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

A

Permit Number HSO01846

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* 7655 NW 105th (no rural route) City Malcolm, NE Zip 68402

Legal Description S28 T11 R5 34/100

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

PID _____ *Approx. Address (If to be determined) _____

B. Owner

Name Joseph A Grutsch Signature Joseph A Grutsch

Address 1279 N 7th St City/State/Zip Seward NE 68434

Home Phone 402-643-1976 Work Phone _____

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature Justyn Peterson

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2261

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.01

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 300

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

Health Department

e visits _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

_____ Date frwd _____ Signature _____

mments _____

Supt. Bldg. Insp. or Village Clerk

mments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

_____ Date frwd _____ Signature _____

City or County Engineer

mments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

_____ Date frwd _____ Signature _____

stallation Final Written Approval

_____

te _____

Business Office Use Only
Date Received 6-24-19 Amount Paid 420.00
Received By JAC Cash/Check No. 6548

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

Form A Updated: 4/15

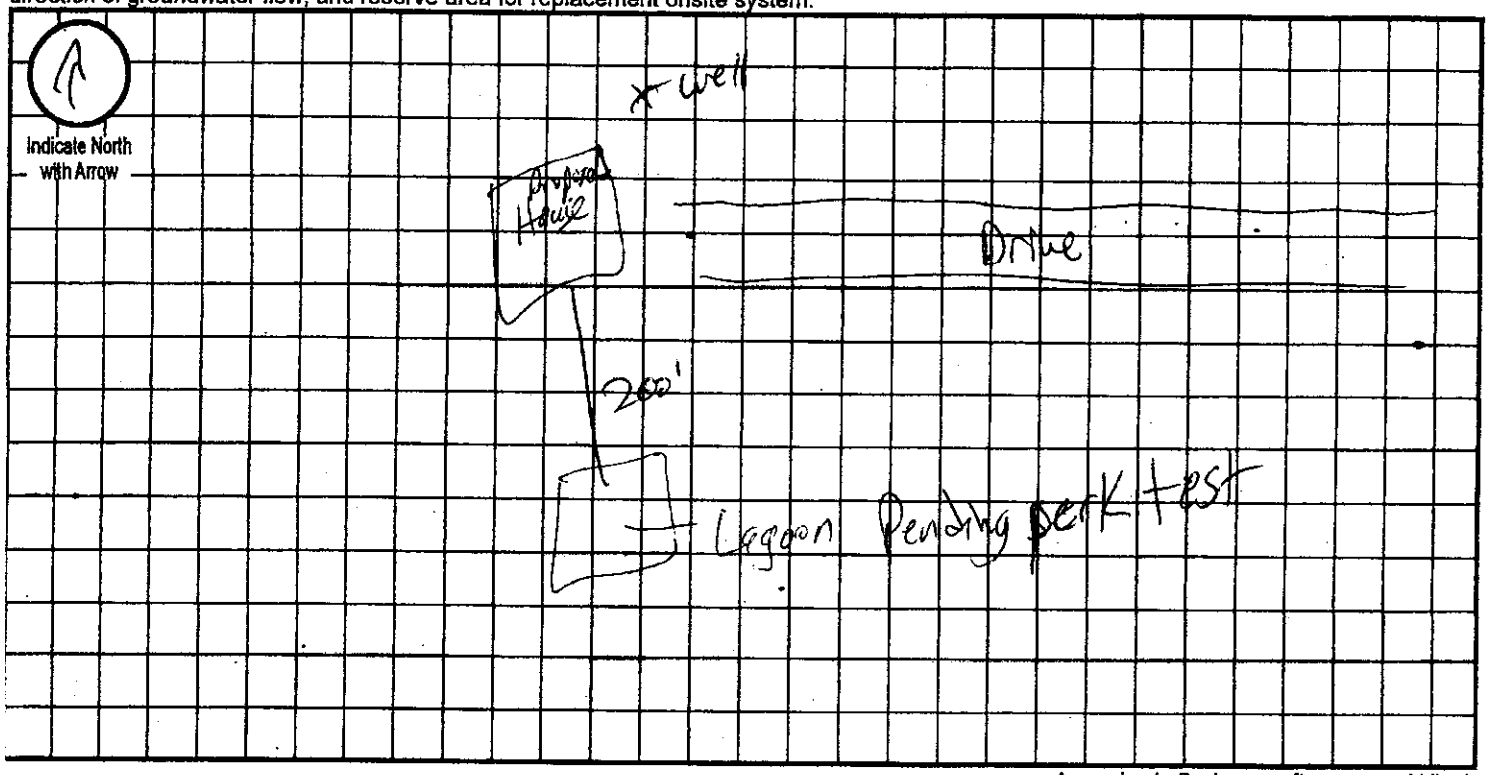
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 7655 NW 105th City Malcolm NE, Zip 68402

