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

A

Permit Number
#500188

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* West Branched OAK RD (no rural route) City Raymond, NE Zip 68428

Legal Description East½ SW 29 12 6 Tax Lot 32
SE¼ 1/4 Section Township Range Subdivison Addition Block Lot

PID 13.29.300.005.000 (Approx) Address (If to be determined) 3464 West Branched OAK RD

B. Owner

Name Ben + Teresa Faltys Signature [signature]
Address 1929 NW 44th St City/State/Zip Lincoln, NE 68528
Home Phone 402-304-2267 Work Phone 402-761-2726

C. Certified Installer

Name: Justyn Peterson Signature [signature]
Address P.O. Box 11 City/State/Zip Milford, NE 68405
Work Phone 402-761-2281

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.99
Garbage Grinder? ☒ Yes ☐ No

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

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 1-02-19 Amount Paid $420.00
Received By [signature] Cash/Check No. 40158

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

Form A Updated: 4/15

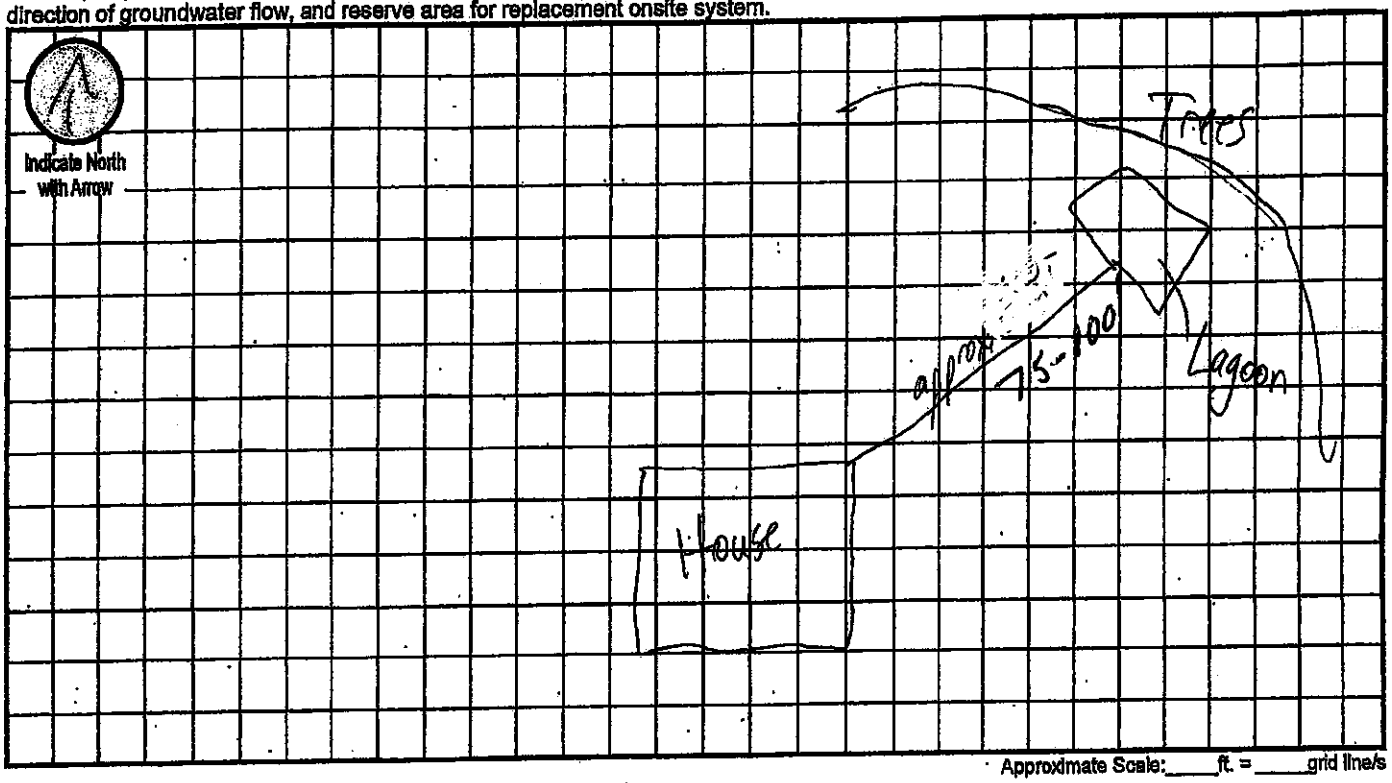
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 'O' Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) _____ City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. _____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/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 ☐ Chambers ☐ Other _____

