~~NOV 0 2 2014~~ NOV 0 5 2014

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

A

Permit Number HS000993

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 _____ City _____ NE Zip _____
(no rural route)

Legal Description 3 9 5 SB Conestoga Lake Estates 1 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-03-301-003-000 SB

B. Owner SB

Name Dave + Teresa Domeier Signature _____

Address 2101 Benton City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer Eamestwell Drilling Inc.

Name Justyn Petersen Signature _____

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

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 3.5
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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. **Health Department**
Site visits _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date fwd _____ Signature _____
Comments _____

2. **Supt. Bldg. Insp. or Village Clerk**
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date fwd _____ Signature _____

3. **City or County Engineer**
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date fwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 11-5-14 Amount Paid $375.00
Received By SB Cash/Check No. 2872

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

Form A Updated: 1/13

NOV 0 5 2014

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

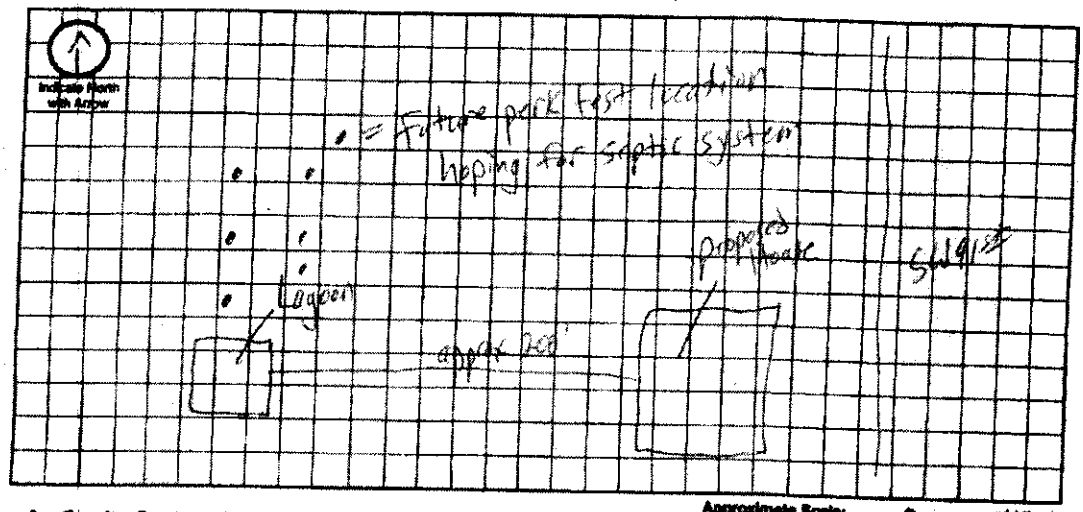
C

Permit Number: HS000993

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



A. Onsite System Location

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

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per 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 ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distribution Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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	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 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 10/30/14

Onsite Form C 12 08

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. HS000993

System Type: Lagoon

Situs: CONESTOGA LAKE ESTATES, BLOCK 1, LOT 3

Issued: 11/6/2014

Expires: 11/6/2015

Description: CONESTOGA LAKE ESTATES, BLOCK 1, Lot 3

Owner: DOMEIER, DAVID & TERESA
2101 BENTON 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

GOINGS HOMES
2909 BONACUM DRIVE
LINCOLN, NE 68502

SCANNED

~~NOV 0 2 2014~~ NOV 0 5 2014

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

A

Permit Number HS000993

No pan's yet

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.

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

Legal Description 3 9 5 SB Conestoga Lake Estates 1 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-03-301-003-000 SB

B. Owner

Name Dave + Teresa Domeier SB Signature _____

Address 2101 Benton City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer Earnestwell Drilling Inc.

