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

A

Permit Number
HS 007228

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* 2977 W Pella Rd City Hallam, NE Zip
(no rural route)

Legal Description S29 T1 R6 19
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 07-29-200-011-000 *Approx. Address (If to be determined)

B. Owner

Name Sheret Andrea Clausen Signature

Address 5735 St Paul Ave City/State/Zip Adams, NE 68301

Home Phone Work Phone

C. Certified Installer

Name: Harper Well Signature

Address PO Box 13 City/State/Zip

Work Phone 402-432-2204

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 20 18.46
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 6-03-21 Amount Paid $440.00
Received By JAD Cash/Check No. 6040

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. HS002228

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/7/2021

Expires: 6/7/2022

Description: S29, T7, R6, Acres 6th Principal Meridian, LOT 19 NE

Owner: CLAUSEN, STEVE & ANDREA
5735 SAINT PAUL AVE
LINCOLN, NE 68507

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

LEONARD HARPER
PO BOX 15
ADAMS, NE 68301

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

A

SCANNED

Permit Number HS 002228

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* 2977 W Rella Rd City Hallam, NE Zip _____
(no rural route)

Legal Description S29 T1 R6 19
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 07-29-200-011-000 *Approx. Address (If to be determined) _____

B. Owner

Name Sterett Andrea Clausen Signature _____

Address 5735 St Paul Ave City/State/Zip Adams, NE 68301

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Harper Well Signature _____

Address PO Box 15 City/State/Zip _____

Work Phone 402-432-2204

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 18.46
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☐ 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

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Site visits _____
Comments _____
Date rec'd 6/7/21
Date frwd 6/7/21
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 _____

contacted on 5/2/22

Business Office Use Only
Date Received 6-03-21 Amount Paid $440.00
Received By JAS Cash/Check No. 6648

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street ◆ Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS 007228

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 7/8/22 Legal Description T7 R6 S29
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2977 W. Pella Rd. City Hallam

Owner Steve & Andrea Clouse Address 5735 St. Paul Ave

Mark One: ☑ Dwelling ☐ Non-dwelling - Pole Building

☑ 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	
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 65 x 65 Bottom of Lagoon water in bottom Design Flow 375 gal/day

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	* ☐ By power pole box				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: _____

Dike North side

Comments: No well constructed at time of inspection.

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date _____

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 6/7/2021

1: 2,257

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.