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

A

Permit Number HS002132

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 6520 W Bennet Rd (no rural route) City Markell, NE Zip 68404

Legal Description 1 8 5 18-19

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

PID 020130000 2000

B. Owner

Name Richard Williams Signature

Address 6520 W Bennet Rd City/State/Zip Markell, Ne 68404

Home Phone 402-440-3919 Work Phone

C. Certified Installer

Name: Brian Pribyl - Pribyl Plumbing Signature

Address 1475 Blue Acres City/State/Zip Crete Ne 68333

Work Phone 402-826-0182

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 80

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
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 11-06-20 Amount Paid $440.00
Received By AM Cash/Check No. 03651

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. HS002132

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/6/2020

Expires: 11/6/2021

Description: S1, T8, R5, 6th Principal Meridian, LOT 18 & 19 SW

Owner: WILLIAMS, RICHARD J & DOROTHY
MAE LIFE ESTATES
6520 W BENNET RD
MARTELL, NE 68404-5065

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
Health Director

PRIBYL PLUMBING
1475 BLUE ACRES
CRETE, NE 68333

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

SCANNED

A

Permit Number
HS002132

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Submit correct fee
with this Application

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 6520 W Bennet Rd City Marshall, NE Zip 68404
(no rural route)

Legal Description 1 8 5 18-19
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0201300002000

B. Owner

Name Richard Williams Signature

Address 6520 W Bennet Rd City/State/Zip Marshall, Ne 68404

Home Phone 402-440-3919 Work Phone

C. Certified Installer

Name: Brian Rabyl - Rabyl Plumbing Signature

Address 1475 Blue Acres City/State/Zip Crete Ne 68333

Work Phone 402-826-0192

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

Designer Name Firm Work Phone

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☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 80
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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. 02-30

1. Health Department
Site visits 11/13/20 dc
Comments
Date rec'd 11/6/20
Date frwd 11/6/20
ACTION ☒ Approved ☐ Disapproved
Signature 11/16/20

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 11/16/20

Business Office Use Only
Date Received 11-06-20 Amount Paid $440.00
Received By JMO Cash/Check No. 003651

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: HS002132

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 11/16/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6520 W. Benney 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 29' Design Flow 300 gpd

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 OF Date 11/13/20

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Anderson

Date 11/16/20