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

A

Permit Number H5002003

Existing Home
Septic to Lagoon

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 13701 W Spring Rd (no rural route) City Denton, NE Zip 68339

Legal Description SW 19 9N 5E 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-19-300-004-000

B. Owner

Name Daniel B Factor Signature Daniel B Factor

Address 13701 W Spring Rd City/State/Zip Denton, NE 68339

Home Phone 402-405-7526 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

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 23.14
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 ACTION ☐ Approved ☐ Disapproved
Site visits Date rec'd Signature
Date frwd
Comments

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

3. City or County Engineer ACTION ☐ Approved ☐ Disapproved
Comments Date rec'd Signature
Date frwd

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 5-20-10 Amount Paid $430.00
Received By JAD Cash/Check No. 0287

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: 402-441-8022

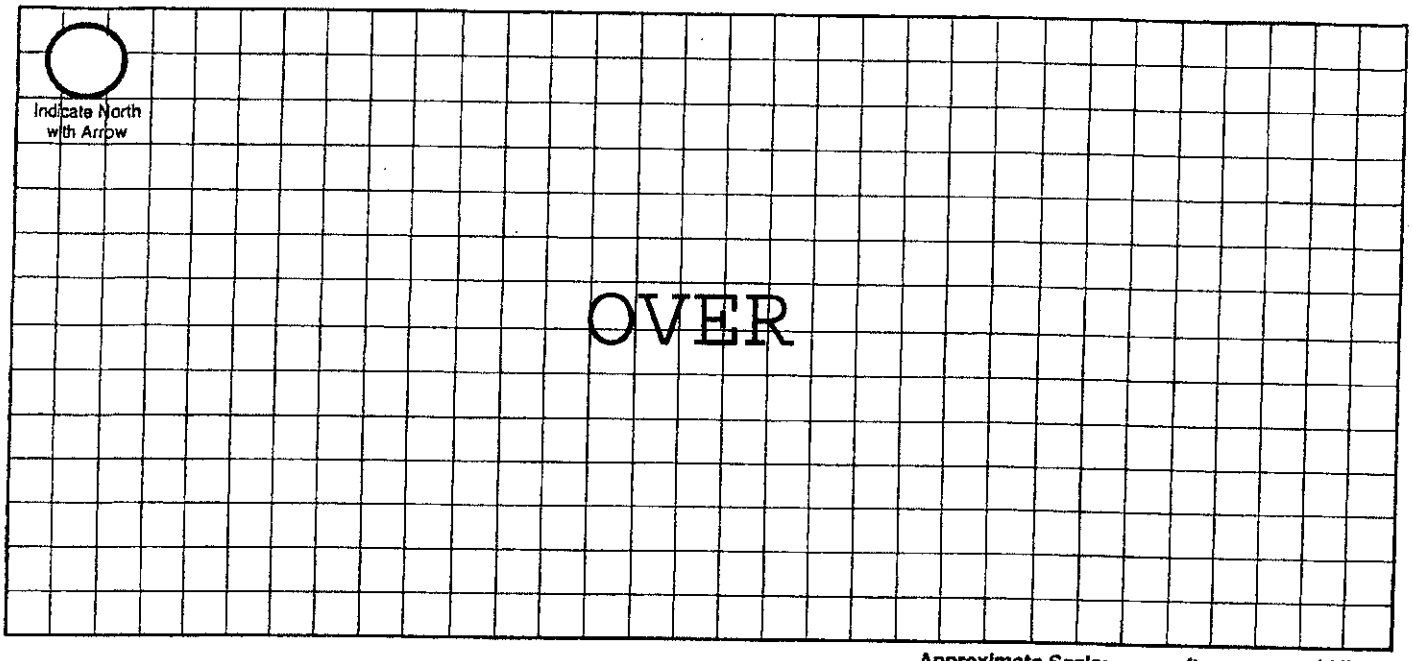
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

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



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 13701 W Spring Rd City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per 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 ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