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

pending

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: 6/18/19

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. HS001846

System Type: Lagoon

Situs: 7655 NW 105TH ST, MALCOLM, NE 68402

Issued: 7/3/2019

Expires: 7/3/2020

Description: S28, T11, R5, Acres 6th Principal Meridian, LOT 34 SW

Owner: GRUTSCH, JOSEPH & SHARON
1279 N 7 ST
SEWARD, NE 68434

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

JOSEPH GRUTSCH
1279 N 7TH ST
LINCOLN, NE 68434

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

SCANNED

A

Permit Number
11500184

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* 7655 NW 105th (no rural route) City Malcolm, NE Zip 68402

Legal Description S28 T11 R5 34

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

PID _____ *Approx. Address (If to be determined) _____

B. Owner

Name Joseph A Grutsch Signature Joseph A Grutsch

Address 1279 N 7th St City/State/Zip Seward NE 68434

Home Phone 402-643-1976 Work Phone _____

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature Justyn Peterson

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2261

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.01

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 300

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

Health Department

Site visits 5/17/20 - pre-soil Date rec'd 7/3/19

Comments _____ Date frwd 7/3/19

ACTION ☒ Approved ☐ Disapproved

Signature _____

Supt. Bldg. Insp. or Village Clerk

Comments _____ Date rec'd _____

Date frwd _____

ACTION ☒ Approved ☐ Disapproved

Signature _____

City or County Engineer

Comments _____ Date rec'd _____

Date frwd _____

ACTION ☒ Approved ☐ Disapproved

Signature _____

Installation Final Written Approval

Date 10/12/20

Spoke to Joe 9/14 came by to see him 10/12/20 w/for pit

Service installed

Business Office Use Only

Date Received 6-24-19 Amount Paid $472.00

Received By JAE Cash/Check No 05462

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: Joe Gratsch Address 7655 NW 105th

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.

