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

A

Permit Number
HS002440

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 6565 SW 36 Ct. (no rural route) City Lincoln NE Zip 68523

Legal Description: 1/4 S17 1/4 Section T9 Township R6 Range Rolling Meadows 1st Addition Subdivison 4 Addition 4 Block Lot

Geographical Location (if known): Lat/Long: 40.74619 -96.77430 PID 0917310004000

B. Owner

Name Cuong & Linda Dao Signature

Address 6565 SW 36 Ct City/State/Zip

Home Phone 531-333-0921 Work Phone

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E St Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3+

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. **Health Department** Date rec'd ACTION ☐ Approved ☐ Disapproved
Site visits Date frwd Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 9-29-22 Amount Paid $450
Received By JAD Cash/Check No. cc2151

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

Form A Updated 5-17

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

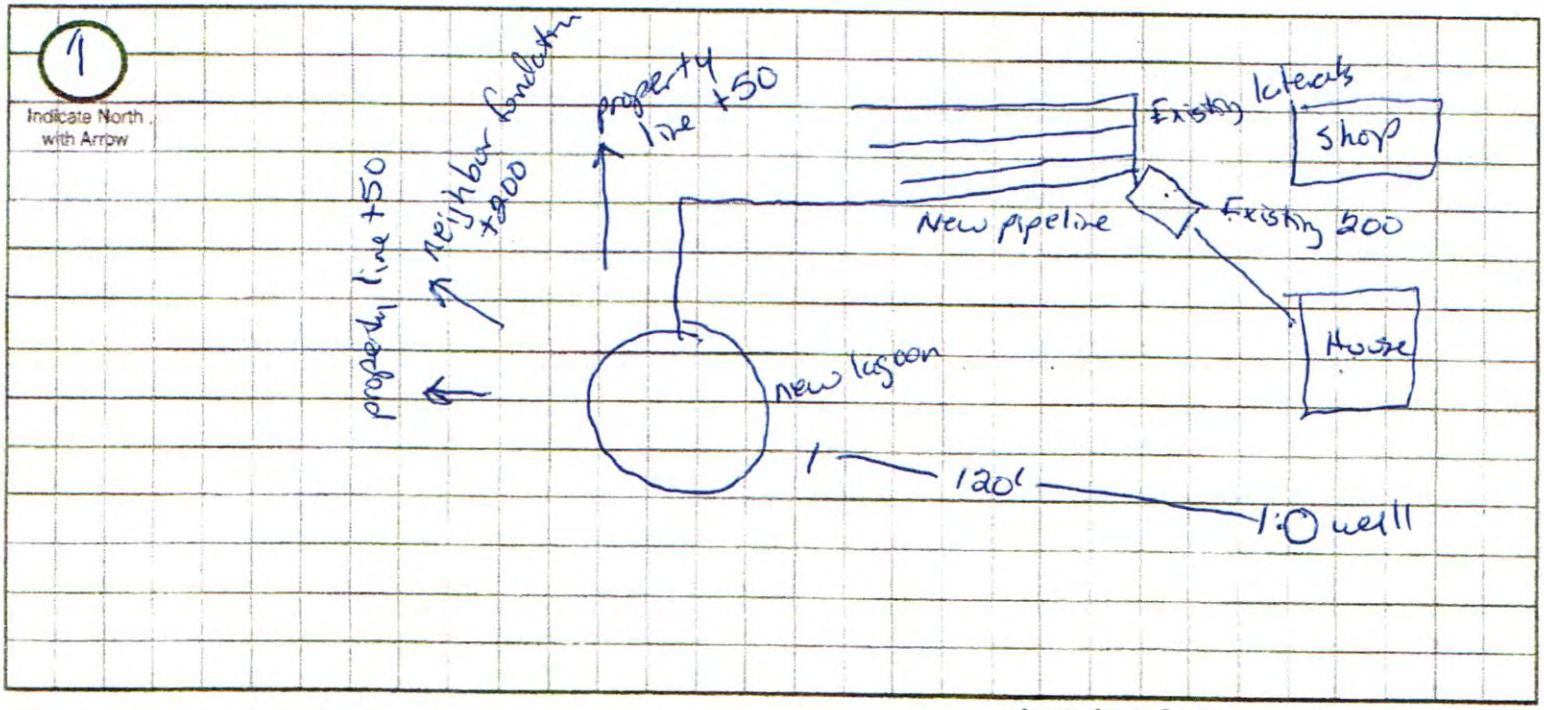
C

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) 6565 SW 36 Ct. City Lincoln 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) ☐ 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 _____ Date _____

Installer _____ Date 7-21-2023

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. HS002440

System Type: Lagoon

Situs: No Site Address Specified

Issued: 7/26/2022

Expires: 7/26/2023

Description: ROLLING MEADOWS FIRST ADDITION, BLOCK 4, Lot 4

Owner: DAO, CUONG V & LINDA T
6565 SW 36 CT
LINCOLN, NE 68523

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301

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

SCANNED

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Home Phone 531-333-0921 Work Phone ____

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1. Health Department
Site visits ____
Date rec'd 7/26/22
Date frwd 7/26/22
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 7/25/23

* System Replacement

Business Office Use Only
Date Received 7-25-22 Amount Paid $450
Received By JAD Cash/Check No. CC2151

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

Form A Version 5.15

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☑ Lagoon ☐ Subsurface Sand Filter ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address, Lot, Subdivision or Parcel identification number, if any: _____

Owner: Dao Address: 6565 SW 36 Ct.

A. Wastewater Piping

1. Material: Plastic Diameter: 4"
2. Distance between dwelling and septic tank: _____ ft

B. Septic Tank

1. Material: _____
2. Capacity: _____
3. Depth to high water table, if encountered: _____ ft
4. Dimensions:
   Tank: _____ ft
   Length: _____ ft
   Liquid depth: _____ ft

C. Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft, _____

D. Drainfield Absorption Field

1. Trench ☐ Bed
2. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
3. Name, manufacturer, and size of Chamberless: _____
4. Number of Leaves: _____
5. Length of each leaf: Length A _____ ft, _____ ft
   Length B _____ ft, _____ ft
6. Trench Depth: _____ ft
7. Dimensions:
   Trench Width: _____ ft
   Bottom Area: _____ ft
   Total Absorption Area: _____ ft

Was the Onsite Wastewater System covered prior to Local Health Inspection? ☑ Yes ☐ No

I, the Certified Professional, shall sign below to affirm and

swear and affirm that my system complies with Florida Statute 381.0065 and Florida Administrative Code 64E-6.001 et seq. Regulation of Onsite Sewage Treatment and Disposal Systems, and all documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 7-25-23

Complete As-Built drawing on the back of this form.

Nate C. Hartman

From: Blain <xlcontracting10@gmail.com>
Sent: Tuesday, July 25, 2023 1:50 PM
To: Nate C. Hartman
Subject: 6565 Sw 36
Attachments: Dao D sheet07252023.pdf

D sheet attached, the drawing on the c sheet is your as built

Thanks, Blain.