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

A

Permit Number HS00 1818

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* 14977 Midway Rd. City Bennet, NE Zip 68317
(no rural route)

Legal Description SW 22 9N 8E Haase 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID parcel "A" *Approx. Address (If to be determined)

B. Owner

Name Travis Hillman Signature

Address 950 Garden St City/State/Zip Bennet, NE 68317

Home Phone Work Phone cel 402-499-0698

C. Certified Installer

Name: Scott Weatherhogg Signature

Address 405 Washington St City/State/Zip Douglas, NE 68344

Work Phone 402-310-9048

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 20.1
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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

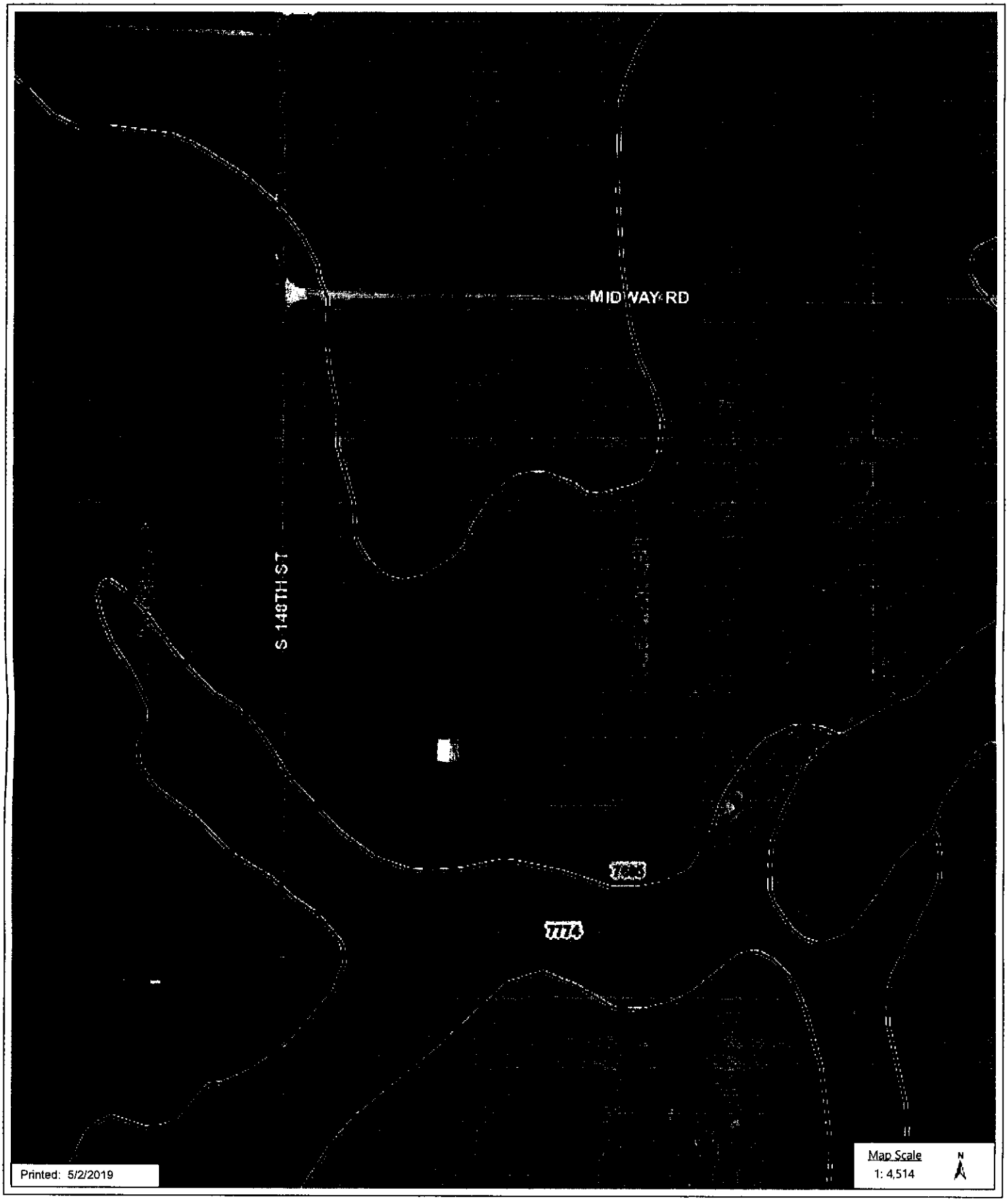
2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

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 5-03-19 Amount Paid $420.00
Received By JAO Cash/Check No. 7028

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



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 assessor@lancaster.ne.gov and you will be directed to the appropriate department.

