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

A

Permit Number
#5002513

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* 21701 SW 128th St (no rural route) City Crete, NE Zip 68333

Legal Description: SE (1/4) SE (1/4) 6 (Section) 7 (Township) 5 (Range) _____ (Subdivison) _____ (Addition) 10 (Block) _____ (Lot)

PID 01-06-400-010-000 *Approx. Address (If to be determined) _____

B. Owner

Name Tiernan Creamer Signature [signature]

Address 11190 W Kramer St City/State/Zip Crete, NE 68333

Home Phone 402-418-4256 Work Phone _____

C. Certified Installer

Name: Terri Jakoubek Signature [signature]

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 18.51

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 _____ Date frwd _____
Comments _____
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 3-8-23 Amount Paid $460
Received By JAD Cash/Check No 5044

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

Form A Updated: 2/18

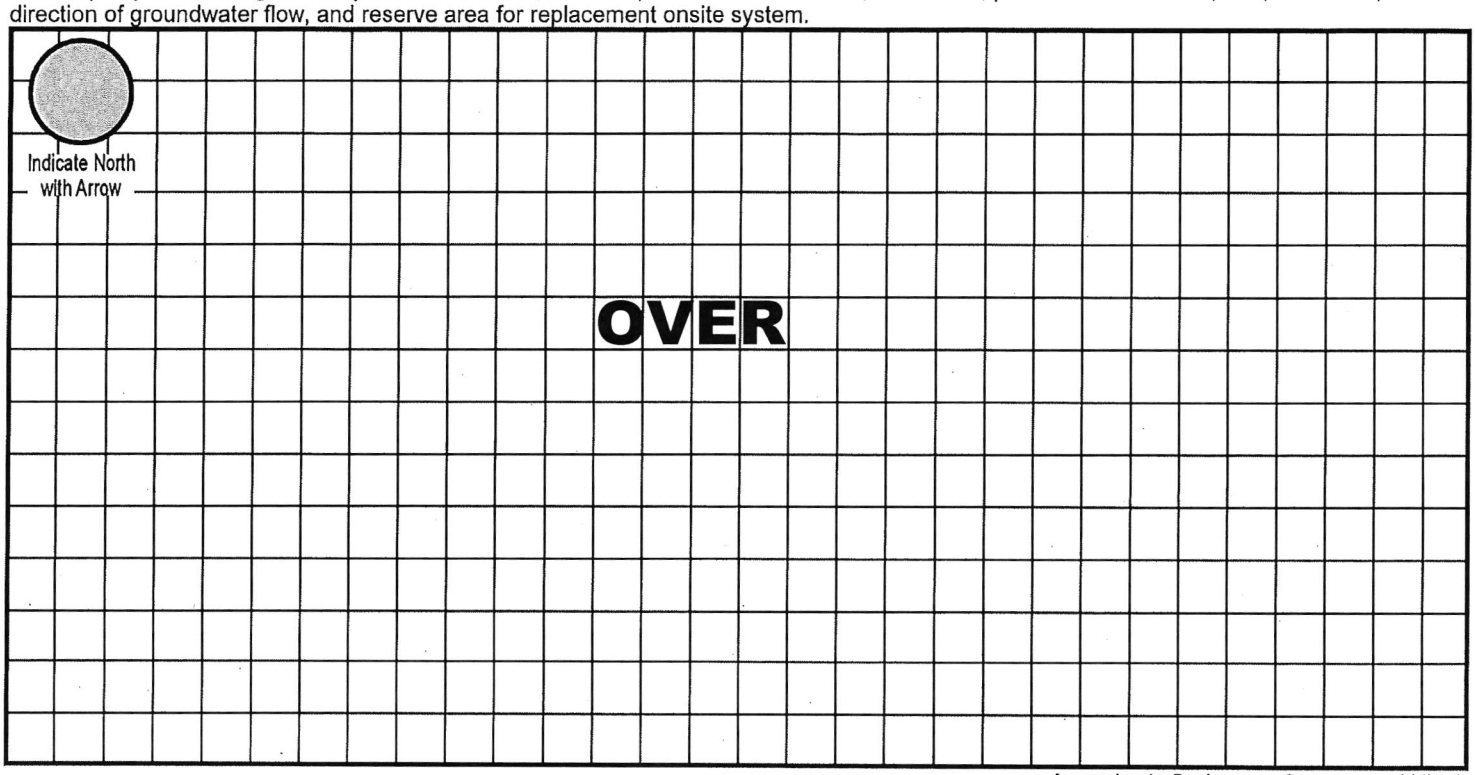
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 21701 SW 128th St City Crete NE, Zip 68333