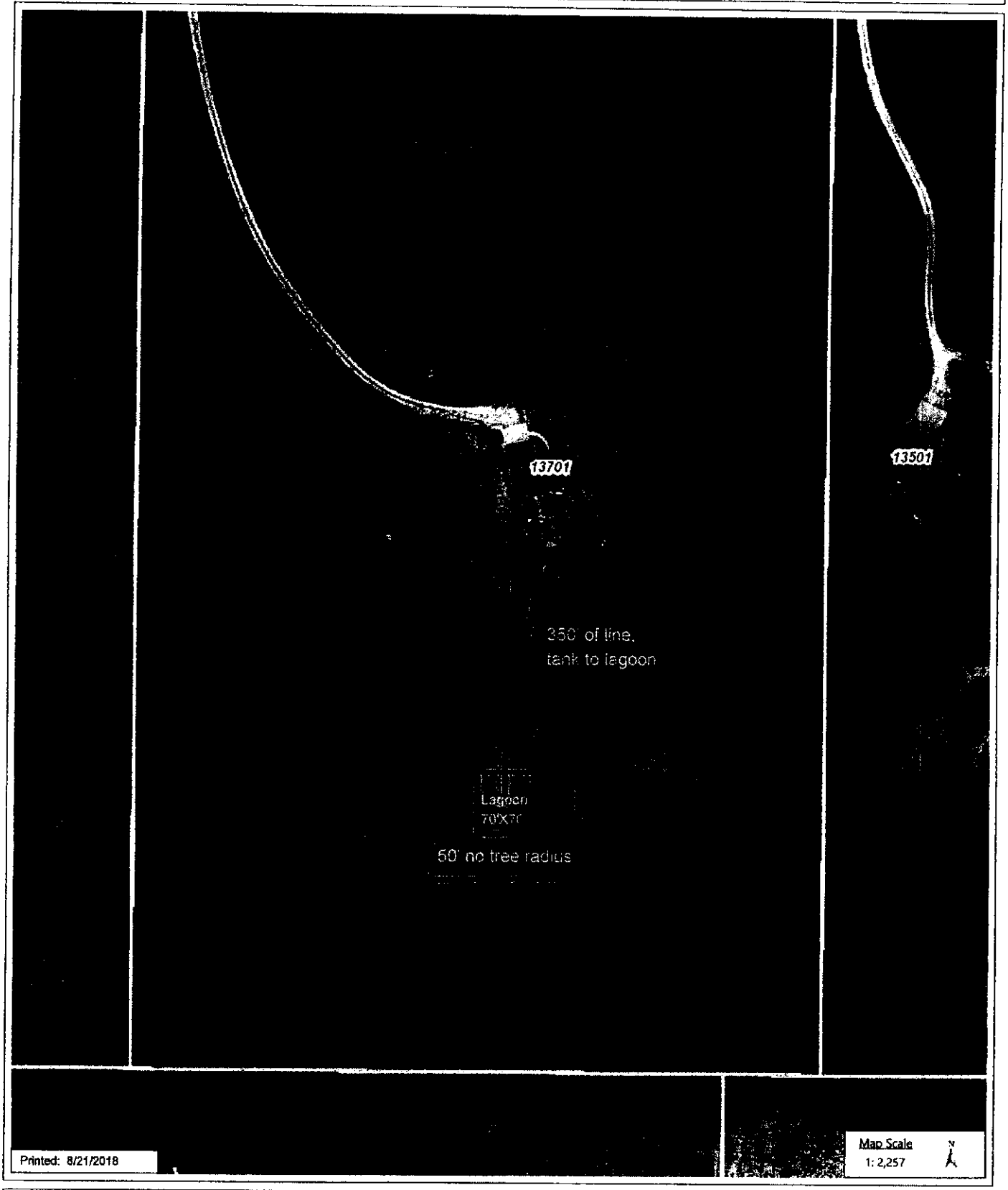
F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer [signature] Date 5/19/20

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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.

