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

A

Permit Number HS002512

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)

Plan to install Septic system based on perc results

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 23818 SW 128th City Crete, NE Zip 68333
(no rural route)

Legal Description N½ NW 17 7 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 01-17-100-003-000 *Approx. Address (If to be determined)

B. Owner

Name Jerad Reetz Signature

Address 23818 SW 128th City/State/Zip Crete, Ne 68333

Home Phone 402-826-7385 Work Phone

C. Certified Installer

Name: Brian Pribyl Signature Brian Pribyl

Address 1475 Pine 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

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 75
Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

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 3-02-22 Amount Paid $460
Received By JAO Cash/Check No. CA3651

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

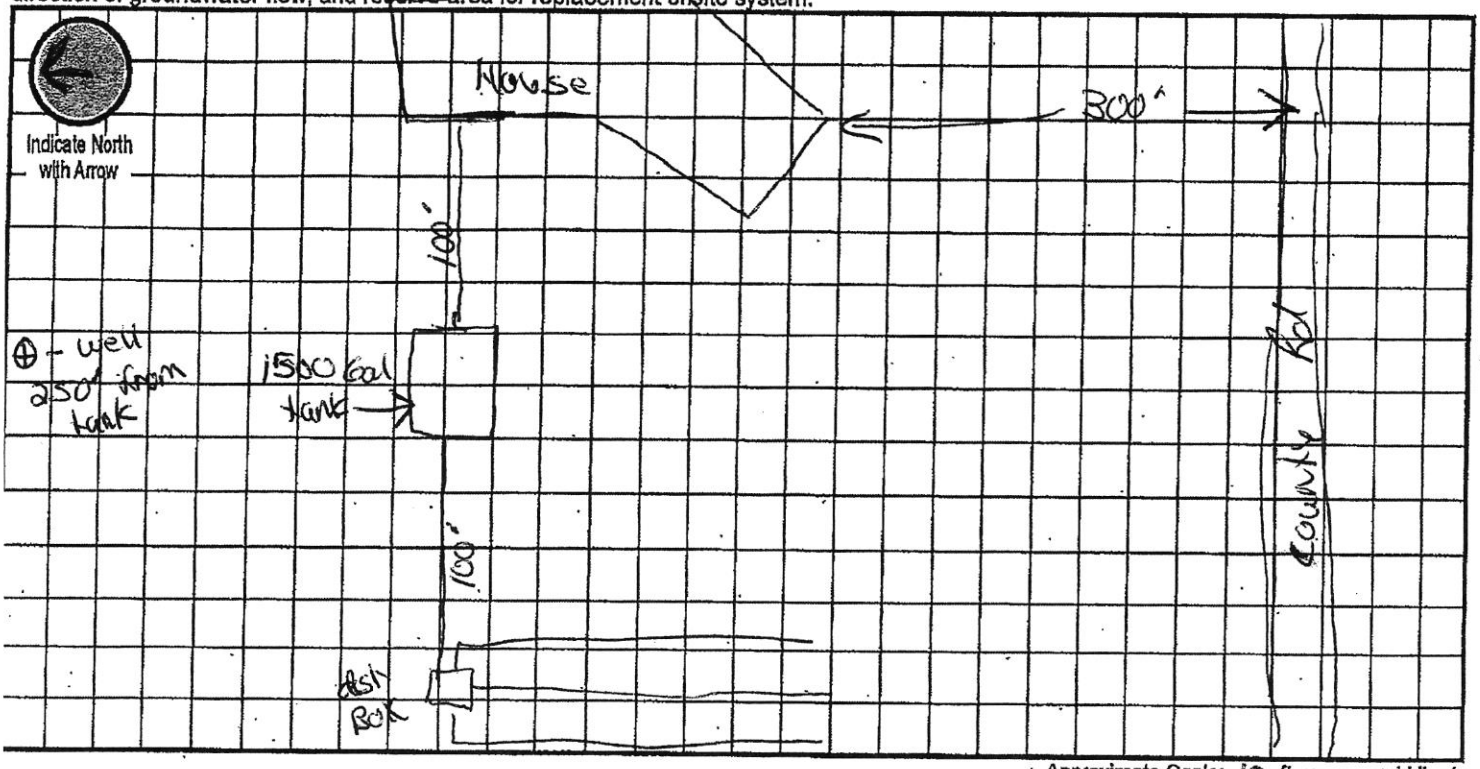
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: 10 ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 23818 SW 128 City Crete NE, Zip 68333

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☐ Concrete ☑ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

1 Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate_____(min/inch = mpi) No. of Bedrooms_____ Soil Type _____ Land Slope _____ %

1 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 ☐ Chambers ☐ Other _____

No. of Absorption Trenches _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer _____ Date: 3-2-23

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. HS002512

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/3/2023

Expires: 3/3/2024

Description: S17, T7, R5, 6th Principal Meridian, N1/2 NW

Owner: REETZ, JERAD
23818 SW 128 ST
CRETE, NE 68333

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

BRIAN PRIBYL
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 H5002512

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)

Plan to install Septic system based on perc results

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

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Name: Brian Pribyl Signature Brian Pribyl

Address 1475 Bine 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

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 75
Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500
Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 12/13/22 DC
Comments
Date rec'd 3/3/23
Date frwd 3/3/23
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 Doug Amyx
Date 12/13/22

