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

A

Permit Number HS001681

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* _____ City Firth, NE Zip 68358
(no rural route)

Legal Description NE 20 7 7 17
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 14-20-200-015-000 Approx. Address (If to be determined) ~~2700 I So 54th St~~

B. Owner

Name Brian & Kim Otto Signature _____
Address 7414 S. 48th St. City/State/Zip Lincoln, NE 68516
Home Phone (402) 430 4484 Work Phone _____

C. Certified Installer

Name: Brandon Sedlacek Signature _____
Address 11185 E St Hwy 41 City/State/Zip Adams NE 68301
Work Phone 402-988-8425

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 6 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 525
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 6-01-18 Amount Paid $405
Received By _____ Cash/Check No. 1098

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

Onsite Wastewater Treatment System Application for Construction/Operating Permit

Nebraska DEQ

For NDEQ Use Only	NDEQ ID:	Program ID:

Print or Type

Brian & Kim — Initial: O — Otto
Owner/Authorized Representative First Name | Initial | Last Name

Business or Legal Entity Name (if applicable)

7414 So 14th St — Lincoln — NE — 68516
Owner Address | City | State | Zip

Phone Number 402 430 - 4484 Email BJOtto1972@yahoo.com

☒ Check here if authorized representative and include a description of the representative's authority to sign on behalf of the owner. Contracted Construction Manager

Professional Engineer, Master Installer or Registered Environmental Health Specialist

Print or Type

Brandon — Initial: — Sedlacek — Certification/License Number
First Name | Initial | Last Name | Certification/License Number

Company Name

11185 E St Hwy 14 — Adams — NE — 68301
Mailing Address | City | State | Zip

Phone Number 402-988-8425 Email

Location *Legal description* OR *Geographical coordinates to 4 decimal points*

__ NE 20 7 7 — Lancaster — / — Latitude — Longitude
¼ ¼ Section Township Range | County

Physical address if different than owner's mailing address

System Information

☒ Dwelling-Peak single day flow 600 gals **OR** ☐ Non-dwelling-Peak single day flow _____ gals

☐ Domestic Wastewater ☐ Non-Domestic Wastewater -Description of non-domestic wastewater sources (i.e. restaurant, laundry, butcher shop, camper dump station or other)

☒ New System ☐ Modification, reconstruction or alteration of existing system

☐ Septic System ☐ Mound ☐ Holding tank ☒ Lagoon ☐ Other (if other, describe here)