Dan Factor 402-405-7526 13701 W Spring Rd, Denton, NE 68339

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. HS002003

System Type: Lagoon

Situs: No Site Address Specified

Issued: 5/20/2020

Expires: 5/20/2021

Description: S19, T9, R5, 6th Principal Meridian, LOT 5 SW

Owner: FACTOR, DANIEL B & GRACE M
JOINT REVOCABLE LIVING TRUST
13701 W SPRING RD
DENTON, NE 68339

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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

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

SCANNED

A

Permit Number
HS002003

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Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-28

1. Health Department
Site visits 6/12/20
Date rec'd 5/20/20
Date frwd 5/20/20
ACTION ☑ Approved ☐ Disapproved
Signature
Comments

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 Thiel
Date 6/15/20

Business Office Use Only
Date Received 5-20-20 Amount Paid $430.00
Received By JAD Cash/Check No. 0287

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: HS002007

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 6/15/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13701 W Spring 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 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 65' Bottom of Lagoon 29' Design Flow 325

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 _____ Date 6/12/20

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 6/15/20

Updated 4/15

SCANNED

C

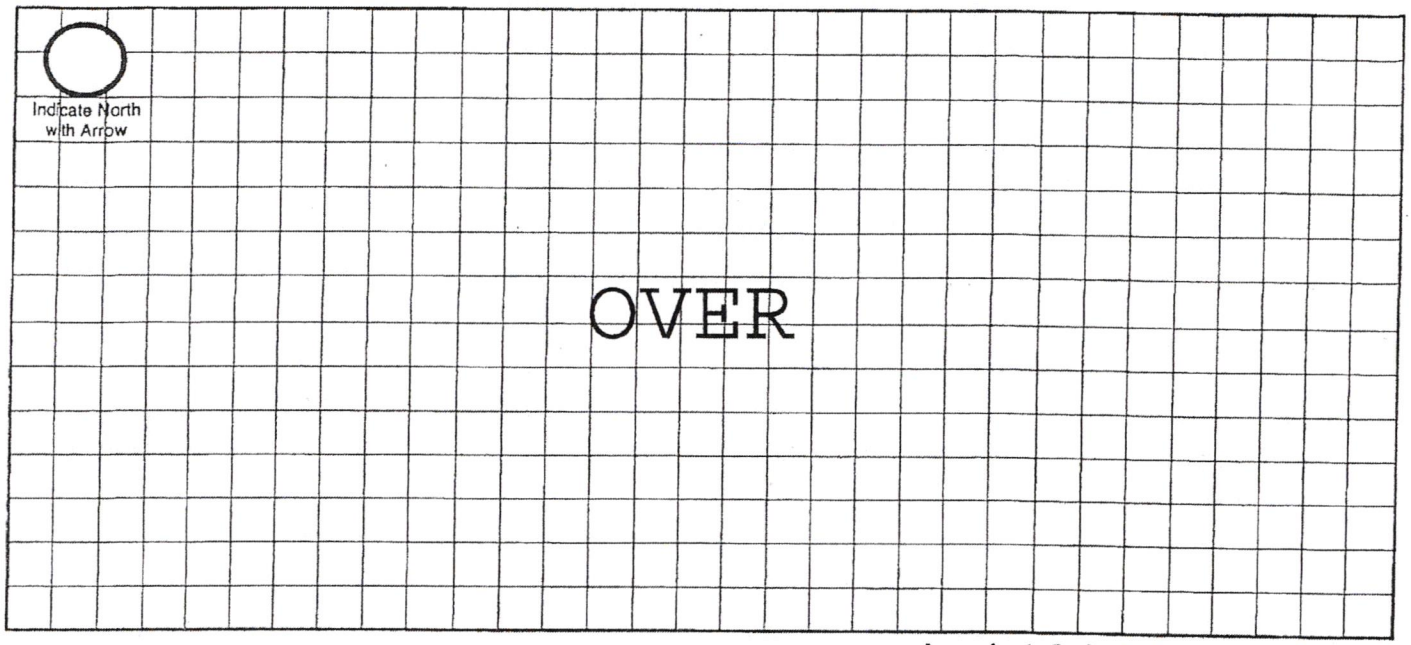
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3140 "N" Street • Lincoln, NE 68510-1514
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F. Required Signatures

