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

MAR 2 4 2015

A

Permit Number
HS001040

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 8355 Haley Lynn Lane (no rural route) City DENTON, NE Zip 68339

Legal Description High Meadow 1st 2 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-21-404-004-000

B. Owner

Name THOMAS, JODI DAY Signature Jodi Day

Address 116 W. LOMBARD DR City/State/Zip

Home Phone 402-540-0531 Work Phone

C. Certified Installer

Name: MELVIN LOEGNER Signature Melvin Loegner

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

Work Phone 402-432-5690

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 4.0
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 **ACTION** ❑ Approved ❑ Disapproved
Date frwd 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 3-24-15 Amount Paid $375.00
Received By SB Cash/Check No. 2255

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

MAR 2 4 2015

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

B

Permit Number: HS001040

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 8355 Haley LYNN LANE City Denton NE, Zip 68339

Owner THOMAS OAY Address 116 "W" LOMBARD DR.

Date of Tests 9-10-13 to 9-11-13 Weather: Precipitation 0 Temperature 80°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)
1	30	9-10	11:00	9-11	11:30	9-11	11:45	6	9-11	12:15	30	1¼	24
2	32	"	"	"	"	"	"	6	"	"	"	1¼	24
3	32	"	"	"	"	"	"	6	"	"	"	1	30
4	31	"	"	"	"	"	"	6	"	"	"	1	30
5	33	"	"	"	"	"	"	6	"	"	"	⅝	48
6	31	"	"	"	"	"	"	6	"	"	"	¾	40
								6					
								6					

Person Conducting Percolation Test

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

Soil type (NRCS Maps/Other)

Groundwater Depth OVER 10 FT.

Sum of Percolation Rates: 196
Average of Rates: 32.6
Rate Used for Calculation: 48

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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