No. of Absorption Trenches _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer _____ Date: 12/26/18

Updated 2/18

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. HS001788

System Type: Lagoon

Situs: No Site Address Specified

Issued: 1/7/2019

Expires: 1/7/2020

Description: S29, T12, R6, Acres 6th Principal Meridian, LOT 32 SW

Owner: FALTYS, BENJAMIN J & TERESA E
1929 NW 44TH ST
LINCOLN, NE 68528

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

UNDERWOOD CONSTRUCTION COMPANY LLC
655 SOUTH ST
SEWARD, NE 68434

SCANNED

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

A

Permit Number
HS001788

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* 3500 West Branched OAK RD City Raymond, NE Zip 68428
(no rural route)

Legal Description East½ SW 29 12 6 Tax Lot 32
SE 1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 13.29.300.005.000 (Approx.) Address (If to be determined) 3464 West Branched OAK RD

B. Owner

Name Ben + Teresa Faltys Signature
Address 1929 NW 44th St City/State/Zip Lincoln, NE 68528
Home Phone 402-304-2267 Work Phone 402-761-2726

C. Certified Installer

Name: Justin Peterson Signature
Address P.O. Box H City/State/Zip Milford, NE 68405
Work Phone 402-761-2281

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.99 19.49
Garbage Grinder? ☒ Yes ☐ No

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 04/19 by NH
Comments
Date rec'd 1/7/19
Date frwd 1/7/19
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 8/14/19

Business Office Use Only
Date Received 1-02-19 Amount Paid $420.00
Received By Cash/Check No. 40158

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

Exhibit 6

Permit Number: H5001788

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 8/14/19 Legal Description ____ ¼ ____ ¼ 29/12/6 Lot 32
Section/Township/Range

Onsite System Location

Address (no rural route) 3500 West Branched Oak City Raymond

Owner Faltys 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 X No ___
Lagoon floor is level	Yes X No ___
Lagoon is equipped with a depth gage/concrete slab	Yes X 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 X No ___
Inside slope not steeper than three horizontal to one vertical	Yes X No ___
Minimum width of the top of the dike shall be 4 feet	Yes X No ___
Fence installed	Yes X No ___

Top of the Dike 65' Bottom of Lagoon 29 Design Flow 375

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 NA

Comments:

Inspections prior to Final Approval
Initial NH Date 04/19

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thiel

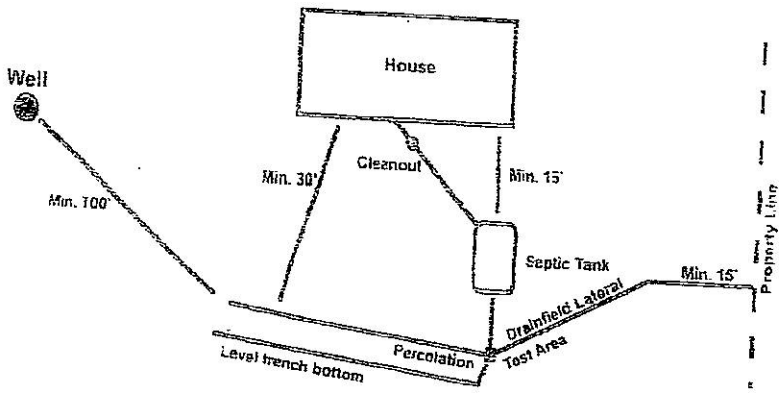
Date 8/14/19

Indicate North w/ Arrow Here:

