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

A

Permit Number HS002626

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* NW 118th Pl (no rural route) City Malcolm, NE Zip 68402

Legal Description NW SE 17 11N 5E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 05-17-400-017-000 *Approx. Address (If to be determined) 107XX NW 118th Pl

B. Owner

Name Michael & Caitlin Wagoner Signature Michael & Wagoner

Address 5908 Opus Dr City/State/Zip Lincoln, NE 68526

Home Phone 402-304-4265 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature Terri L Jakoubek

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 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 12.2
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 ACTION ☐ Approved ☐ Disapproved Signature
Comments

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 2-12-24 Amount Paid $470
Received By JAV Cash/Check No #000540

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

Form A Updated: 2/16

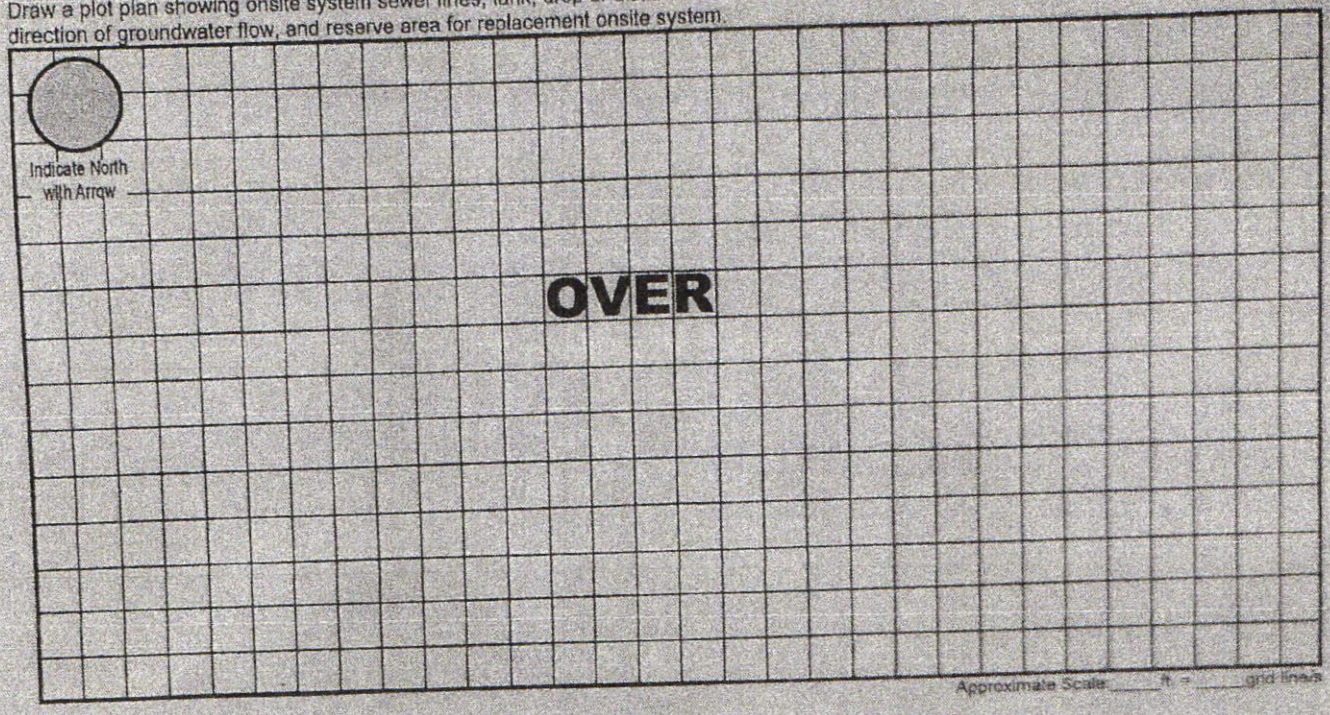
Lincoln-Lancaster County Health Department
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C

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.