Business Office Use Only
Date Received 3-02-23 Amount Paid $460
Received By JAO Cash/Check No. CK 3161

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

Form A Updated: 4/15

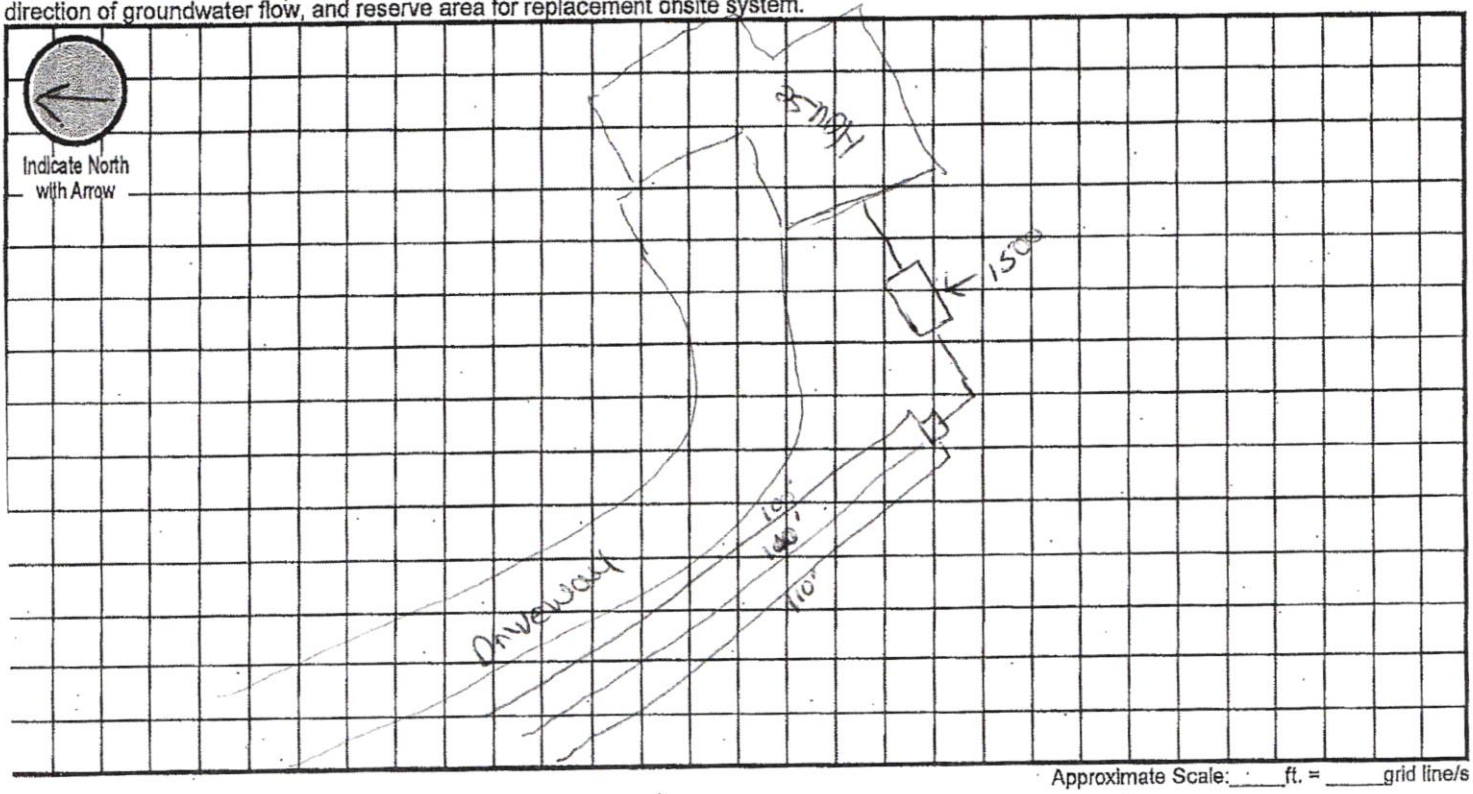
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location
Address (no rural route) 23818 SW 128 City Crete NE, Zip 68333

B. Proposed Septic Tank/s
Septic Tank Cap. 1500 gals Tank Material: ☐ Concrete ☑ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System
1 Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System
Percolation Rate 49 (min/inch = mpi) No. of Bedrooms 4 Soil Type Clay loam Land Slope 7.5 %
☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1400 Sq. Ft.
Total length of laterals 320 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other EZ Flow
No. of Absorption Trenches 3 Width 3' No. of Drop Boxes 0 Distribution Box yes
No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Brian Priby1 Date: 12-10-23

Updated 2/18

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 23818 SW 128th (no rural route) City Crete NE, Zip 68333

Owner Jerad Reetz Address same

Date of Tests 10-10 to 10-11 Weather: Precipitation hot/dry Temperature 90°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	36	10/10	0900	10/11	1100	10/11	1100	6	10/11	12:00	1HR	1	60
2	34	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1.5	40
3	36	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1.25	48
4	38	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1.25	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Brian Pribyl
Phone: 402-826-0192
Address 135 E 23
Crete, Ne 68333
Soil type (NRCS Maps/Other) Shelby
Groundwater Depth 60

Sum of Percolation Rates: 196
Average of Rates: 49 mpi
Rate Used for Calculation: 41-50 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____