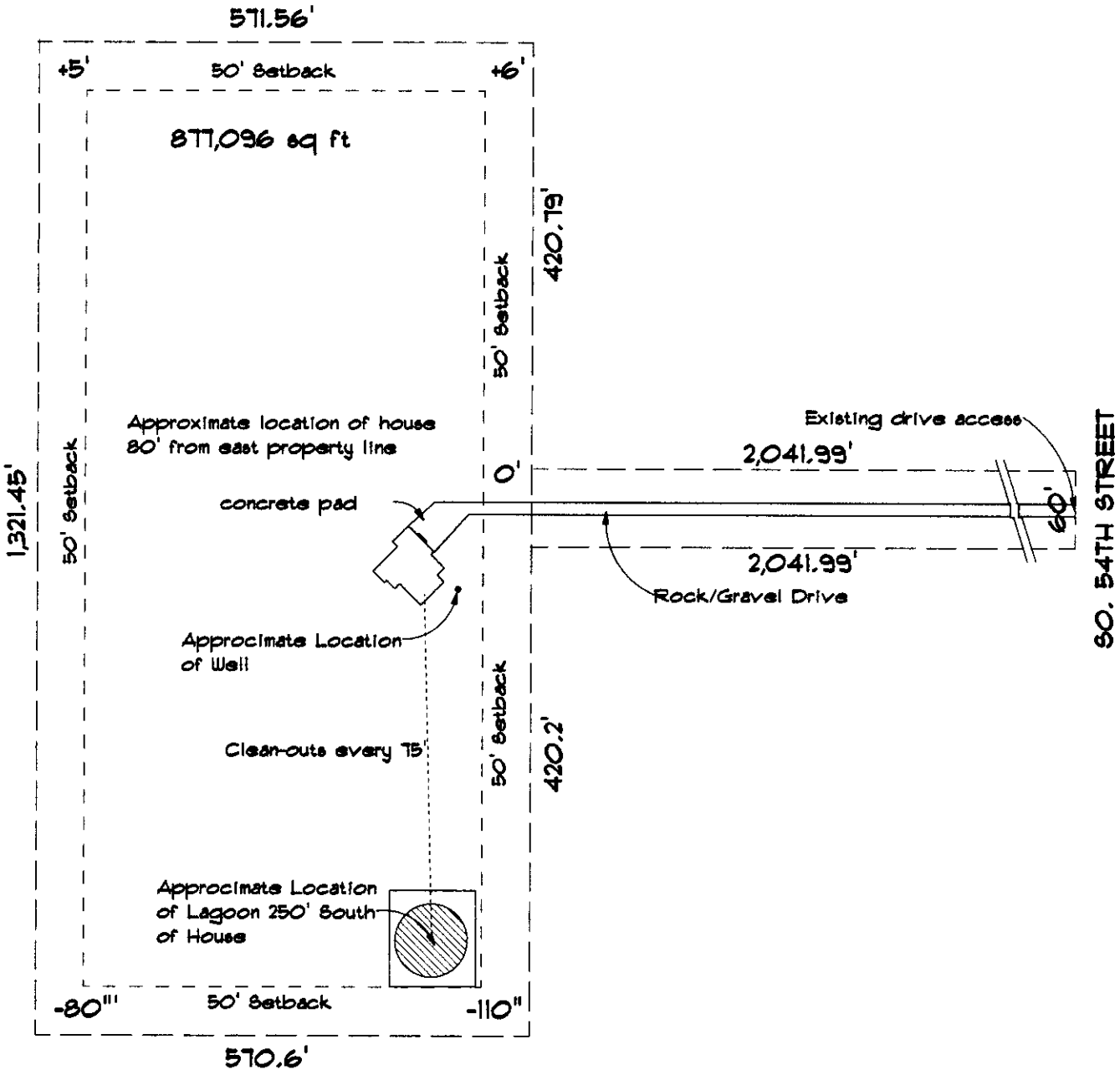
Depth to seasonal high groundwater for planned location of the soil absorption system _____ ft.

Percolation rate _____ min/inch Maximum ground slope 3 %

I swear or affirm that the application information and documentation submitted are true, complete and accurate.

Owner/Authorized Representative Signature — Date: 6-1-18

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the application. NDEQ issued construction permit is required prior to any construction.



Lot Seventeen (17), Irregular Tract located in the Northeast Quarter (NE¼) of Section 20, Township 7 North, Range 7 East of the 6th P.M.,

Site Directions:
Travel 4 miles south of 68th & Hickman Raod to Princeton Road. West on Princeton Road to 54th Street. South 0.4 miles on 54th Street to driveway. Property is on the west side of the road.

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. HS001681

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/11/2018

Expires: 6/11/2019

Description: S20, T7, R7, 6th Principal Meridian, LOT 17 NE

Owner: OTTO, BRIAN J & KIM A
7414 S 48 ST
LINCOLN, NE 68516

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

BRIAN OTTO
7414 S 48TH ST
LINCOLN, NE 68516

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

SCANNED

A

Permit Number HS001681

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* 25633 S 54St (no rural route) City Firth, NE Zip 68358

Legal Description NE 20 7 7 17

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

PID 14-20-200-015-000 Approx. Address (If to be determined) ~~27001 So 54th St~~

B. Owner

Name Brian & Kim Otto Signature

Address 7414 S. 48th St. City/State/Zip Lincoln, NE 68516

Home Phone (402) 430 4484 Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature

Address 11185 E St Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402-988-8425

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 6 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☒ Yes ☐ No Total Acres 20.14

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 525

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 7/18/18
Line + lagoon – Need fence
Comments
Date rec'd 6/8/18
Date frwd 6/8/18
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 6-8-18
Date frwd 6-8-18
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 4/21/20

3824
7484 Form W2 Form W2 Lett
3/4/20

Business Office Use Only
Date Received 6-01-18 Amount Paid $405
Received By Cash/Check No. 1098