MAR 2 4 2015

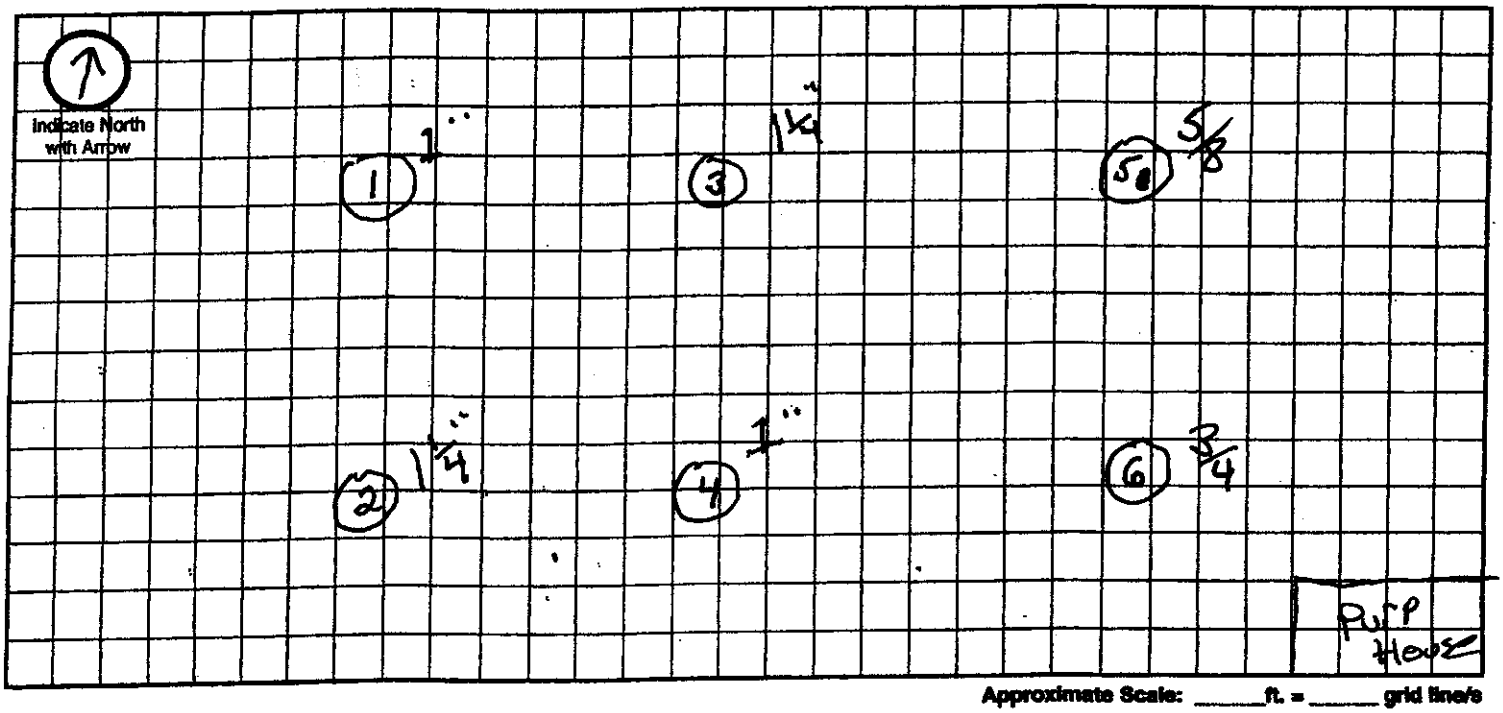
C

Permit Number: HS001040

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 line/s

A. Onsite System Location

Address (no rural route) 8355 Haley Lynn Ln City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1750 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 48 (min/inch = mpi) No. of Bedrooms 4 Soil Type_____ Land Slope .07 %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1350 sq.ft.

Total length of laterals 330 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_____

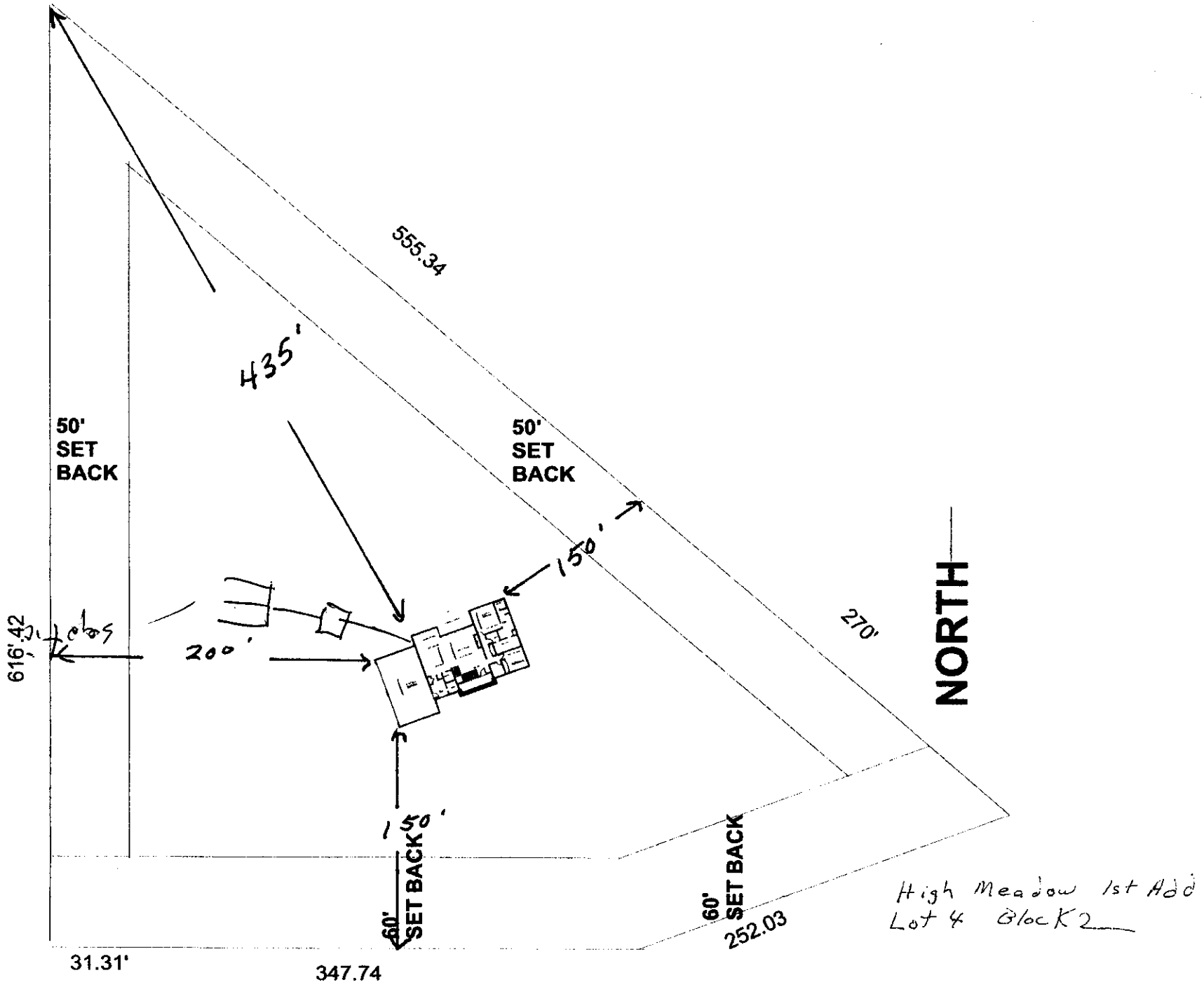
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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

