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

A

Permit Number HS001957

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* 5865 Bronco Hills Ct. (no rural route) City _____, NE Zip _____ Lot 4

Legal Description L-4 B-2 Bronco Hills Estates 2nd Addition Lot 4
1/4 1/4 Section 5 Township 9 Range R5 Subdivison Addition Block 2 Lot 4

PID 03-24-207-004-000 *Approx. Address (If to be determined) _____

B. Owner

Name Bill Greenway Signature _____

Address _____ City/State/Zip _____

Home Phone 308-750-0083 Work Phone _____

C. Certified Installer

Name: Matt Taylor Signature _____

Address P.O. Box 23108 City/State/Zip Lincoln, NE 68542

Work Phone 402-450-6599

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 3.2
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

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 2-20-20 Amount Paid $430.00
Received By JAM Cash/Check No. 2309

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

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. HS001957

System Type: Lagoon

Situs: No Site Address Specified

Issued: 2/21/2020

Expires: 2/21/2021

Description: BRONCO HILLS ESTATES 2ND ADDITION, BLOCK 2, Lot 4

Owner: GREENWAY, WILLIAM & DARBY
1315 WALLACE ST
ST PAUL, NE 68873

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

TAYLOR CONSTRUCTION INC.
PO BOX 23108
LINCOLN, NE 68542

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

A

SCANNED

Permit Number HS001957

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* 5865 ~~Bronco~~ Branco Hills Ct. (no rural route) City _____, NE Zip Lot 4

Legal Description L-4 B-2 Branco Hills Estates 2nd Addition Lot 4

S24 T9 R5

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

PID 03-24-207-004-000 *Approx. Address (If to be determined) _____ Block 2 Lot 4

B. Owner

Name Bill Greenway Signature _____

Address _____ City/State/Zip _____

Home Phone 308-750-0083 Work Phone _____

C. Certified Installer

Name: Matt Taylor Signature _____

Address P.O. Box 23108 City/State/Zip Lincoln, NE 68542

Work Phone 402-450-6599

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 3.2 (3.2)

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

1. Health Department

Site visits 6/9/20 Hse + lagoon Dc

Comments Needs fence

Date rec'd 2/21/20

Date frwd 2/21/20

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 9/4/20

Business Office Use Only

Date Received 2-20-20 Amount Paid $430.00

Received By JAC Cash/Check No. 2309

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: HS001957

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 6/10/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5865 Bronco Hills Cr. 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 59' Bottom of Lagoon 23' Design Flow 300

9/3/20 WLH

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 D.S. Date 6/9/20
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 9/4/20

Updated 4/15