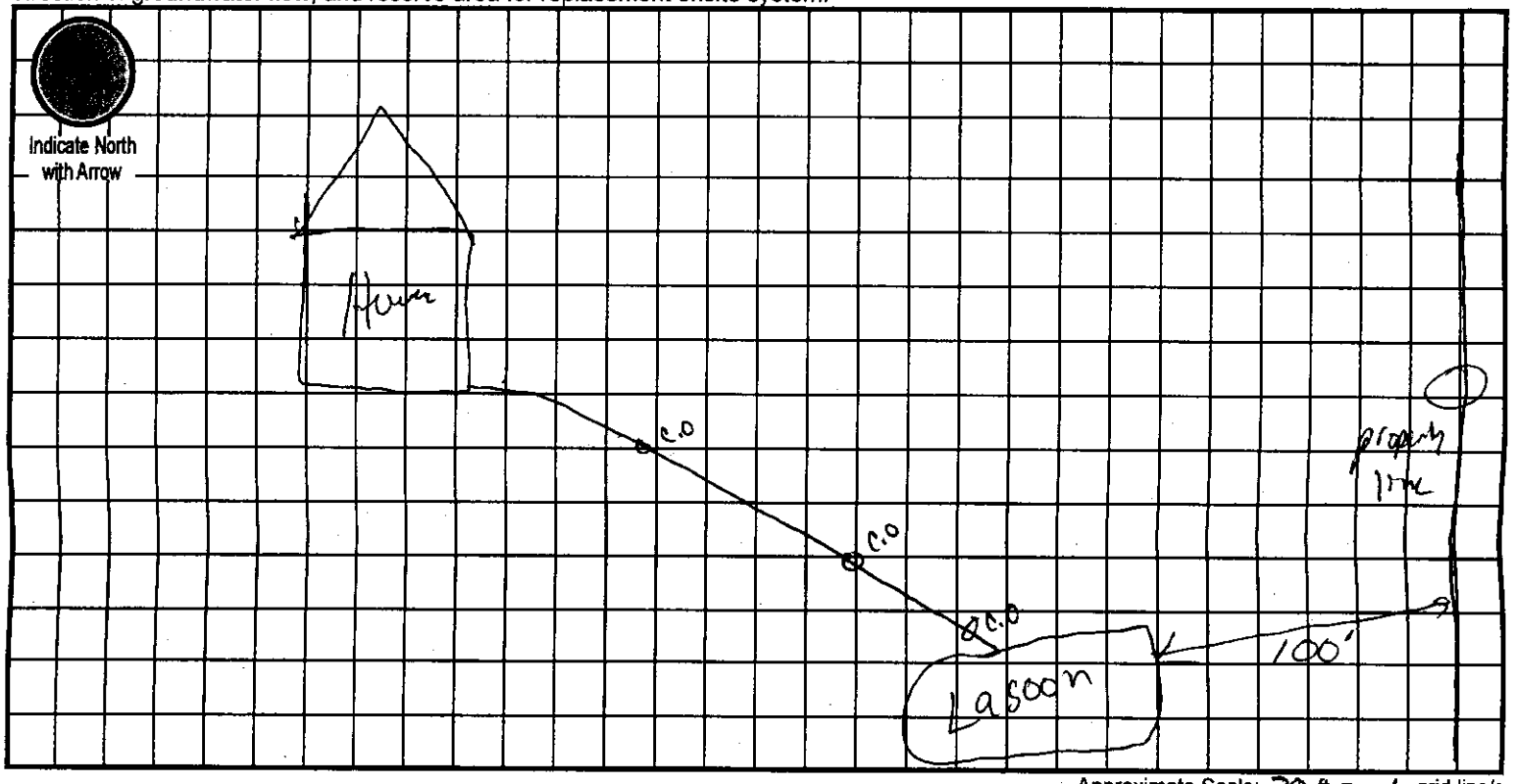
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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: 20 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 14977 Midway Rd City Bennet NE, Zip 68317

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: _____

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. HS001818

System Type: Lagoon

Situs: 14977 MIDWAY RD, BENNET, NE 68317

Issued: 5/6/2019

Expires: 5/6/2020

Description: HAASE ADDITION, PT LOT 2 (DESC IN INST#2017-44709 AS PARCEL A)

Owner: HILLMAN, TRAVIS & JESSICA
950 GARDEN ST
BENNET, NE 68317

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

SCOTT WEATHERHOGG
405 WASHINGTON ST
DOUGLAS, NE 68344

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

SCANNED

A

Permit Number H500 1818

Onsite Wastewater Treatment System Permit Application

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☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

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Home Phone Work Phone Cel 402-499-0658

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Name: Scott Weathechogs Signature

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Work Phone 402-310-9048

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

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Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 10/24/18 DE.
Comments
Date rec'd 5/6/19
Date frwd 5/6/19
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 10/25/18

