Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000724

System Type: Lagoon

Situs:

Issued: 3/1/2013

Expires: 2/28/2014

Description: S35, T12, R6, Acres 6th Principal Meridian, LOT 38 NW

Owner: DON JOHNSON HOMES INC
5901 N 27 ST LINCOLN, NE 68521

Judith A Halstead
Judith A. Halstead, MS, 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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

DON JOHNSON HOMES
5901 N 27TH, LINCOLN NE 68521

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

A

Permit Number H5000724

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 505 Branched Oak Rd (no rural route) City Raymond. NE Zip

Legal Description

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot
								38

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Don Johnson Homes Signature Don Johnson

Address 5901 No 27th St City/State/Zip Lincoln Ne 68521

Home Phone 402-434-3228 Work Phone 402-430-7880

C. Certified Installer

Name: Melvin Eagner Signature Melvin Eagner

Address 4810 W. Clare Ave City/State/Zip Lincoln NE. 68523

Work Phone 402-432-5698

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 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 20

☐ Commercial Establishment/Other Facility Specify Grinder 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
Site visits
Date rec'd
Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 2-28-13 Amount Paid 355.-
Received By Diane Cash/Check No. 26766

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

Form A Updated: 5/10

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
								6					
								6					
								6					
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

_____

_____

_____

_____

Signature of Reviewing Official _____ Date _____

CITY OF LINCOLN
NEBRASKA

Lincoln-Lancaster County
Health Department
Judith A. Halstead, MS, Health Director
3140 "N" Street
Lincoln, Nebraska 68510-1514

402-441-8000
TDD: 402-441-6284
fax: 402-441-6229
health@lincoln.ne.gov

LANCASTER

LINCOLN
The Community of Opportunity

MAYOR CHRIS BEUTLER

SUBJECT: PROCEDURES FOR OBTAINING AN INDIVIDUAL ONSITE WASTEWATER PERMIT WITHIN THE BOUNDARIES OF LANCASTER COUNTY

Enclosed are the necessary forms to be completed and returned to LLCHD as required by Lincoln Municipal Code (LMC) 24.38 or Lancaster County Resolution No. 02-0030.

The following steps must be followed in sequence for proper completion of the application for a permit to install or construct an individual Onsite Wastewater System:

1. Obtain site clearance. Fill out the "A" sheet completely. A certified Master or Journeyman Installer or Professional Engineer (P.E.) must sign the application on the lines provided. In the case that the proposed system is to be constructed within a village or city jurisdiction within Lancaster County, LLCHD will notify the village or city of the proposed construction. Upon their approval, indicated by signature from an Authorized representative of that community, LLCHD will proceed with the review process.

2. Submit the "B" sheet indicating the percolation rate of the proposed system (not necessary for lagoon systems.)

3. A drawing ("C" Sheet) of the proposed system should be submitted to Lincoln-Lancaster County Health Department (LLCHD). The "C" Sheet should also be signed by a registered Master Installer, Journeyman Installer in Lancaster County or P.E.

4. Submit to the LLCHD, Environmental Public Health Division, all of the forms referred to above. The correct application fee must be submitted with the application. Make checks payable to LLCHD.

5. When the application for a permit has been approved and the permit issued, construction of the onsite system may begin. The system must be constructed in accordance with the approved submitted plans and specifications and the appropriate ordinance or resolution. In the case where special circumstances exist and the above timeline cannot be followed, you must contact LLCHD prior to any work being completed.

6. Secure final approval of the installed system. The LLCHD must be notified when the installation is ready for final inspection; no part of the system may be covered until inspected and approved by the

Melissa

From: James A. Newman <jnewman@lincoln.ne.gov>
Sent: Wednesday, February 13, 2013 2:36 PM
To: 'djhomes@windstream.net'
Subject: OSWWS Application
Attachments: A_Sheet_OSWWS_APP.pdf; B_Sheet_OSWWS_APP.pdf; Cover_Sheet_OSWWS_APP.pdf

Don,

The A sheet will need completed to include a signature form Master or Journeyman Installer certified by LLCHD. If the Lagoon is to be switched to a septic system the B sheet will need to be completed and submitted to LLCHD.

The lead inspector for On Site Waste Water System is Nate Hartman and he can be reached at 402-441-8643.

Jim

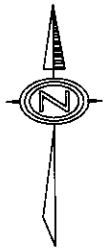
James Newman REHS
Water Quality Section
Lincoln Lancaster County Health Department
Office (402) 441-8030
Fax (402) 441-3890