A. Onsite System Location
Address (no rural route) NW 118th Pl City Malcolm NE, Zip 68402

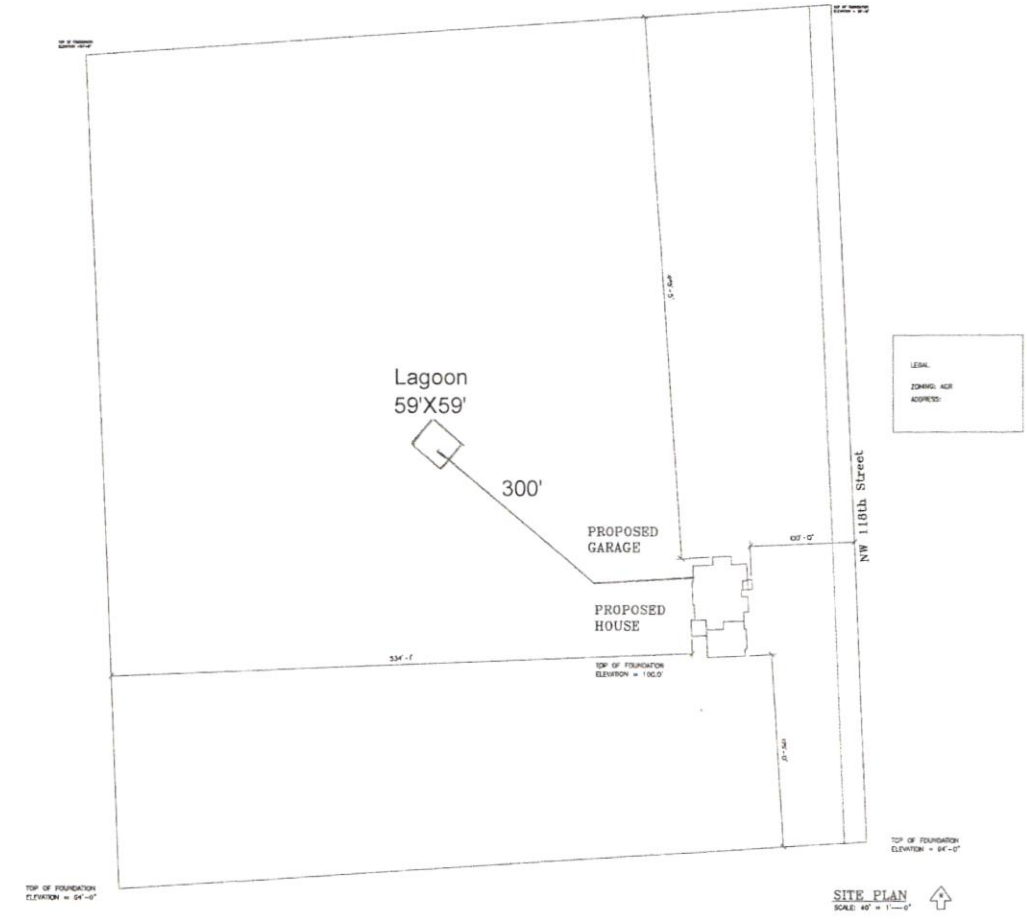
B. Proposed Septic Tank/s
Septic Tank Cap. ____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other ____ ☑ Lagoon (Max. Seepage 1/4"/day)

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 Mari L Schroeder Date: 2/12/24
Builder Michael B Wagner Date: 2-12-24

Updated 2/18



THESE PLANS AND DESIGNS ARE THE PROPERTY OF THE OWNER LISTED. OWNER TO VERIFY ALL DIMENSIONS AND ENGINEERING PRIOR TO CONSTRUCTION. OWNER ASSUMES ALL LIABILITY FOR ERRORS AND OMISSIONS. NO DUPLICATION OF PLANS PERMITTED WITHOUT REQUEST.

Zlab/Troyer Construction, Inc.
8081 FRONTIER ROAD, Lincoln, NE 68516
430-7439

DATE: 02.08.24

PROJECT FOR: WAGONER RESIDENCE

SITE PLAN

A1

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. HS002626

System Type: Lagoon

Situs: No Site Address Specified

Issued: 2/15/2024

Expires: 2/15/2025

Description: S17, T11, R5, Acres 6th Principal Meridian, LOT 45 SE

Owner: WAGONER, MICHAEL & CAITLIN
5908 OPUS DR
LINCOLN, NE 68526

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