Name: Juston Peterson Signature _____

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

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 3.51
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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department

Site visits _____ Date rec'd 11/6/14 ACTION ☒ Approved ☐ Disapproved

Comments _____ Date frwd 11/6/14 Signature _____

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 11/19/15

Business Office Use Only
Date Received 11-5-14 Amount Paid $375.00
Received By SB Cash/Check No. 2872

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

Form A Updated: 1/13

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Goings Homes
Address: Conestoga Lake Estates

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 11-8-14 to 11-9-14 **Weather:** Precip. Ø Temp. 50's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	11-8	11:30am	11-8	3:30pm	11-9	10:35am	6	11:05am	5½	30	½
2	36	11-8	11:35am	11-8	3:30pm	11-9	10:35am	6	11:05am	5½	30	½
3	36	11-8	11:35am	11-8	3:30pm	11-9	10:35am	6	11:05am	5¼	30	¾
4	36	11-8	11:35am	11-8	3:35pm	11-9	10:40am	6	11:10am	5½	30	½
5	36	11-8	11:35am	11-8	3:35pm	11-9	10:40am	6	11:10am	5½	30	½
6	36	11-8	11:35am	11-8	3:35pm	11-9	10:40am	6	11:10am	5¼	30	¾

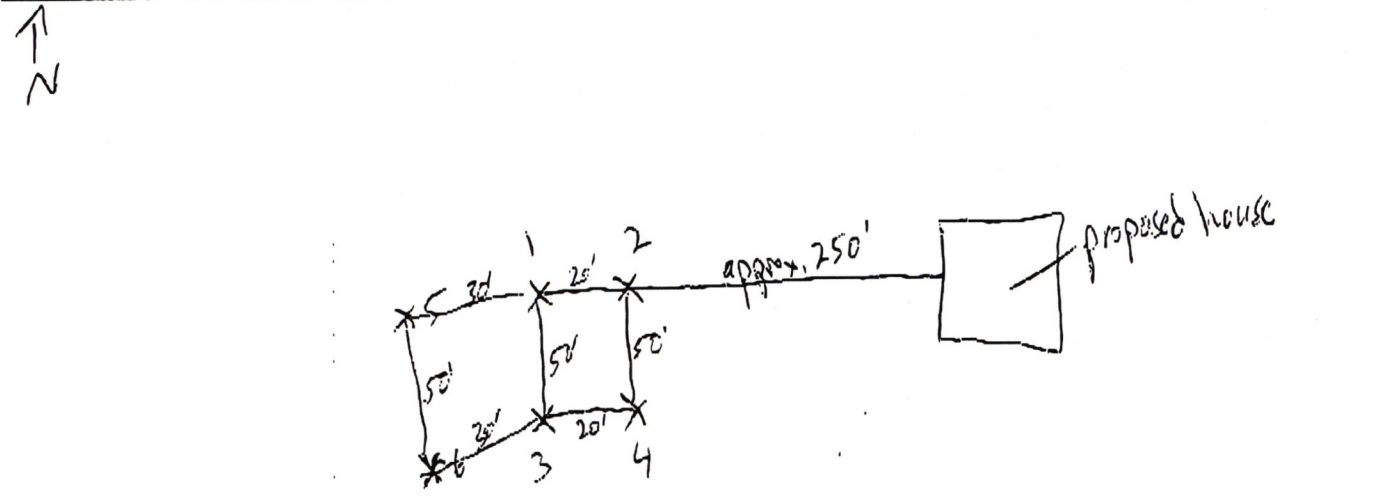
Sum of Water Level Drops (in.) [Column m]: 3.5
Average of Water Level Drops (in.) [Column m]: .58

PERSON CONDUCTING TEST:
Name: Sutton Peterson
Address: 322-238th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

~~Inches per Minute~~: .583
1.16 in/hr.
51.72 MPI

Square Feet of Lateral per Bedroom: 350

SKETCH SHOWING HOLE LOCATION:



