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

A

Permit Number HS002159

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* _____ City ADAMS NE Zip _____
(no rural route)

Legal Description S12 T7 R8 5 (AO)
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 20-12-300-002-000 *Approx Address (if to be determined) 17770 Olive Creek Rd

B. Owner

Name _____ Signature _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____

C. Certified Installer

Name TAYLOR BUSS Signature _____
Address 8770 WAVERLY RD City/State/Zip LINCOLN NE 68517
Work Phone 402-430-8380

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 6 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 19.98
Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 525 LAGOON

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site Visits _____ Date Rec'd _____
Date Appr _____

ACTION ☐ Approved ☐ Disapproved
Signature _____

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

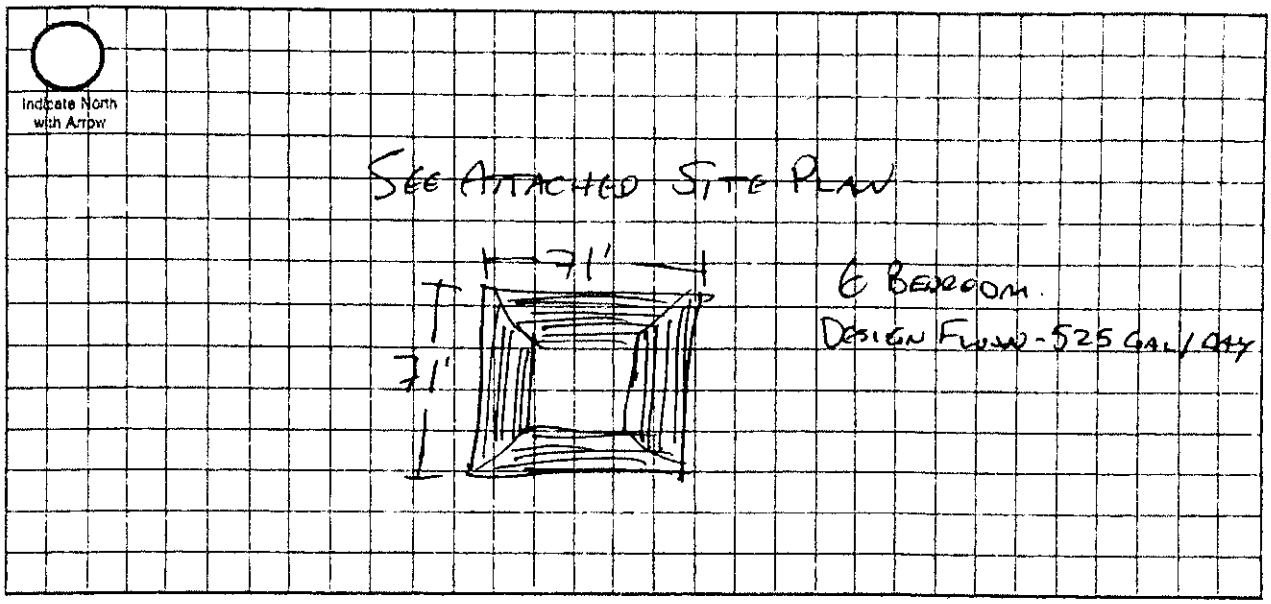
C

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) 17770 OLIVE CREEK LP City ~~Bennet~~ ADAMS NE, Zip _____

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) X Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms 6 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

Type of [illegible] Width_____ No. of Distribution Boxes_____ Distribution Box_____