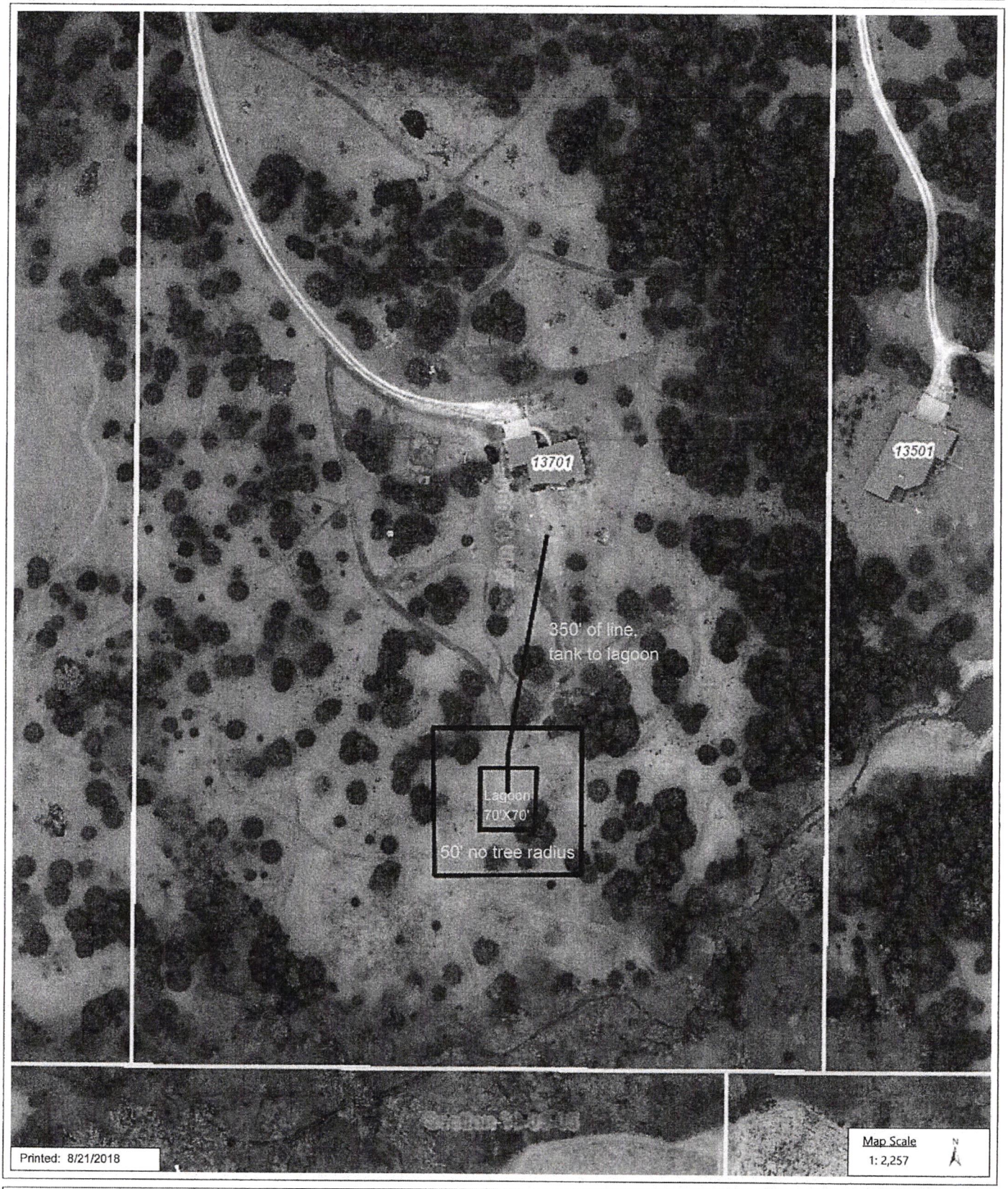
Home Building Contractor Existing Home Date _____

Installer Kevin L. Johnson Date 5/19/20

SCANNED

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CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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