CONTRACTOR Date

MAR 2 4 2015



8355

HALEY LYNN LANE

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. HS001040

System Type: Standard

Situs: 8355 HALEY LYNN LN, RURAL, NE

Issued: 3/31/2015

Expires: 3/31/2016

Description: HIGH MEADOW FIRST ADDITION, BLOCK 2, Lot 4

Owner: DAY, JODI L & THOMAS R II
116 W LOMBARD DR
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

RALLIS LLC
6602 PHEASANT RUN PL
LINCOLN, NE 68516

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

Exhibit 5

Permit Number: HS001042

Onsite Wastewater Treatment System

Inspection Sheet T9N-R5E, Sec 21

Date 7/31/15 Legal Description High Meadow 1st Add. Blk 2, Lot 4

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 8355 Haley Lynn Lane City Denton

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 1320 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 352' Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe)_____

No. of Absorption Laterals 3 Width 3.75 No. of Drop Boxes 2 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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DJ. Date 7/31/15

Follow-Up _____ Date _____

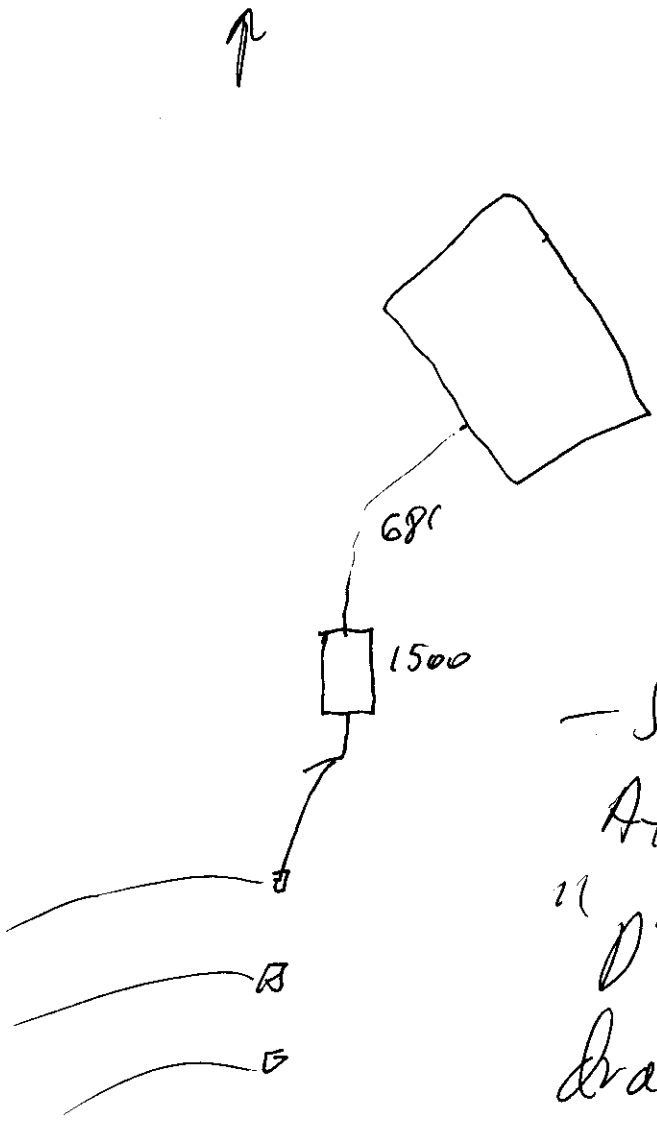
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Rhyne
Date 8/11/15