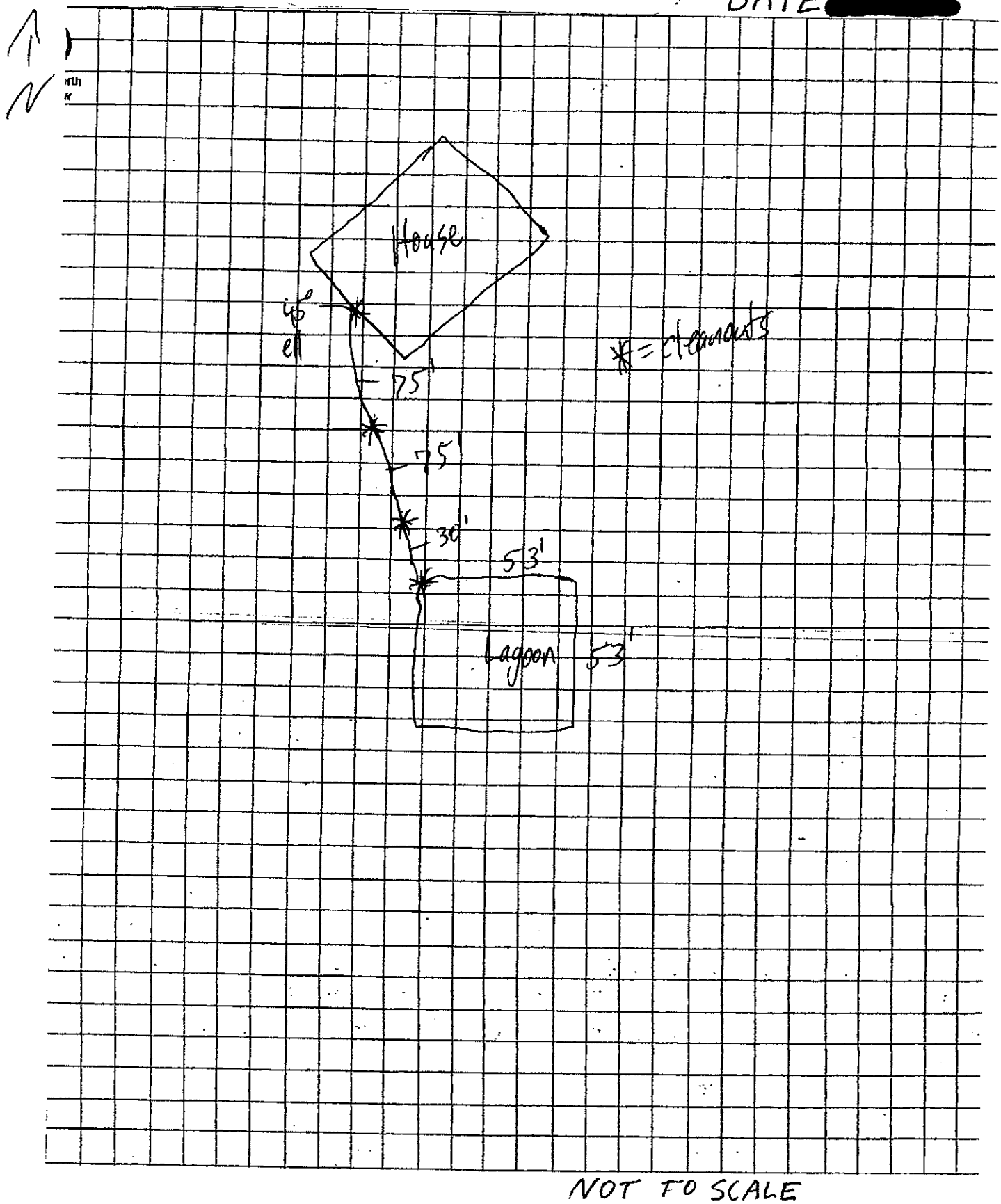
Certified Professional Signature: _____ Date: 9/4/19

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

Owner
Joe Gratsch

EARNEST WELL DRILLING INC.
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 9/14/19



Nate C. Hartman

From: Justyn Peterson <justyn@earnestwell.com>
Sent: Wednesday, September 4, 2019 8:43 AM
To: Nate C. Hartman
Subject: Grutsch
Attachments: Scan.pdf

Thanks
Justyn

Nate C. Hartman

From: Todd A. Stutzman
Sent: Monday, July 01, 2019 12:17 PM
To: Nate C. Hartman
Subject: 7655 NW 105th St