Official's Signature

SCANNED

NOV 0 5 2014

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

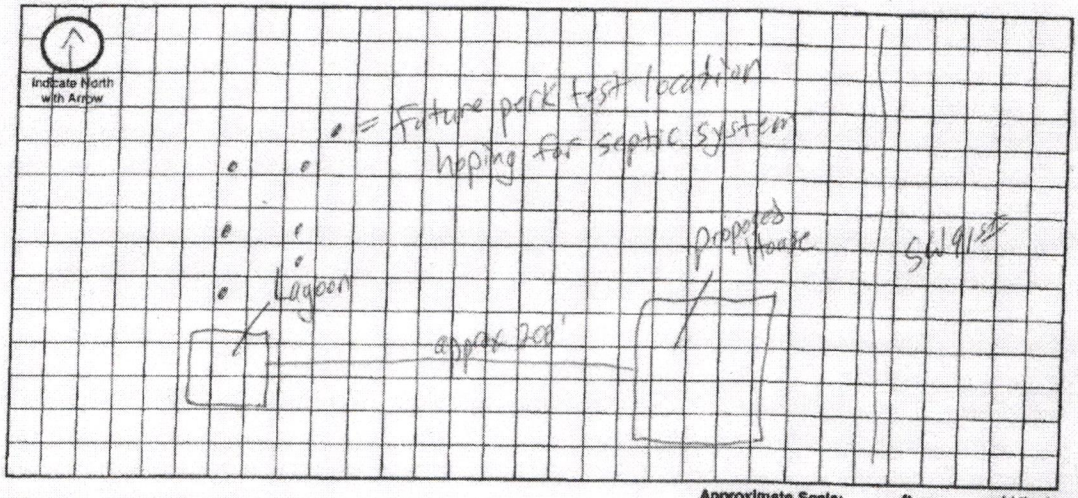
C

Permit Number: HS000993

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ ft. = _____ grid lines

A. Onsite System Location

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

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per 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 ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 10/30/14

Onsite Form C 12 06

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4-10-15

System Location (Indicate correct number and street)

Address 3747 SW 91 (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC SCH40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 15 in.
3. Distance between dwelling and septic tank: 70 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 50' ft.
   stream 500+ ft.
   pressure line NA ft.
   property line NA ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 2
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2-3 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 80' ft.
   Stream 500'+ ft.
   Pressure line _____ ft.
   Property line 30 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 200' ft.

D. Absorption Field

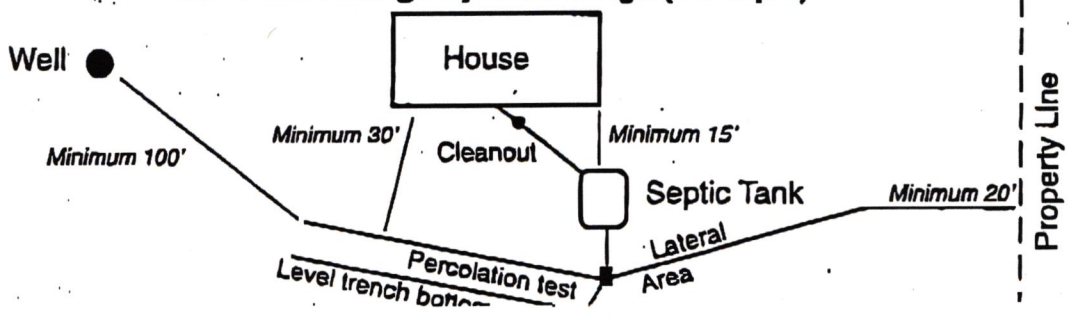
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: HC Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 96 ft., _____ ft.
3. Trench dimensions: Width 3' ft.
   Slope _____ in/100 ft.
   Average depth 32" in
4. Filter material: DIRT
   Depth of material 10"-20" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 300' ft.
   Pressure line NA ft.
   Property line 12' ft.