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: Brian Otto Address 25633 S 54th St Firth, NE

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

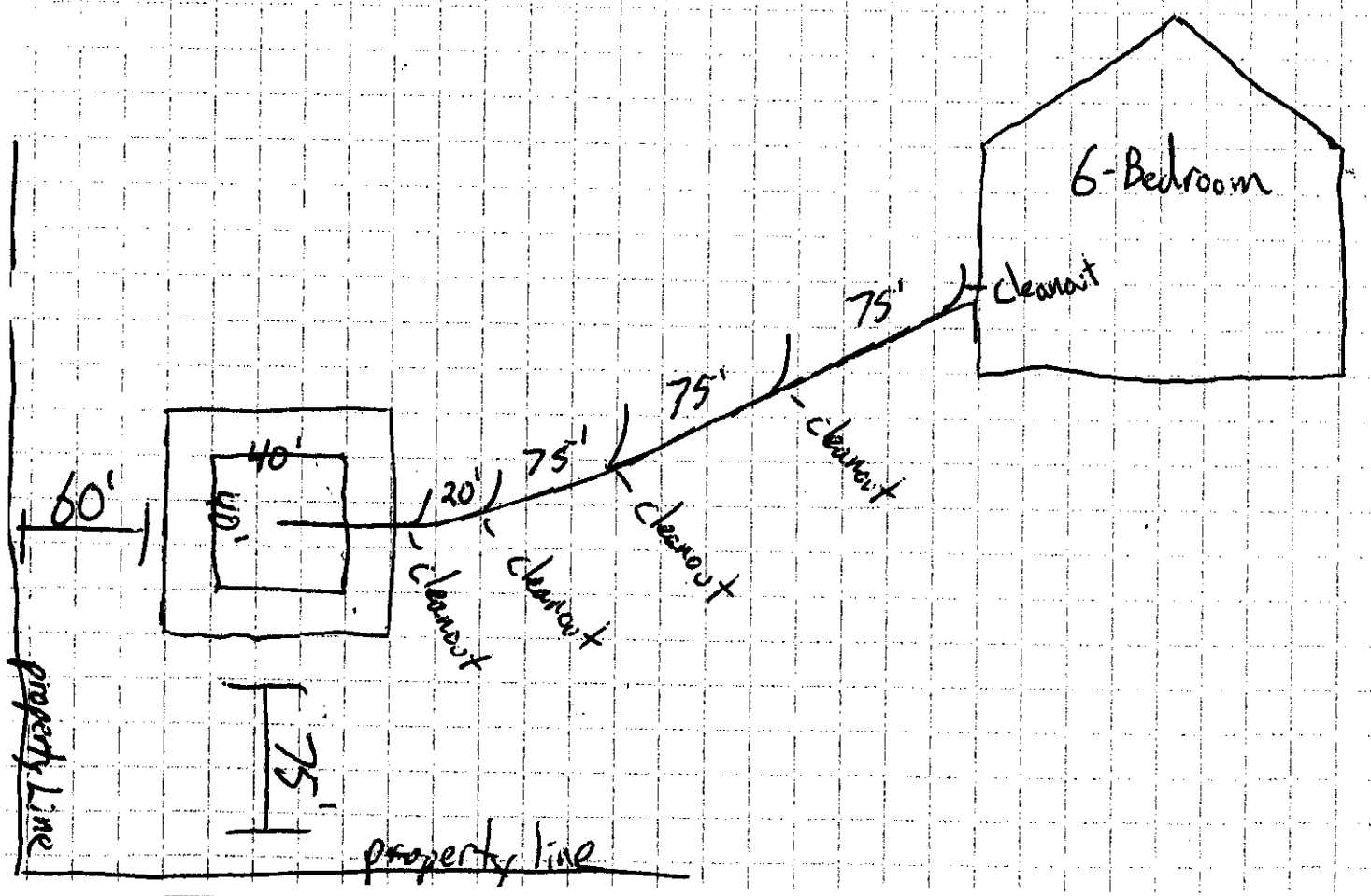
If Yes, the Certified Professional must sign below for final approval:

