FEB 10 2015

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

A

Permit Number
HSo 01024

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 28100 Post Rock Cir (no rural route) City Firth, NE Zip 68358

Legal Description _____ Post Rock Pines 8

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

PID 20-32-102-008-000

B. Owner

Name Ryan & Jennifer Lund Signature _____

Address 2237 Scotch Pine Trl City/State/Zip Lincoln NE 68512

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St City/State/Zip Hickman, NE 68372

Work Phone 402-440-7600

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 3.38

Garbage Grinder? ☐ Yes ☐ No N/A

☐ 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 _____ 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 2-10-15 Amount Paid $375.00
Received By SB Cash/Check No. 16648

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. HS001024

System Type: Lagoon

Situs: No Site Address Specified

Description: POST ROCK PINES, Lot 8

Issued: 2/17/2015

Expires: 2/17/2016

Owner: LUND, RYAN D & JENNIFER A
2237 SCOTCH PINE TRL
LINCOLN, NE 68512

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

HARPER WELL & PLUMBING INC
P O BOX 15
ADAMS, NE 68301

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

Exhibit 5

Permit Number: HS001024

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/7/15 Legal Description ____ ¼ ¼ 32 / 7 / 8 Section/Township/Range

Onsite System Location

Address (no rural route) 28080 Post Rock Cir City ~~Lincoln~~ Firth

Owner Ryan + Jennifer Lund Address 2237 Scotch Pine trail

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 2050 Sq. Ft. Tank Size 1500 + 1000 pump gals

Total length of laterals ____ Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) Gravel bed

No. of Absorption Laterals 3 Width 5 ft. No. of Drop Boxes na Distribution Box na

Leveling Method Used na

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 na

Lateral #1 ~~140~~ na Lateral #3 ~~134~~ na

Lateral #2 ~~136~~ na Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial Jim N Date 12/7/15

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By James Peterson
Date 12/7/2015

Field Note Drawing (See Reverse Side):

N
>5'
Engineered Field
130
>5'
134
140
>5'
50'
pump Tank
25'
Septic
House
5'
28'
>100
50'
Covered 12/7/15 JM
X
well