Indicate North with Arrow

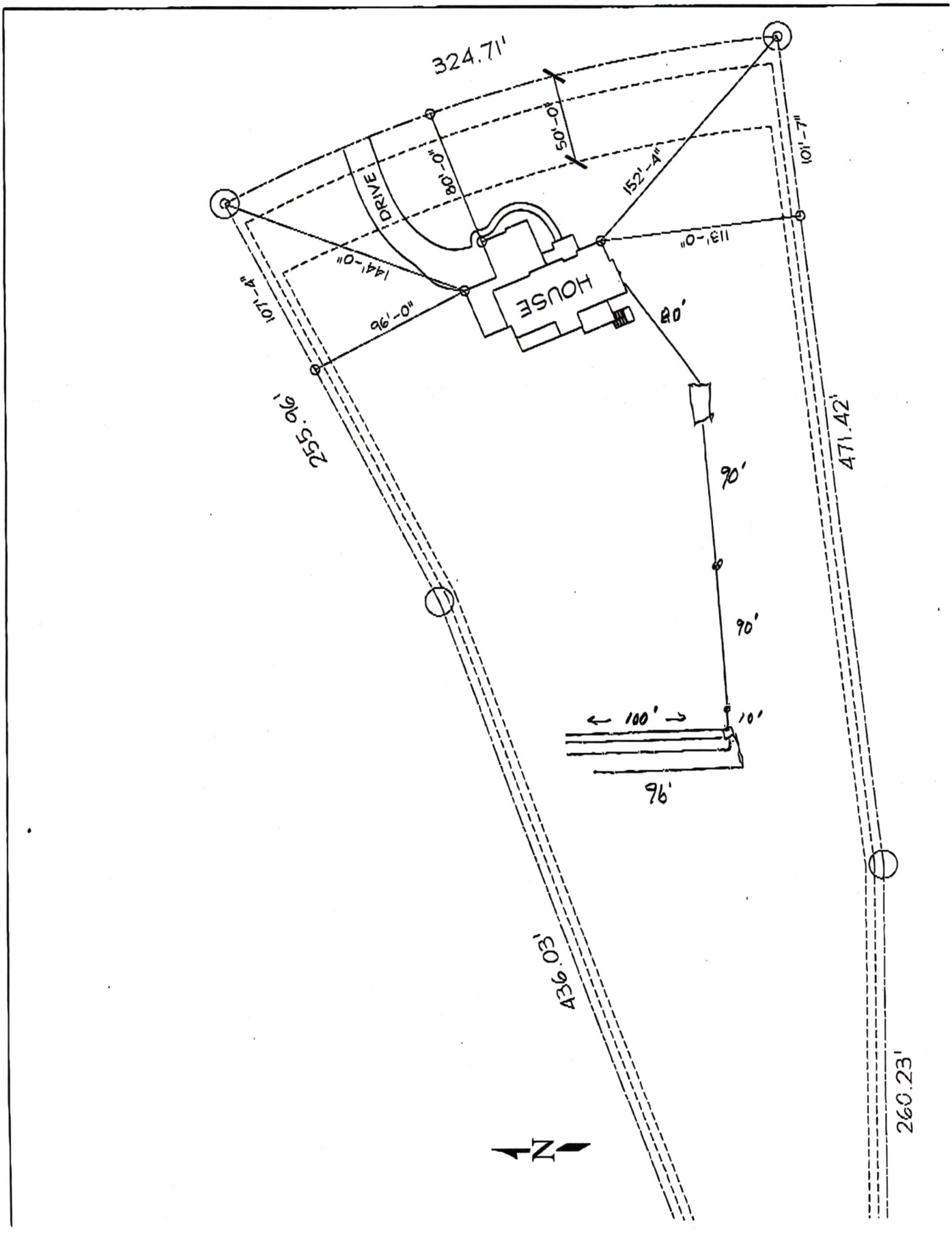
Complete "As Built" drawing on back of this form.