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: 9-28-18

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

Brian & Kim Otto
25633 S 54th
Firth, NE



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

Exhibit 6

Permit Number: H5001681

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 7/20/18 Legal Description ___ ¼ ___ ¼ 20/7/2 Lot 17 Section/Township/Range

Onsite System Location

Address (no rural route) 25633 S 54th 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 76' Bottom of Lagoon 40' Design Flow 525

see photos DH

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 DS. Date 7/18/19

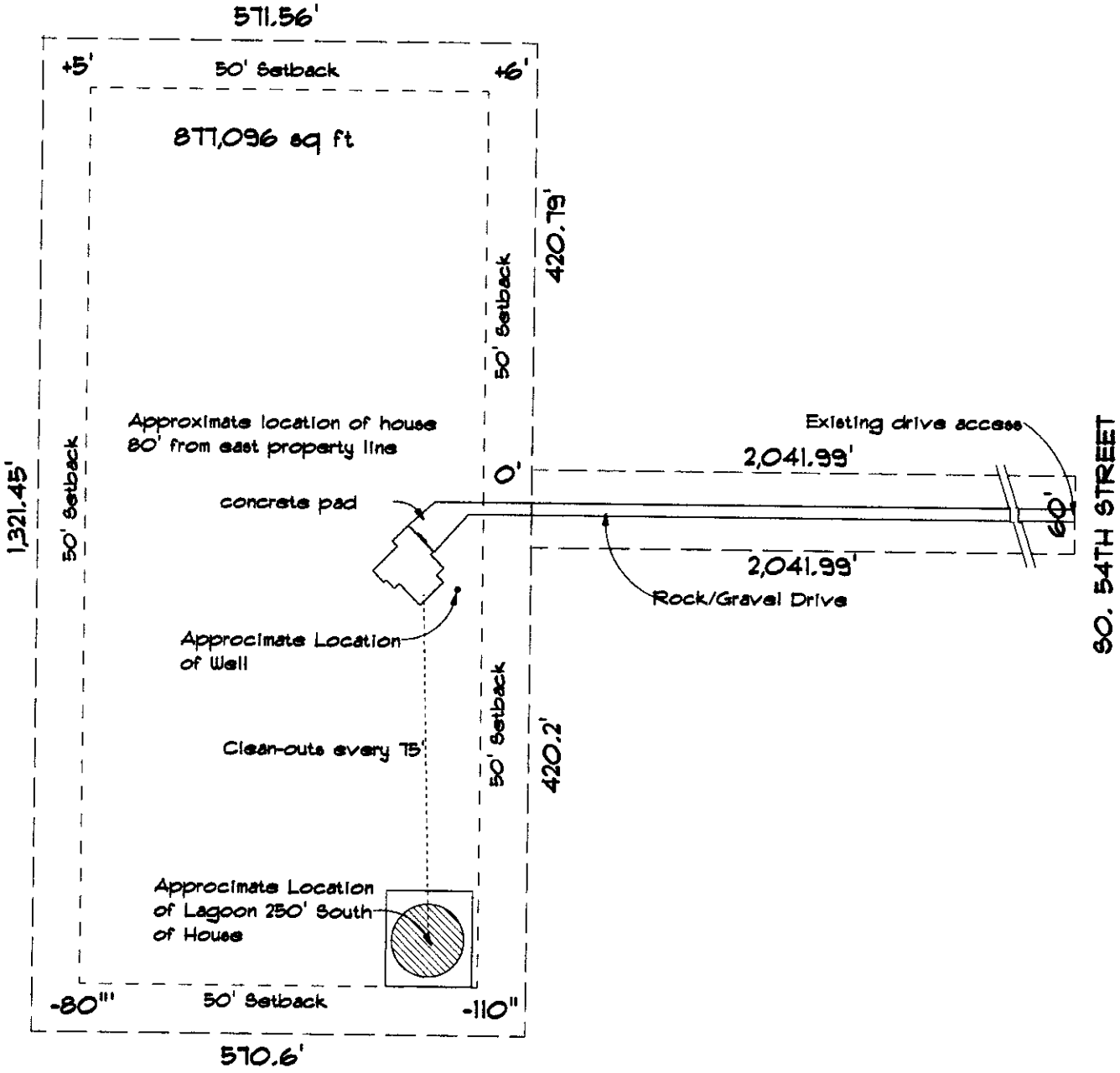
Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By ___

