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

A

Permit Number HS002084

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* 12801 W SPRAGUE RD City CRETE, NE Zip 68333
(no rural route)

Legal Description 31 8 5 6TH PRINCIPAL MERIDIAN 6 NE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-31-200-002-000 *Approx. Address (If to be determined)

B. Owner

Name EUGENE BIASER Signature

Address 12801 W SPRAGUE RD City/State/Zip CRETE, NE 68333

Home Phone Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 IOWA ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68333

Work Phone 402-475-2462

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a REPLACING DRAINFIELD W/59x59 FT LAGOON

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 14.7
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 6-24-20 Amount Paid $430.00
Received By JAO Cash/Check No 00214

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

Form A Updated: 4/15

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. HS002084

System Type: Lagoon

Situs: No Site Address Specified

Issued: 8/25/2020

Expires: 8/25/2021

Description: S31, T8, R5, 6th Principal Meridian, LOT 6 NE

Owner: BLASER, EUGENE R & DIANNE W
12801 W SPRAGUE RD
CRETE, NE 68333

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

JAIME KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

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

SCANNED

A

Permit Number #5002084

Onsite Wastewater Treatment System Permit Application

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

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Name EUGENE BIASER Signature

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Home Phone Work Phone

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Name: JAIME KUBIK Signature Jaime Kubik

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Work Phone 402-475-2462

D. Engineer

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

Designer Name Firm Work Phone

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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 8/26/20
Lagoon - Needs fence
Comments
Date rec'd 8/25/20
Date frwd 8/25/20
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 Doug Thiel
Date 9/28/20

Business Office Use Only
Date Received 8-24-20 Amount Paid $430.00
Received By JAO Cash/Check No 00214

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: HS002084

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 9/28/20 Legal Description ___ ¼ ___ ¼ 31 / 8 / 5 Section/Township/Range

Onsite System Location

Address (no rural route) 12801 W. Sprague City ___

Owner ___ Address ___

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair Replaced failing septic system w/ lagoon

☐ 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 59' Bottom of Lagoon 27' 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: N/A

Dike North side

Comments:

Inspections prior to Final Approval
Initial DC Date 9/26/20

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By Doug Smyth
Date 9/28/20

Updated 4/15