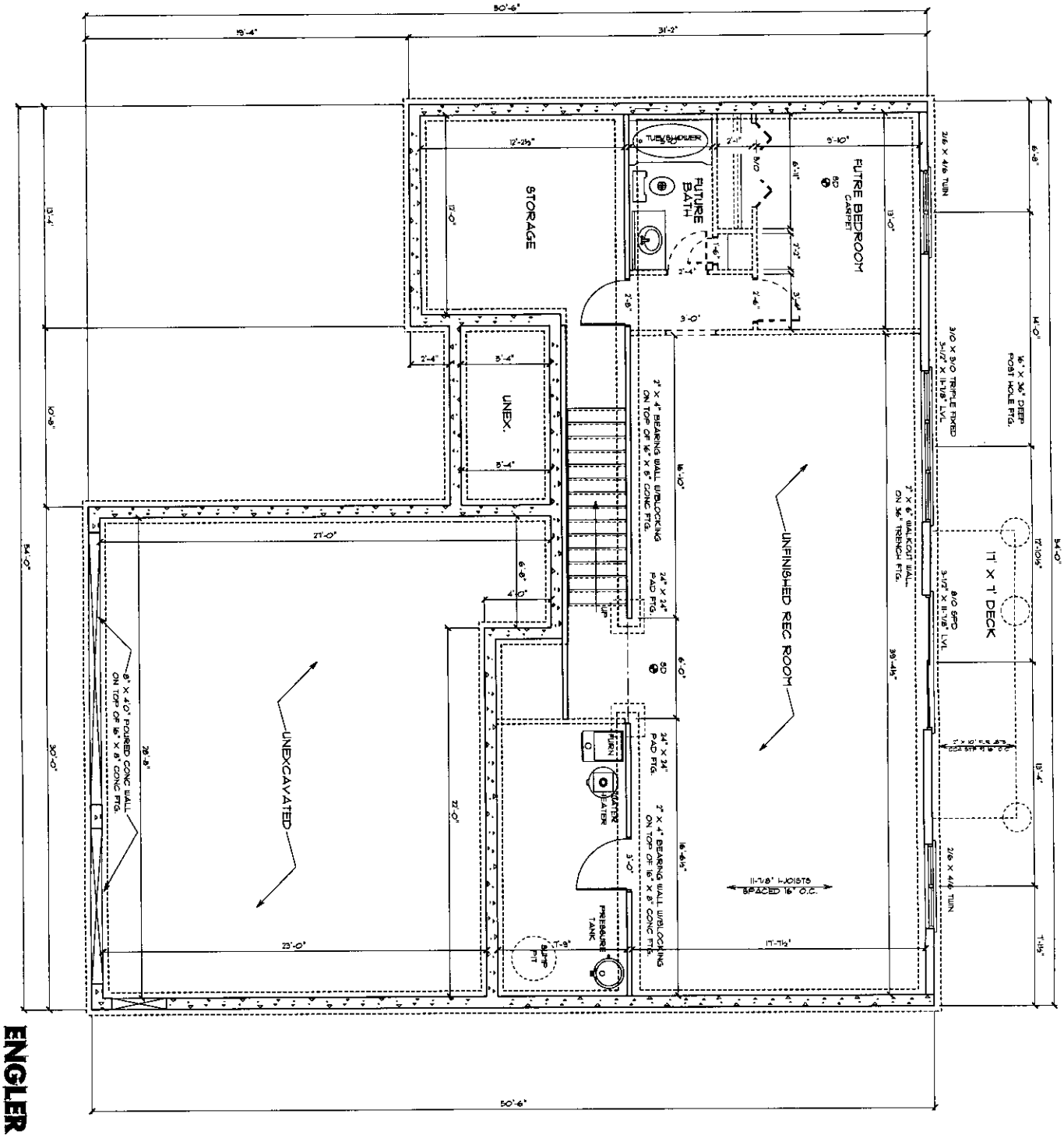
ENGLER RESIDENCE

1434 SQ/FT MAIN FLOOR
740 SQ/FT IN GARAGE

NOTE: CAD DRAFTING SERVICE IS HIRED TO CREATE CAD DRAWINGS TO ILLUSTRATE THE HOME INFORMATION PROVIDED BY THE CLIENT. BY ACCEPTING DELIVERY OF THESE PLANS, THE CLIENT AND OR CONTRACTOR HEREBY RELEASES CAD DRAFTING SERVICE FROM ANY LIABILITY FOR THE USE OF THESE CONCEPTUAL PLANS. THESE PLANS "ARE" BE USED IN COMPLIANCE OF LOCAL BUILDING CODES AND IT IS THE RESPONSIBILITY OF THE CLIENT/CONTRACTOR TO APPROVE ALL PLANS AND DIMENSIONS MAKING ANY NECESSARY CORRECTIONS. ERRORS AND OMISSIONS IN THE DESIGN, CONSTRUCTION OR THE RESIDENCE SHALL BE THE RESPONSIBILITY OF THE CLIENT OR CONTRACTOR.

SORENSON CONST.

STEVE SCHMIDT DESIGN
3417 FIRETHORN TERRACE
LINCOLN NE. 68520
402-770-8264



FOUNDATION PLAN

SCALE 1/4" = 1'-0" CONTRACTOR VERIFY ALL DIMENSIONS

ENGLER RESIDENCE

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SORENSON CONST.

STEVE SCHMIDT DESIGN
3417 FIRETHORN TERRACE
LINCOLN NE. 68520
402-770-8264

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. HS001647

System Type: Lagoon

Situs: 23989 S 190TH ST, PANAMA, NE 68301

Issued: 4/25/2018

Expires: 4/25/2019

Description: S13, T7, R8, 6th Principal Meridian, LOT 15 NE

Owner: ENGLER, TRAVIS J & NICKOLE J
2761 W DAVEY RD
RAYMOND, NE 68428

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

TAYLOR BUSS
342 S 50TH ST
LINCOLN, NE 68510

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

SCANNED

A

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Onsite Wastewater Treatment System
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1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Lat/Long: 40.57~~43~~, -96.46~~43~~ PID 20-13-200-007-000 ~~.000~~

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Name ENGLER Signature