Business Office Use Only
Date Received 5-03-19 Amount Paid $420.00
Received By JAO Cash/Check No. 1028

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: 4500 1818

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 10/25/18 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14977 Midway Rd 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 ~70'x48'	Yes ☒ No ☐ Spoke w/ owner temporary fence installed – permanent chain link to be installed in spring

Top of the Dike _____ Bottom of Lagoon adjusted according to slope Design Flow 300 gpd

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:

Inspections prior to Final Approval

Initial _____ Date _____

Follow-Up DC Date 10/25/18

Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 10/25/18

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

Exhibit 6

Permit Number: HS00188

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 10/24/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14977 Midway Rd 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 50'x 60' Bottom of Lagoon ____ Design Flow Lagoon is undersized

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied): Contractor

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:

Scott Mueller called and informed 10/24/19 — Scott said he would adjust dike as needed

Inspections prior to Final Approval
Initial _____ Date 10/24/19

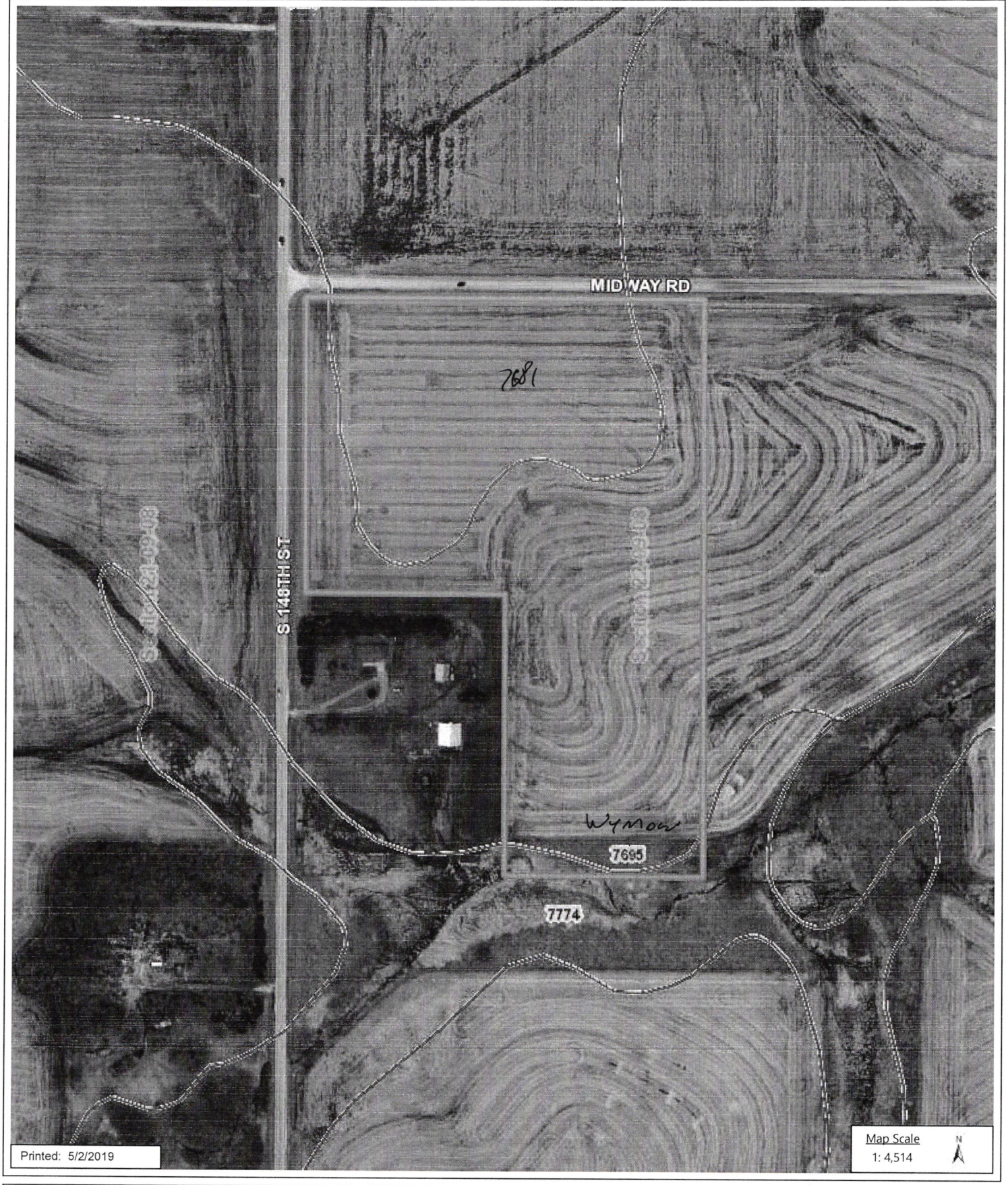
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date _____

SCANNED



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