Field Note Drawing (See Reverse Side):

02-21-404-004-000

High Meadow 1st Blk 2 Lot 4
8355



- See Attached "D" Sheet drawing

SCANNED

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

MAR 2 4 2015

A

Permit Number
HS001040

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 8355 Haley Lynn Lane (no rural route) City DENTON, NE Zip 68339

Legal Description 21 9 5 SB High Meadow 1st 2 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-21-404-004-000

B. Owner

Name THOMAS, JODI DAY Signature Jodi Day

Address 116 W. LOMBARD DR City/State/Zip

Home Phone 402-540-0531 Work Phone

C. Certified Installer

Name: MELVIN LOGNER Signature Melvin Logner

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

Work Phone 402-432-5690

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a

Final decision No whirlpool to be installed 8/11/15 conversation with Mel Gagner

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☒ Yes ☒ No Total Acres 4.8
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 7/31/15
Comments
Date rec'd 4/1/15
Date frwd 4/1/15
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 8/11/15

Business Office Use Only
Date Received 3-24-15 Amount Paid $375.00
Received By SB Cash/Check No. 2255

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

Form A Updated: 1/13

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 8355 HALEY LYNN LANE (no rural route) City DENTON NE Zip 68339

Legal Description 21 9 5 E High Meadow 1st 2 4

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

PID 03-21-404-004-000

B. Owner

Name THOMAS, JODI DAY Signature Jodi Day

Address 116 W. LEHLBACH DR City/State/Zip

Home Phone 402-540-0531 Work Phone

C. Certified Installer

Name: MELVIN LOGNER Signature Melvin Logner

Address 8810 W. CLARKE AVE City/State/Zip LINCOLN NE. 68523

Work Phone 402-432-5690

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 4.6

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

Comments

Date rec'd March 27, 15

Date frwd March 30, 15

ACTION ☒ Approved ☐ Disapproved

Signature Chantell Gray

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 3-24-15 Amount Paid $375.00

Received By SB Cash/Check No. 2255

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

Form A Updated 1/13

SCANNED

MAR 2 4 2015

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

B

Permit Number: HS001040

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 8355 Haley Lynn Lane City Denton NE, Zip 68339

Owner THOMAS DAY Address 116 "W" Lombard DR.

Date of Tests 9-10-13 to 9-11-13 Weather: Precipitation 0 Temperature 80°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	30	9-10	11:00	9-11	11:30	9-11	11:45	6	9-11	12:15	30	1¼	24
2	32	"	"	"	"	"	"	6	"	"	"	1¼	24
3	32	"	"	"	"	"	"	6	"	"	"	1	30
4	31	"	"	"	"	"	"	6	"	"	"	1	30
5	33	"	"	"	"	"	"	6	"	"	"	⅝	48
6	31	"	"	"	"	"	"	6	"	"	"	¾	40
								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: 196
Average of Rates: 32.6
Rate Used for Calculation: 48