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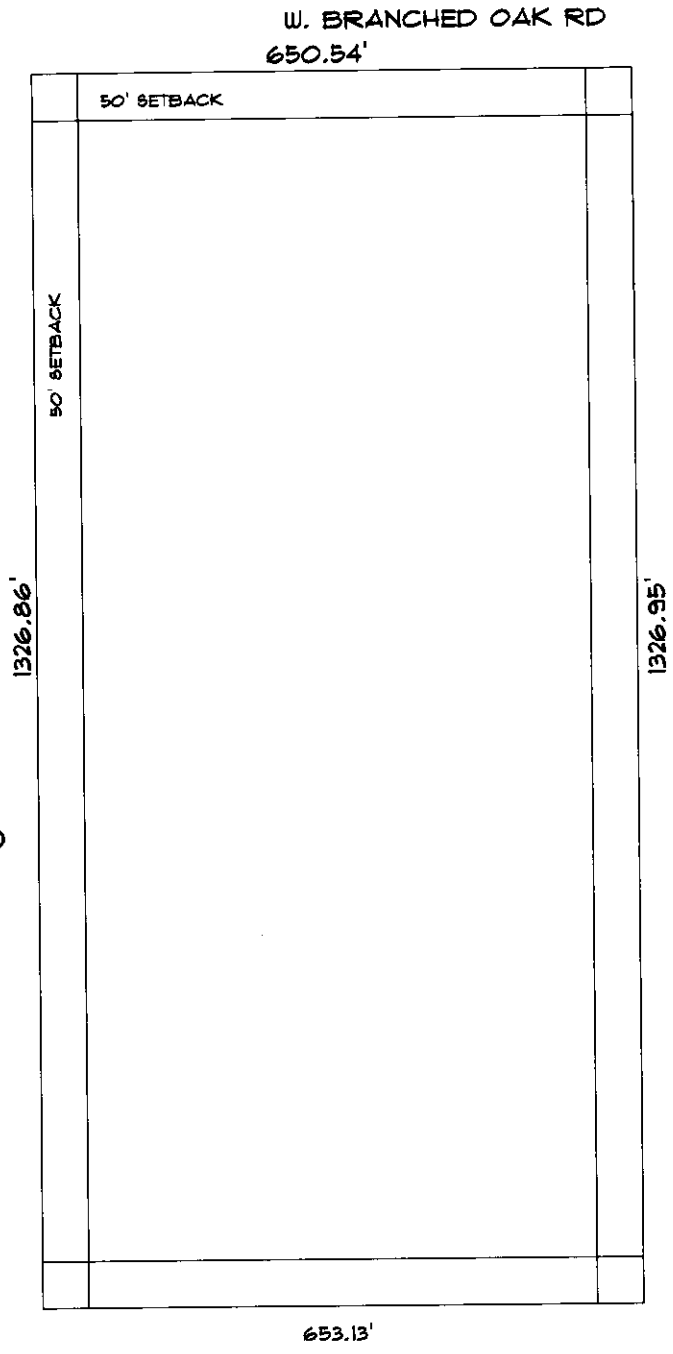
Nate C. Hartman

From: don johnson [donj1957@gmail.com]
Sent: Friday, February 22, 2013 10:48 AM
To: Nate C. Hartman
Subject: Branched Oak Road plot plan
Attachments: plot.pdf

Hi Nate, here is the plot plan, the house is going to be around 300 feet south of Branched Oak Road and will be near the center on the lot, left to right.
Thanks Nate



W. BRANCHED OAK RD
E 1/2 NE 1/4 NW 1/4
S35 T12N R6E
ADDITION TO LLCN
SCALE 1"=200'



Nate C. Hartman

From: don johnson [donj1957@gmail.com]
Sent: Friday, February 22, 2013 10:48 AM
To: Nate C. Hartman
Subject: Branched Oak Road plot plan
Attachments: plot.pdf

Hi Nate, here is the plot plan, the house is going to be around 300 feet south of Branched Oak Road and will be near the center on the lot, left to right.
Thanks Nate

Nate C. Hartman

From: Todd A. Stutzman
Sent: Friday, February 22, 2013 2:43 PM
To: Nate C. Hartman

Nate,

The property located at E 1/2 NE 1/4 NW 1/4 S 35, T 12, R 6 is a buildable lot.

Todd

Nate C. Hartman

From: Douglas A. Pillard
Sent: Monday, February 25, 2013 10:08 AM
To: Nate C. Hartman
Subject: Wastewater Permit

Nate:

I have reviewed your telephone request for approval of a wastewater permit on the E1/2NE1/4NW1/4 in Section 35-12-6. This property is now Lot 38 I.T. with an address of 645 Branched Oak Road. Access permit number 7268 was approved on February 21, 2013 for this property. There is no mapped flood plain on the property. We have no objections to a wastewater permit for this property.

Doug Pillard
Lancaster County Engineering
402-441-7681

Fowler SCANNED

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

A

Permit Number HS0007274

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)

645,300 sf

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 505 BRANCHED OAK Rd (no rural route) City RAYMOND., NE Zip

Legal Description 35 12 6 38

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

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Don Johnson Homes Signature Don Johnson

Address 5901 No 27th St City/State/Zip Lincoln Ne 68521

Home Phone 402-436-3228 Work Phone 402-430-7880

C. Certified Installer

Name: Melvin Wagner Signature Melvin Wagner

Address 4810 W. CLARE AVE City/State/Zip LINCOLN NE. 68523

Work Phone 402-432-5698

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 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 20

☐ 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

Grinder

DO NOT WRITE BELOW THIS LINE

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

1. Health Department
Site visits
2 Lines + Lagoon - 8/2/13 DH
Date rec'd
Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By Joe Johnson, REHS
Date 8/20/13

* Lagoon, Septic, Mound, Sand Filter, Aerobic Treated Effluent Trench, Other Alternative System Approved

Business Office Use Only
Date Received 2-28-13 Amount Paid 355.-
Received By [illegible] Cash/Check No. 26766

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

Form A Updated: 5/10

Nice chainlink fence - no signs
No house down