AUG 07 2014

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

A

Permit Number
HS000947

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 7201 N 7th St. (no rural route) City Lincln, NE Zip 68521

Legal Description _____

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

PID 12-35-100-011-000

B. Owner

Name Steve Kizne Signature _____

Address 7201 N 7th St City/State/Zip Lincoln NE 68521

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Mel Gagner Signature Melvin Gagner

Address 4210 W Claire 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 6 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres _____

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 700

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 _____ 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 8-7-14 Amount Paid 365.00
Received By SB Cash/Check No. 7628

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

Form A Updated 1/13

AUG 07 2014

B

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

Permit Number: HS000947

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7201 N 7th st City lincoln NE, Zip 68521
(no rural route)

Owner Steve Kirene Address 7201 N 7th st lincoln

Date of Tests 8-5-14 to 8-6-14 Weather: Precipitation 0 Temperature 85°

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	8-5	9:30	8-6	10:Am	8-6	10:Am	6	8-6	10:30	30	1½	20
2	33	"	"	"	"	"	"	6	"	"	"	1	30
3	32	"	"	"	"	"	"	6	"	"	"	½	60
4	31	"	"	"	"	"	"	6	"	"	"	¾	40
5	33	"	"	"	"	"	"	6	"	"	"	⅞	34
6	32	"	"	"	"	"	"	6	"	"	"	⅞	34
								6					
								6					

Person Conducting Percolation Test

Name: Mel Gagner
Phone: 402 432 5698
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 218
Average of Rates: 36.3
Rate Used for Calculation: 60

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

AUG 0 7 2014

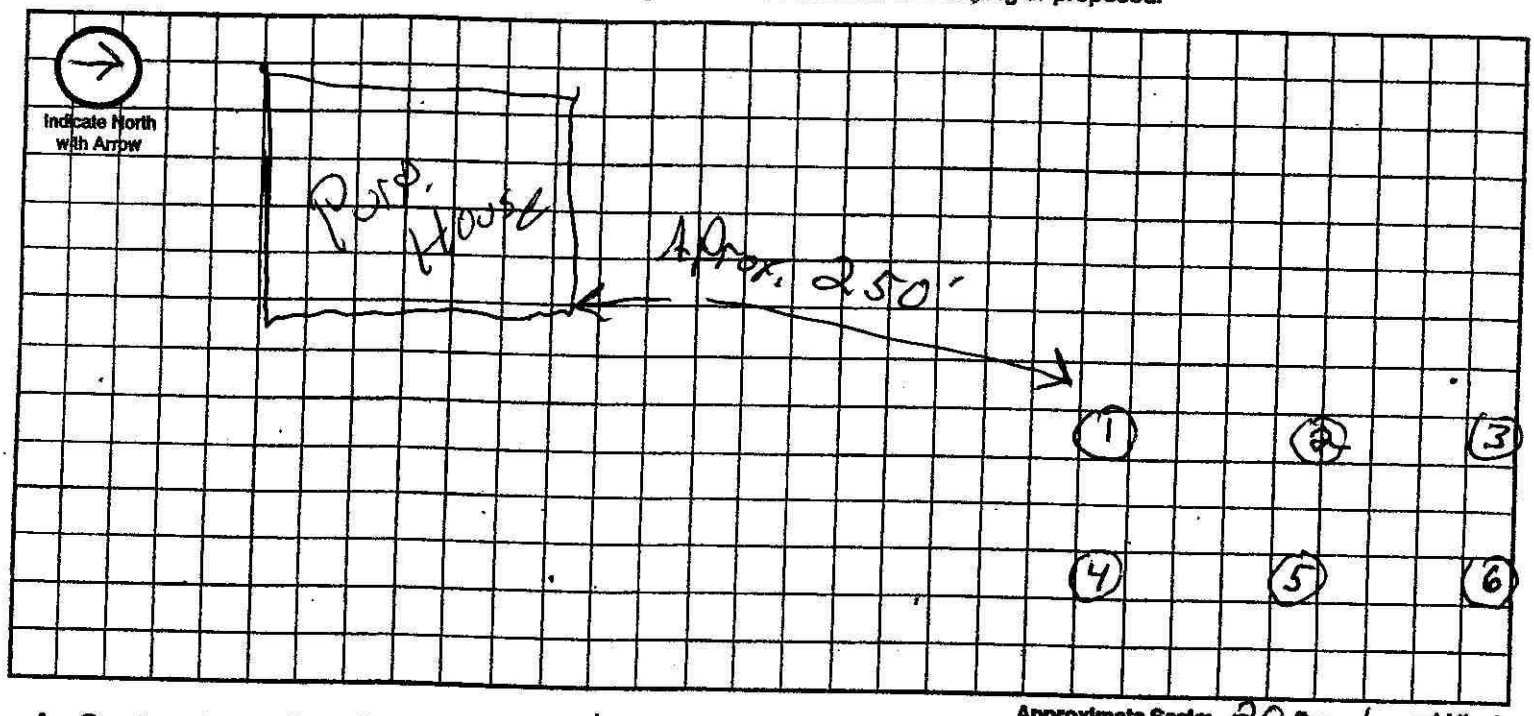
C

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

Permit Number: HS000947

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7201 N 7th St City Lincoln NE, Zip 68521

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Infiltrators

Total Square Feet of Field Required: 2100 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrators

Capacity of Septic Tank 1500/1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 560' ft. Number of Trenches _____ Trench Width 3.75

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

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. HS000947

System Type: Standard

Situs: 7201 N 7 ST, RURAL, NE

Issued: 8/7/2014

Expires: 8/7/2015

Description: S35, T11, R6, 6th Principal Meridian, LOT 9 NW

Owner: KIENE, STEVEN K REVOCABLE TRUST
7201 N 7 ST
LINCOLN, NE 68521-8913

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

GAGNER CONSTRUCTION COMPANY
4810 W CLAIRE AVE.
LINCOLN, NE 68523

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCT/ INSTALL EXTENSION PERMIT
No. HS000947

System Type: Standard

Situs: 7201 N 7 ST, RURAL, NE

Issued: 8/8/2015

Expires: 2/7/2016

Description: S35, T11, R6, 6th Principal Meridian, LOT 9 NW

Owner: KIENE, STEVEN K REVOCABLE TRUST
7201 N 7 ST
LINCOLN, NE 68521-8913

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.

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LINCOLN, NE 68523

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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6 Bedrooms

Exhibit 5

Permit Number: HS 000947

1650'

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/21 Legal Description ¼ ¼ 35/11/6 Section/Township/Range

Onsite System Location

Address (no rural route) 7201 N 7th St. City _____

Owner _____ Address _____

Mark One: ❑ Dwelling ❑ Non-dwelling

❑ New System ❑ Alteration [❑ Tank Only ❑ Trench Only] ❑ Lateral Only

❑ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

❑ Lateral ❑ Bed ❑ Non-standard (engineer-designed and NDEQ approved) ❑ Holding Tank ❑ Trench

Total square feet of drainfield _____ Sq. Ft. Tank Size _____ gals

Total length of laterals _____ Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

_____

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

Leveling Method Used _____

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ❑	500 ❑	50 ❑	NA ❑	10 ❑	5 ❑
Field (ft)	100 ❑	500 ❑	50 ❑	4 ❑	25 ❑	5 ❑

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

System uncovered & ready for inspection upon arrival - WB

Inspections prior to Final Approval
Initial TL-RHW Date 12/21
Follow-Up Note #1 Date 12/31
Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date _____

Field Note Drawing (See Reverse Side):