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

A

Permit Number #5001941

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 22233 S 115th (no rural route) City Hickman, NE Zip 68526

Legal Description Sec 7 T7 R8 Vandervelde Ridge Addition 1 1

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

PID 20-07-201-001-000

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Mueller Signature Scott Mueller

Address 1345 N 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

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 3.01

Garbage Grinder? ☐ Yes ☐ No

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

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

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 12-06-19 Amount Paid $430.00
Received By AO Cash/Check No CC 7194

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

Form A Updated 1-13

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. HS001941

System Type: Lagoon

Situs: No Site Address Specified

Issued: 12/9/2019

Expires: 12/9/2020

Description: VANDERVIEW RIDGE ADDITION, BLOCK 1, Lot 1

Owner: SEDLACEK, ROBERT GENE
1310 PADDOCK LN
BEATRICE, NE 68310

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

SCOTT MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446

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

SCANNED

A

Permit Number 1800194

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 22233 S 115th (no rural route) City Hickman, NE Zip 68526

Legal Description Sec 7 T7 R6 Vandervelden Ridge Addition 1

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

PID 20-07-201-001-000

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Mueller Signature _____

Address 1345 N 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

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 3.01

Garbage Grinder? ☐ Yes ☐ No

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

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

1. Health Department

Site visits 8/3/20 Date rec'd 12/9/19

Comments Fence complete Date frwd 12/9/19

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 Doug Rust

Date 8/4/20

Business Office Use Only

Date Received 12-06-19 Amount Paid $430.00

Received By AD Cash/Check No CC 7194

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

Form A Updated 1-13

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

Exhibit 6

Permit Number: HS00 1941

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 8/4/20 Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 22233 S 115th 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 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	Yes X No___
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 59' Bottom of Lagoon 23' Design Flow 300

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: NA

Dike North side

Comments:

Inspections prior to Final Approval
Initial DS Date 8/3/20

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Smith

Date 8/4/20