Nate,

7655 NW 105th St, Located in S28, T11, R5, lot 34 SW, is buildable.

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

6-21-19
Nate,
Please call Joe
When permit is
all approved.
Thanks!
Lou

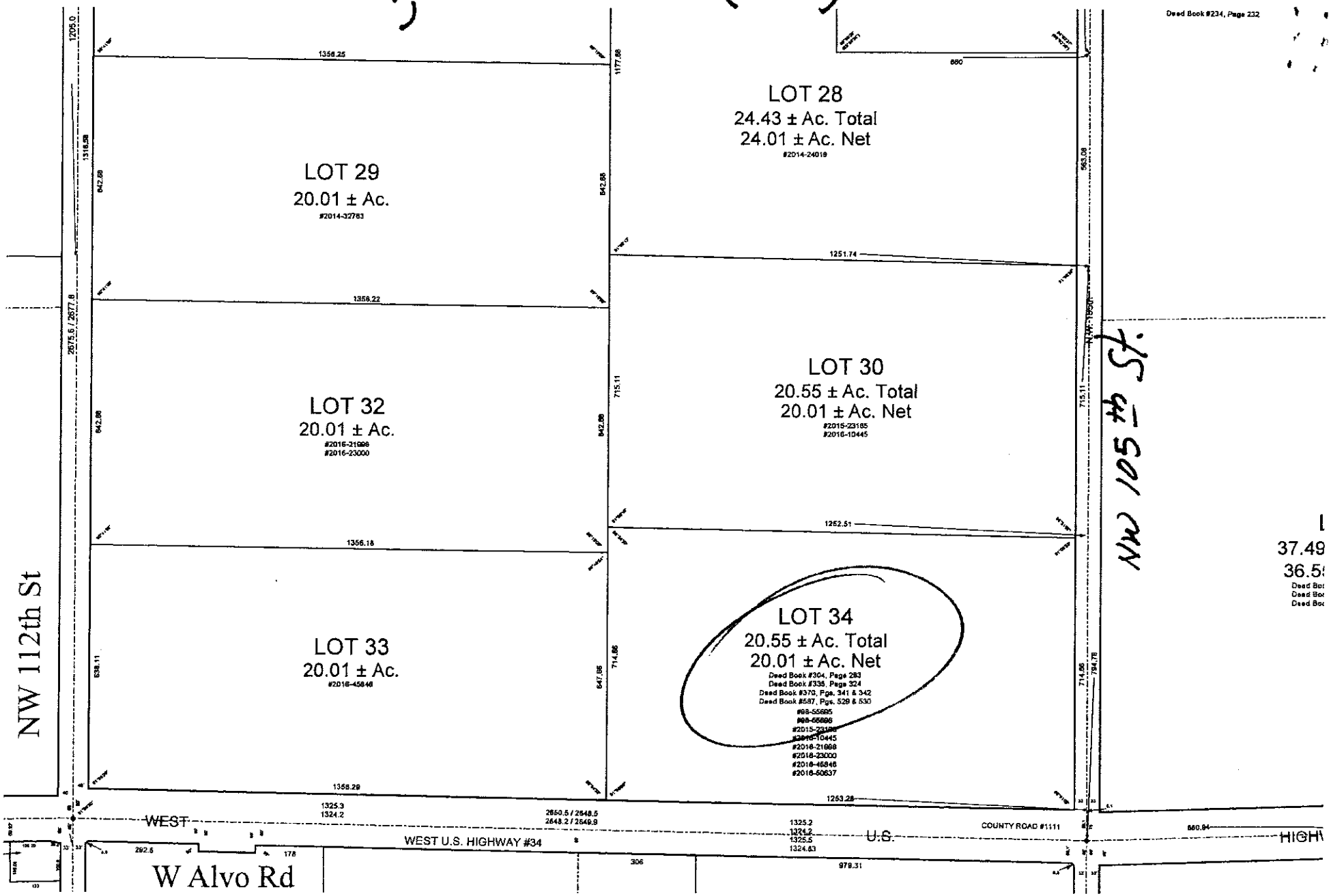
Nate C. Hartman

From: Ken D. Schroeder
Sent: Monday, July 01, 2019 6:00 PM
To: Nate C. Hartman
Cc: Pamela L. Dingman
Subject: sewage disposal system for 7655 NW 105th Street
Attachments: part of sec 28-11-5.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for Lot 34 irregular tracts located in the SW ¼ of Section 28, T11N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec 28-11-5.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

SW 1/4, Sec. 28 (11-5)



NW 105th St