Depth_____ Total Footage of Pipe or Bed_____

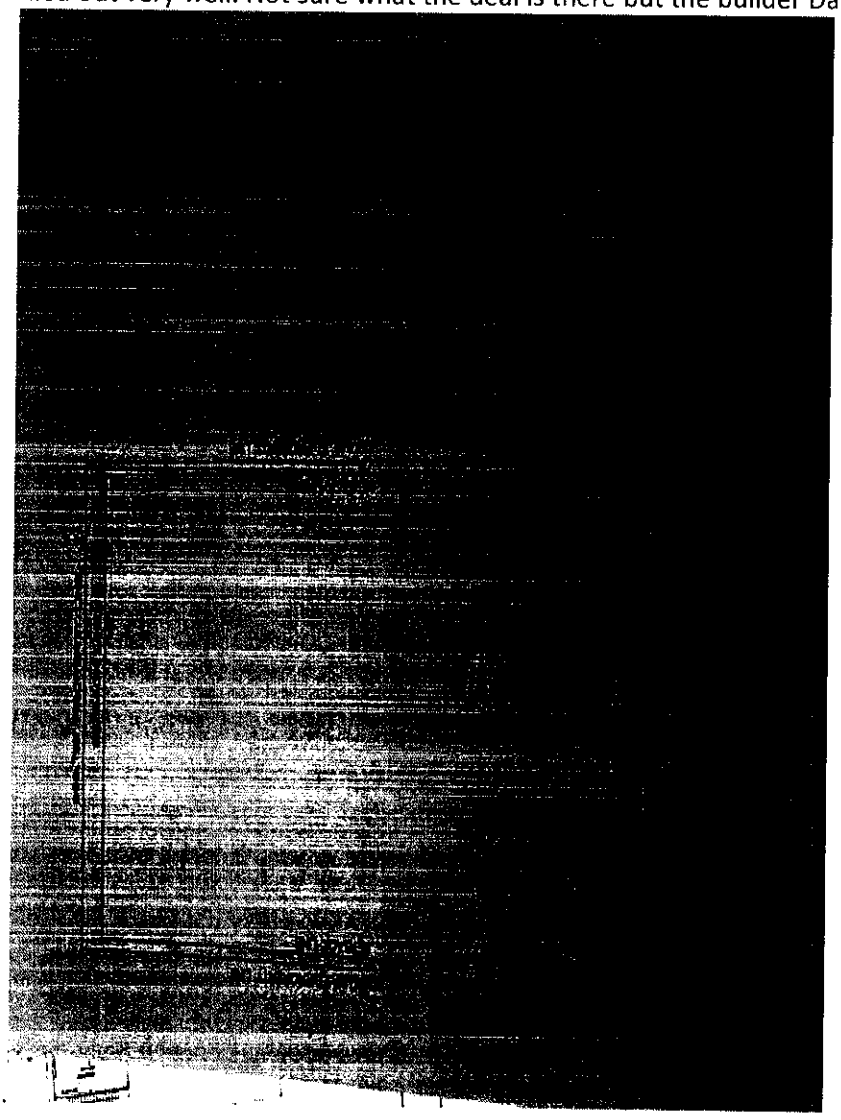
Janet O'Neal

From: Taylor Buss <taylor.l.buss@gmail.com>
Sent: Wednesday, December 16, 2020 5:28 PM
To: Nate C. Hartman; Janet O'Neal
Subject: Lagoon Permit
Attachments: Form A & C.pdf

[CAUTION] This email comes from a sender outside your organization.

Nate,

Attached are permit docs for a lagoon. I can't find the actual lot itself on GIS so I'm guessing GIS just isn't updated yet? This is why the system location info isn't filled out very well. Not sure what the deal is there but the builder Dan Vodicka said the address is 17770 Olive Creek Rd.



Let me know if you need anything else.

Thanks,
Taylor Buss
Nebraska Rural Septic
402-430-8380

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. HS002159

System Type: Lagoon

Situs: No Site Address Specified

Issued: 12/21/2020

Expires: 12/21/2021

Description: S12, T7, R8, 6th Principal Meridian, LOT 5 SW & S1/2 SE

Owner: RETZLAFF, ROBERT E J
62 K RD
BENNET, NE 68317

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

TAYLOR BUSS
8770 WAVERLY RD
LINCOLN, NE 68517