B. Proposed Septic Tank/s

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

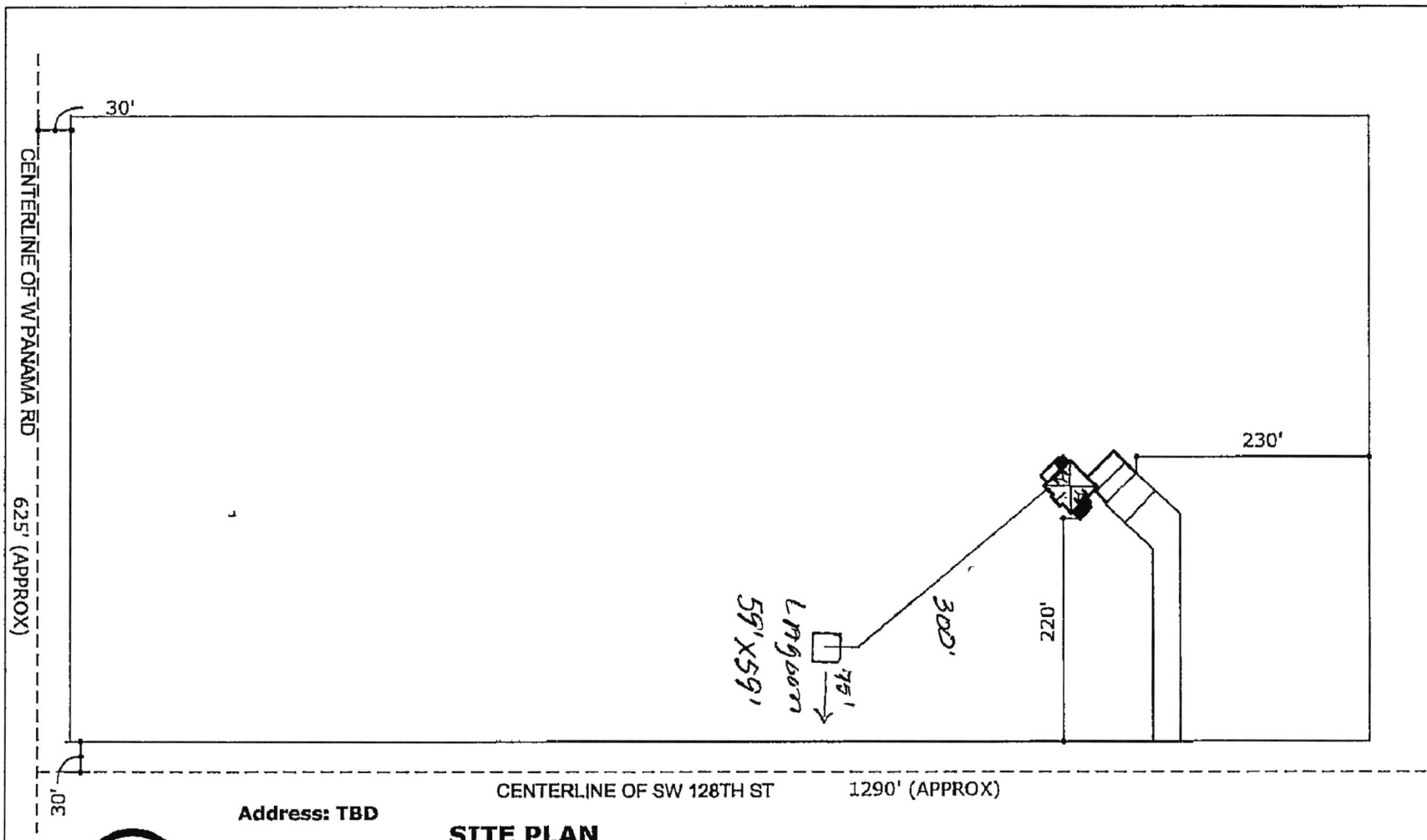
Total length of laterals _____ Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other _____

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

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

Installer Merri L. Jakowsek Date: 3/1/23

Updated 2/18



Homeowner Initials

Address: TBD

SITE PLAN

Legal Description:
S6, T7, R5, Acres 6th Principal Meridian, LOT 10 SE

EXACT HOUSE PLACEMENT TBD ON SITE BY CONTRACTOR

Scale:
1" = 150' -0"

Tiernan Creamer
21277 SW 128TH ST CRETE, NE 68333
402-418-4256
TIERNANCREAMER@GMAIL.COM

CREAMER RESIDENCE

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. HS002513

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/9/2023

Expires: 3/9/2024

Description: S6, T7, R5, Acres 6th Principal Meridian, LOT 10 SE

Owner: CREAMER, HOPE & TIERNAN
11190 W KRAMER 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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

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

SCANNED

A

Permit Number HS002513

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* 21701 SW 128th St (no rural route) City Crete, NE Zip 68333

Legal Description SE (1/4) SE (1/4) 6 (Section) 7 (Township) 5 (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 10 (Lot)

PID 01-06-400-010-000 *Approx. Address (If to be determined) ____

B. Owner

Name Tiernan Creamer Signature [signature]

Address 11190 W Kramer St City/State/Zip Crete, NE 68333

Home Phone 402-418-4256 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature [signature]

