AUG 28 2013

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

A

Permit Number H5000807

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 5705 w Denton Rd (no rural route) City Denton, NE Zip 68339

Legal Description 24 9 5 33 NE

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

PID 03-24-200-019-000

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust City/State/Zip Hickman NE 68372

Work Phone 402-440-76006

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 42.55

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 ☑ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department

Site visits _____ Date rec'd 9/3/13 ACTION ☒ Approved ☐ Disapproved

Date frwd 9/3/13 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 9-3-13 Amount Paid 355.-
Received By RM Cash/Check No. 1092

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

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 5705 W Denton Rd (no rural route) City Denton NE, Zip 68339

Owner Gary VerMaas Address

Date of Tests 8/13 to 8/14 Weather: Precipitation — Temperature 80

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			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	33	8/14	9:10	8/14	3:00	8/14	4:30	6	8/14	5:00	30	5/8	48
2	33		AM		PM		PM	6		PM		3/4	40
3	33							6				3/4	40
4	36							6				3/4	40
5	36							6				5/8	48
6	36							6				3/4	40
								6					
								6					

Person Conducting Percolation Test

Name: Brad Southwick #148 #1178 NDEQ
Phone: 430-7606
Address 105 Locust Rd 191
Hickman, Ne 68372
Soil type (NRCS Maps/Other) 7565 / 7231
Groundwater Depth >12'

Sum of Percolation Rates: 256
Average of Rates: 43
Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

AUG 28 2013

SCANNED

A

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

Permit Number H5000807

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PID 03-24-200-019-000

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust City/State/Zip Hickman NE 68372

Work Phone 402-440-7606

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

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Comments _____ **ACTION** ☒ Approved ☐ Disapproved

Signature _____

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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 Doug Unruh

Date 9/26/14

Business Office Use Only

Date Received 9-3-13 Amount Paid 355.-

Received By BH Cash/Check No. 1092

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

Form A Updated: 1/13

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. HS000807

System Type: Standard

Situs: 5705 W DENTON RD, RURAL, NE

Issued: 9/30/2014

Expires: 9/30/2015

Description: S24, T9, R5, 6th Principal Meridian, LOT 33 NE

Owner: VERMAAS & SONS LLC
1900 SW 6 ST
LINCOLN, NE 68522

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