N

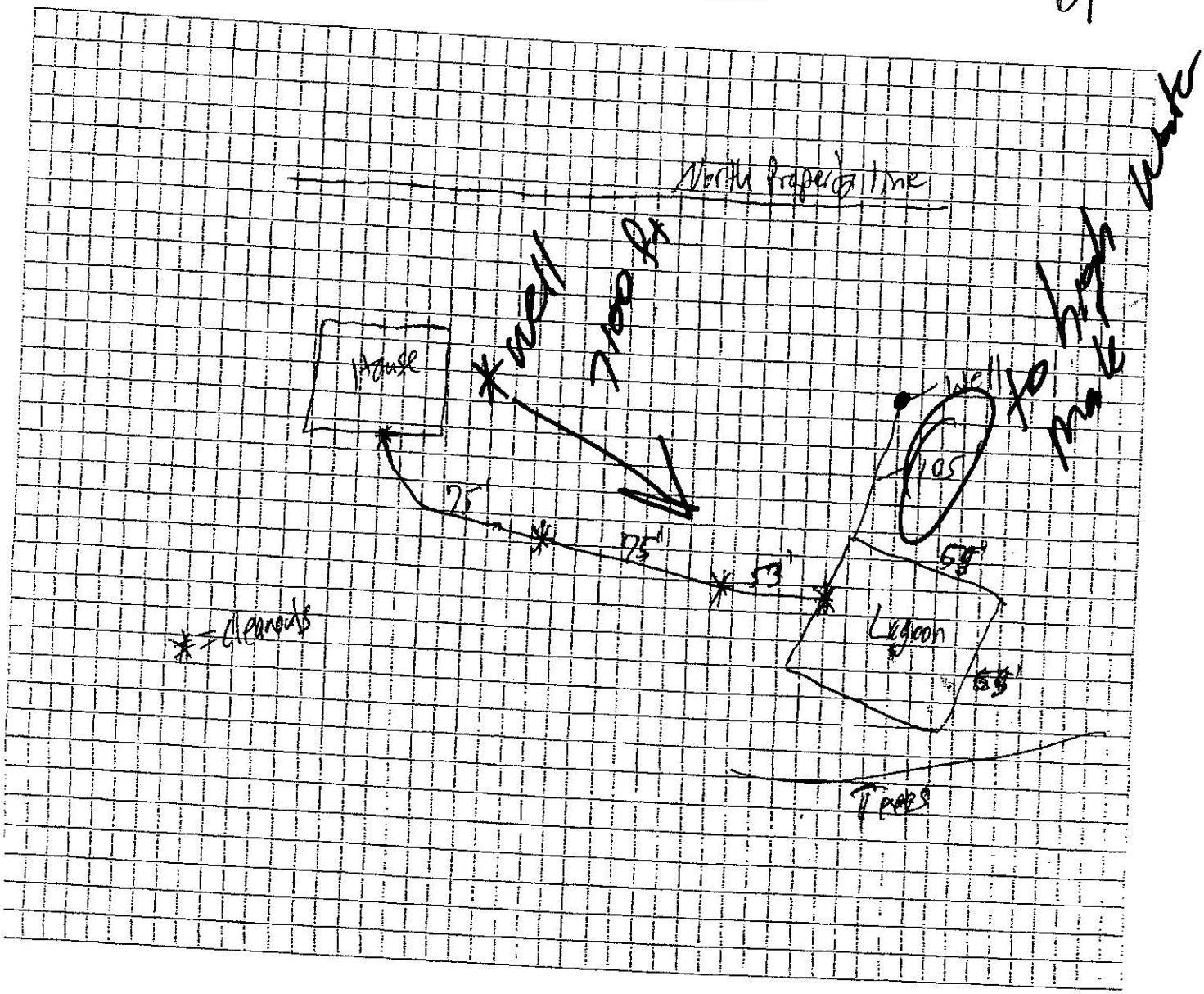
Onsite Wastewater System Design (Example)

3500 W. Branched Oak Road



*Note-If Lagoon, show all applicable dimensions

V 5/6/19



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) 3500 W. Branded Oak Road

Owner: Ben & Teresa Faltys Address _____

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: 4/30/19

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

Nate C. Hartman

From: Todd A. Stutzman
Sent: Thursday, January 03, 2019 9:26 AM
To: Nate C. Hartman
Subject: Buildable lot

Nate,

Lot 32 located in S29, T12, R6 is a buildable lot.

Todd Stutzman
Plan Examiner II
402-441-7097
555 S 10th Street, Room 203
Lincoln, NE 68508

Nate C. Hartman

From: Ken D. Schroeder
Sent: Thursday, January 03, 2019 5:25 PM
To: Nate C. Hartman
Cc: Pamela L. Dingman
Subject: Sewage disposal system for PID#13 29 300 005 000
Attachments: part of sec 29-12-6.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for Lot 32 irregular tracts located in the SW ¼ of Section 29, T12N, R6E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec.29-12-6.pdf)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