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 18.51

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 11/27/23
Comments ____
Date rec'd 3/9/23
Date frwd 3/9/23
ACTION ☑ Approved ☐ Disapproved
Signature [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 [signature]
Date 11/29/23

Business Office Use Only
Date Received 3-07-23 Amount Paid $460
Received By JMO Cash/Check No CC5040

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

Form A Updated: 2/18

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

Exhibit 6

Permit Number: HS002513

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 11/29/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 21700 SW 128th City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ 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 59' Bottom of Lagoon 23 Design Flow 200

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	* ☐				Class 2	100ft ☐	
							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 NA

Comments:

Inspections prior to Final Approval
Initial _____ Date 11/27/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Date 11/29/23

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

D

Permit Number: HS002513

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 PID = 01-06-400-010-000

Address or Legal Description or Parcel Identification Number (PID) 21701 SW 128th St., Crete, NE 68333

Owner: Tiernan Creamer Address 11190 W Kramer St., Crete, NE 68333

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank:~~ Lagoon 225 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 (Partially)

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.

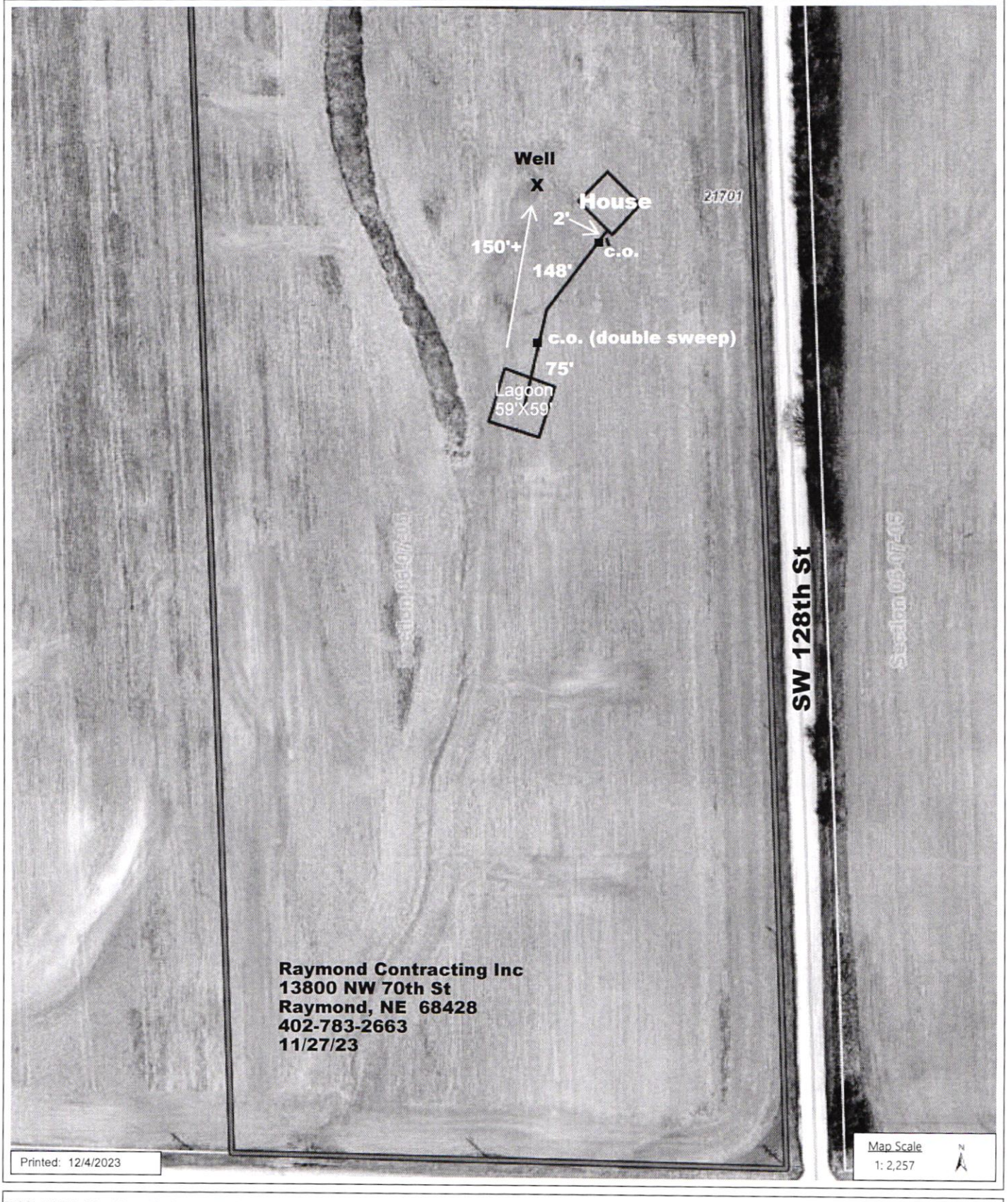
Certified Professional Signature: Terri L Jakowski Date: 11/27/23

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

21701 SW 128th St, Crete, NE 68333

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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.