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

A

Permit Number #5002496

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* 24841 S 120th (no rural route) City Firth, NE Zip 68358

Legal Description T7 R8 S18

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

PID _____ *Approx. Address (If to be determined) _____

B. Owner

Name Kevin Doeschot Signature _____

Address 24841 City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Harper Well Signature _____

Address PO Box 15 City/State/Zip Adams NE 68301

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 3 Whirlpool Bathtub? ❑ Yes ☑ No Total Acres _____

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 _____ Date rec'd _____ **ACTION** ❑ Approved ❑ Disapproved

Date frwd _____ Signature _____

Comments _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____ Date rec'd _____ **ACTION** ❑ Approved ❑ Disapproved

Date frwd _____ Signature _____

3. City or County Engineer

Comments _____ Date rec'd _____ **ACTION** ❑ Approved ❑ Disapproved

Date frwd _____ Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Received 12-23-14 Amount Paid $460.00

Received By JAO Cash/Check No. 8914

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

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D

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☑ Lagoon (Skip to Back Page) ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) _____

Owner: Kevin Dorsch Address 24841 S 120th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

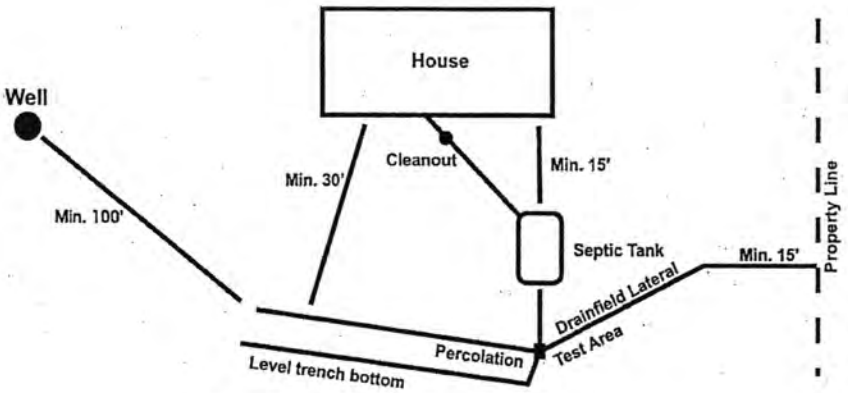
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 12/12/2022

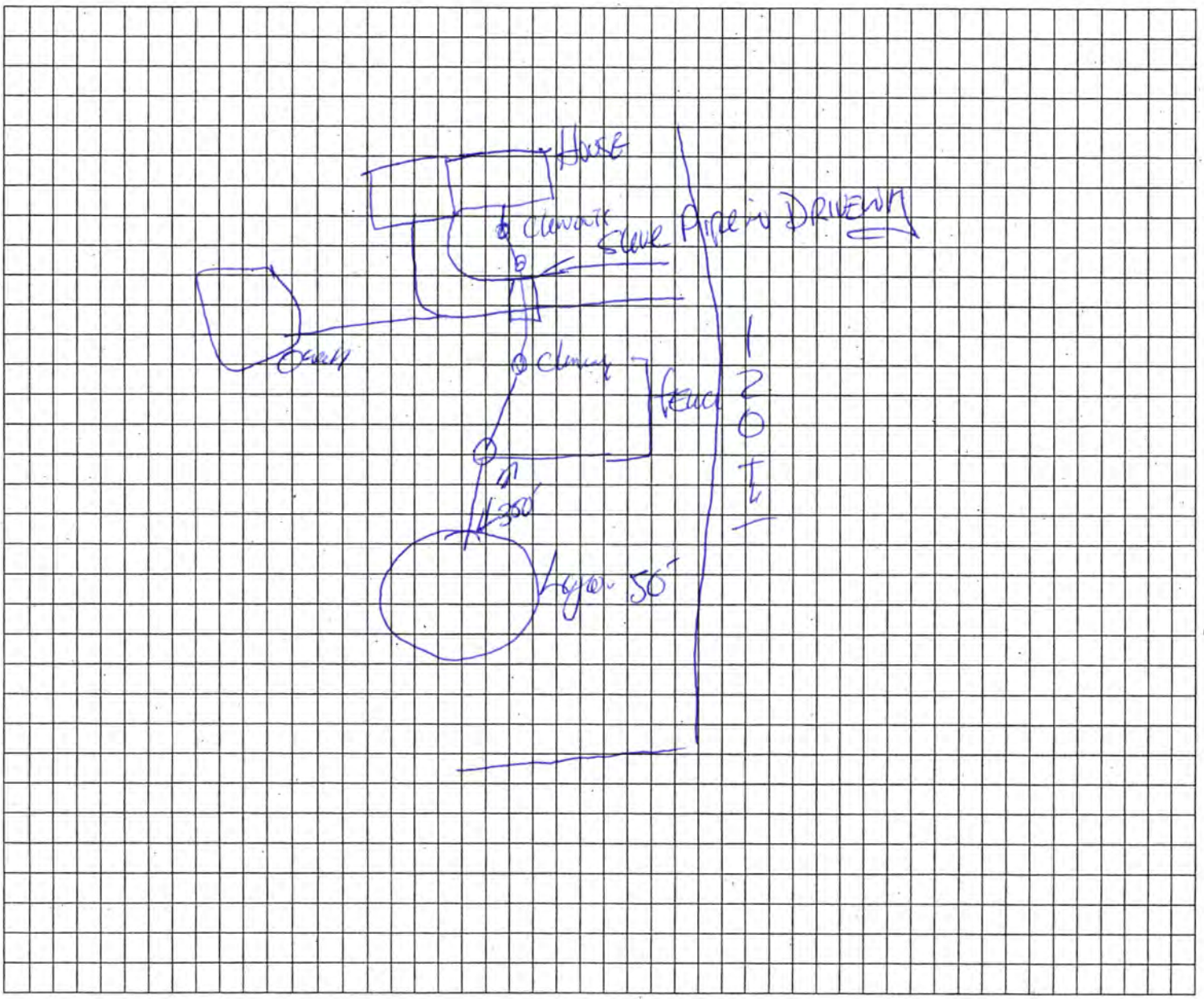
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



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. HS002496

System Type: Lagoon

Situs: No Site Address Specified

Issued: 12/13/2022

Expires: 12/13/2023

Description: S18, T7, R8, 6th Principal Meridian, E1/2 SE & SW SE

Owner: DOESCHOT FAMILY FARMS LIMITED
PARTNERSHIP
PO BOX 125
PANAMA, NE 68419

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

HARPER WELL
PO BOX 15
ADAMS, NE 68301