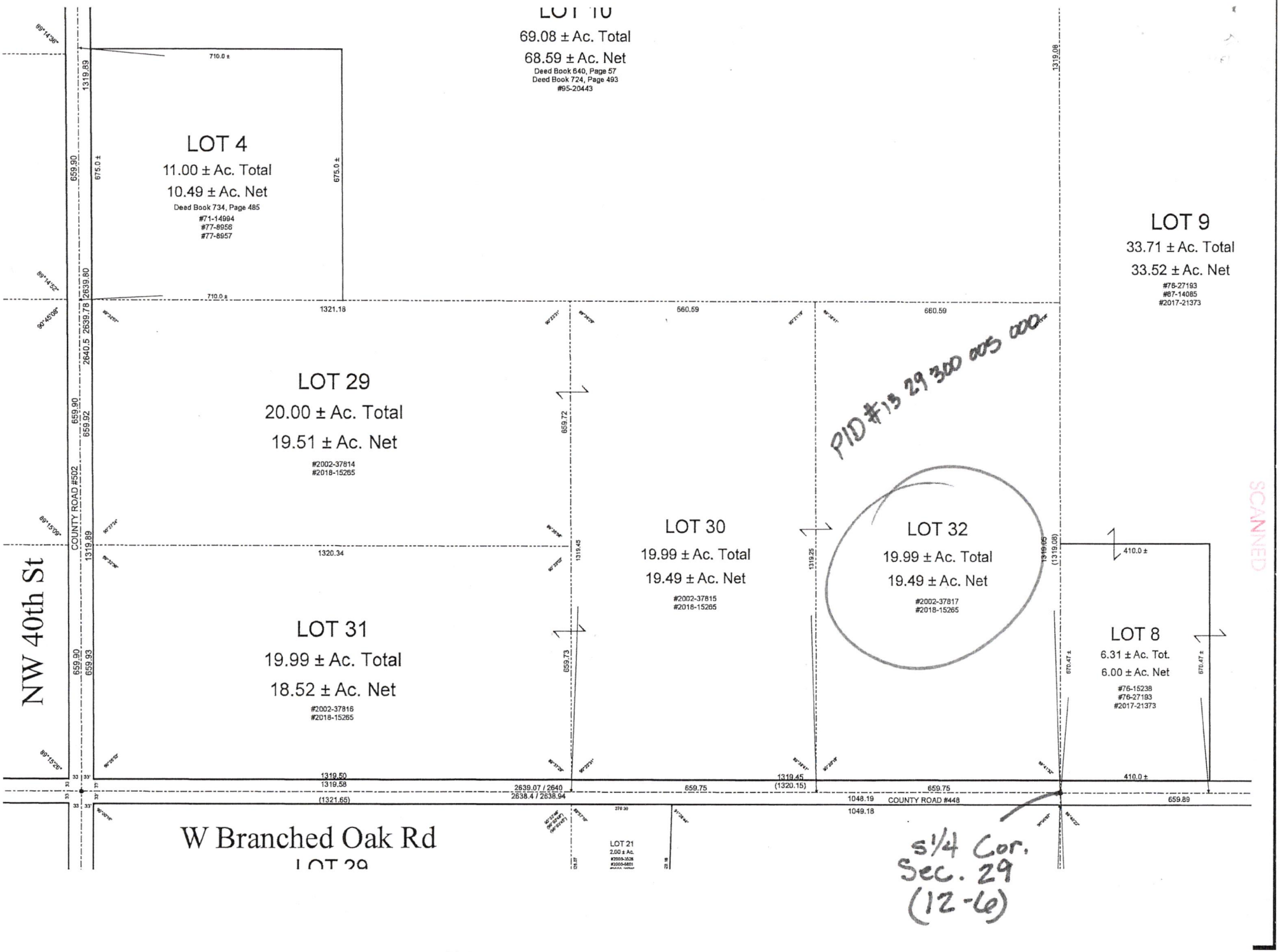
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Todd Stutzman
Plan Examiner II
402-441-7097
555 S 10th Street, Room 203
Lincoln, NE 68508


LOT 10
69.08 ± Ac. Total
68.59 ± Ac. Net
Deed Book 640, Page 57
Deed Book 724, Page 493
#95-20443
LOT 4
11.00 ± Ac. Total
10.49 ± Ac. Net
Deed Book 734, Page 485
#71-14994
#77-8956
#77-8957
LOT 9
33.71 ± Ac. Total
33.52 ± Ac. Net
#76-27193
#87-14085
#2017-21373
LOT 29
20.00 ± Ac. Total
19.51 ± Ac. Net
#2002-37814
#2018-15265
LOT 30
19.99 ± Ac. Total
19.49 ± Ac. Net
#2002-37815
#2018-15265
LOT 32
19.99 ± Ac. Total
19.49 ± Ac. Net
#2002-37817
#2018-15265
LOT 31
19.99 ± Ac. Total
18.52 ± Ac. Net
#2002-37816
#2018-15265
LOT 8
6.31 ± Ac. Tot.
6.00 ± Ac. Net
#76-15238
#76-27193
#2017-21373
PID #13 29 300 005 000
NW 40th St
COUNTY ROAD #502
COUNTY ROAD #448
W Branched Oak Rd
LOT 29
LOT 21
2.00 ± Ac.
s1/4 Cor.
Sec. 29
(12-6)
SCANNED