Address 23989 S. 190TH ST City/State/Zip ADAMS NE 68301

Home Phone Work Phone

C. Certified Installer

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Work Phone 402-430-8380

D. Engineer

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

1. Health Department
Site visits
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 4-23-18
Date frwd 4-23-18
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 4-23-2018
Date frwd 4-23-2018
ACTION ☒ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By
Date 1/7/19

Business Office Use Only
Date Received 4-20-18 Amount Paid $405.-
Received By Cash/Check No. 09902

1500
1227
1546
1500

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: 402-441-8643

D Exhibit 4

Permit Number: HS001647

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: TRAVIS & NICHOLE ENGLER Address 23989 S 190TH ST, PAWNEE NE 68301

A. Wastewater Piping

1. Material: _____ Diameter: _____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 _____

1/7/19 Fence installed DH

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: 8/18/18

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

Nate C. Hartman

From: Taylor Buss <taylor.l.buss@gmail.com>
Sent: Wednesday, August 15, 2018 4:14 PM
To: Nate C. Hartman
Subject: 23989 S 190th Form D
Attachments: LLCHD Form D.pdf; As-Built Engler House.pdf

Nate,

Attached is Form D and an as-built for the lagoon we did at 23989 S. 190th St, Panama NE 68301.

Thanks,

Taylor Buss
Nebraska Rural Septic
402-430-8380
Taylor.L.Buss@gmail.com

Builder: Sorenson Construction
Owners: Engler, Travis J & Nickole J
Address: 23989 S 190th St, Panama NE 68301
County: Lancaster
Legal: S13, T7, R8, 6th Principle Meridian, LOT 15 NE
LLCHD Permit: HS001647

House Size: 4 Bedroom
Design Flow: 375 Gallons Per Day
Lagoon Sizing: 3408.14 SF of Surface Area Req'd. 60'x60' square lagoon