Date 4/24/20

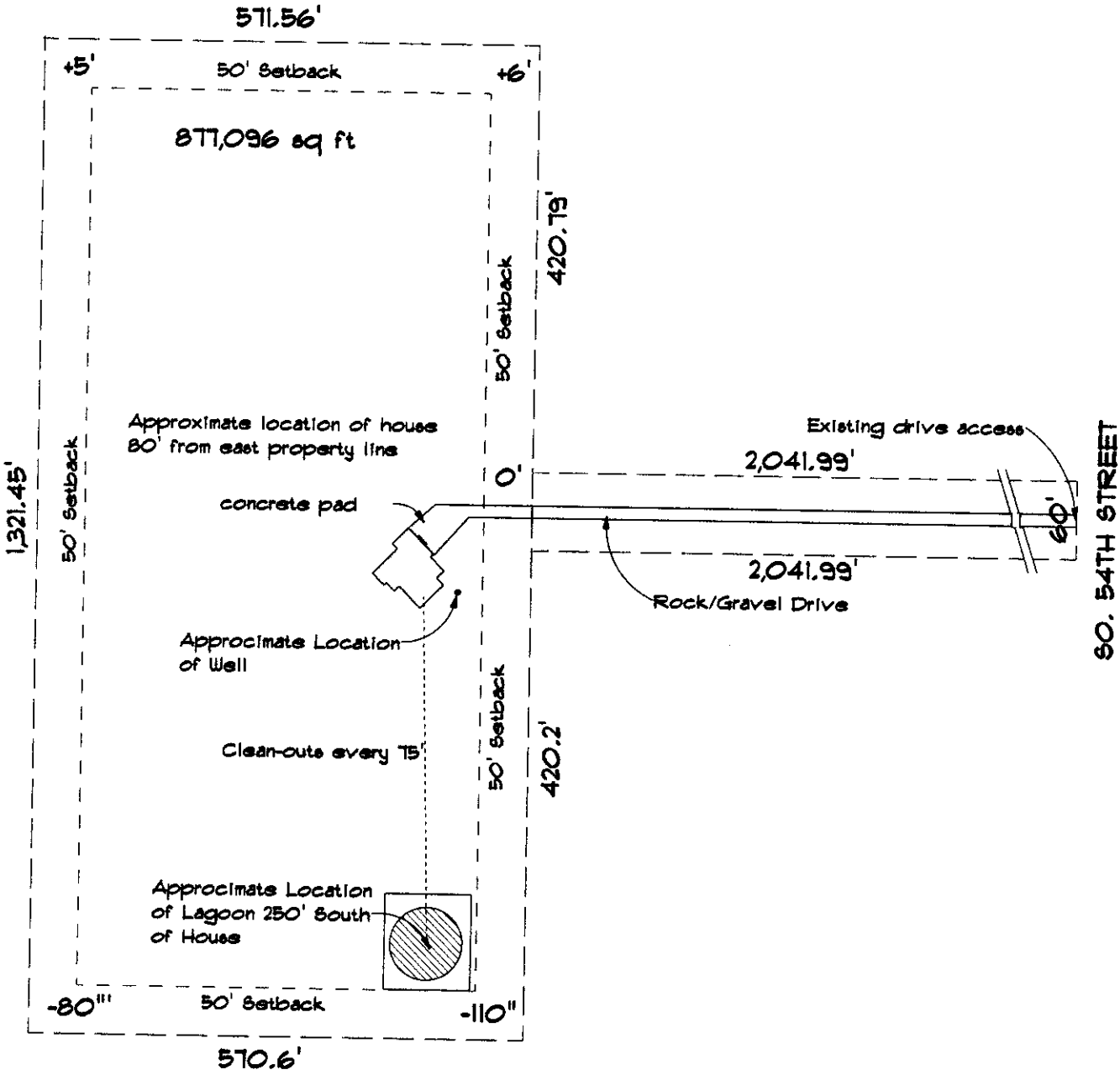
Updated 4/15



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