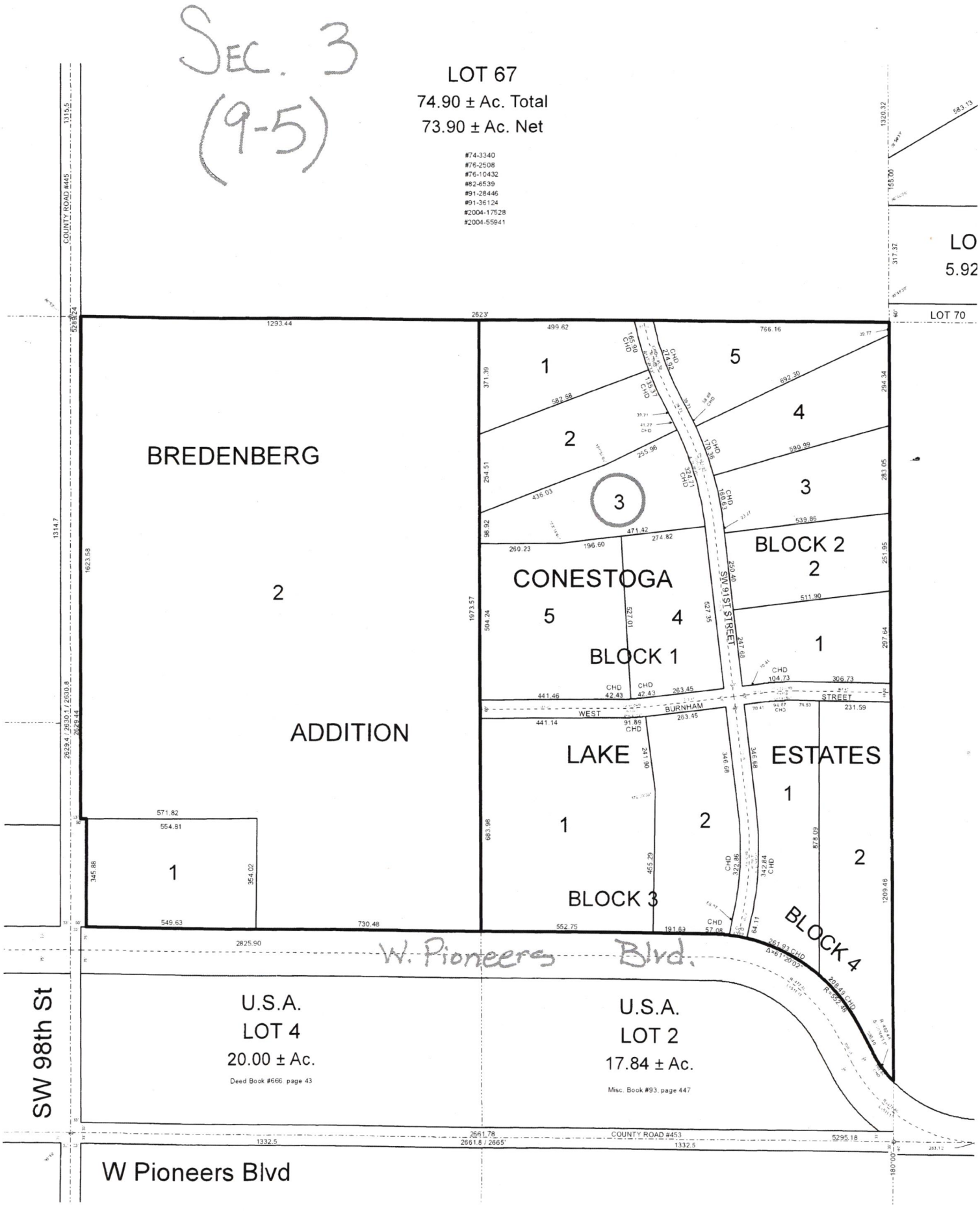
Individual Sewage System Design (Example)



FORM 23-103 10-96

S:


324.71'
50'-0"
80'-0"
DRIVE
152'-4"
101'-7"
113'-0"
141'-0"
107'-4"
96'-0"
HOUSE
80'
90'
90'
100'
10'
96'
255.96'
471.42'
436.03'
260.23'
N


SEC. 3
(9-5)
LOT 67
74.90 ± Ac. Total
73.90 ± Ac. Net
#74-3340
#76-2508
#76-10432
#82-6539
#91-28446
#91-36124
#2004-17528
#2004-55941
COUNTY ROAD #445
LOT 70
BREDENBERG
ADDITION
2
3
CONESTOGA
BLOCK 1
5
4
BLOCK 2
2
1
SW 91ST STREET
BURNHAM
WEST
STREET
LAKE
ESTATES
BLOCK 3
BLOCK 4
W. Pioneers Blvd.
U.S.A.
LOT 4
20.00 ± Ac.
Deed Book #666 page 43
U.S.A.
LOT 2
17.84 ± Ac.
Misc. Book #93, page 447
SW 98th St
COUNTY ROAD #453
W Pioneers Blvd