Soil type (NRCS Maps/Other)
Groundwater Depth OVER 10 FT.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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

MAR 2 4 2015

C

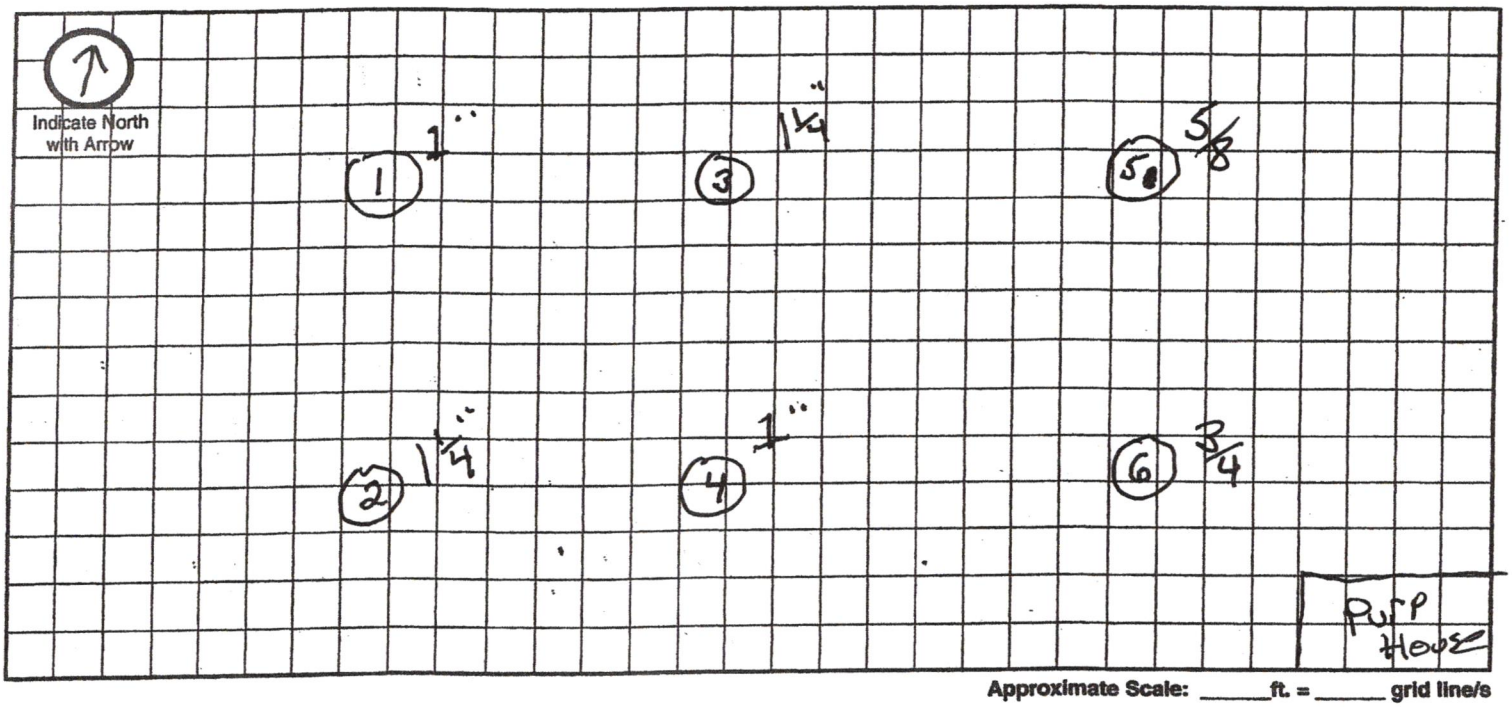
SCANNED

Permit Number: HS001040

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 line/s

A. Onsite System Location

Address (no rural route) 8355 Haley Lynn Ln City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1750 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 48 (min/inch = mpi) No. of Bedrooms 4 Soil Type _____ Land Slope .01 %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1320 sq.ft.

Total length of laterals 330 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 ☐	☐

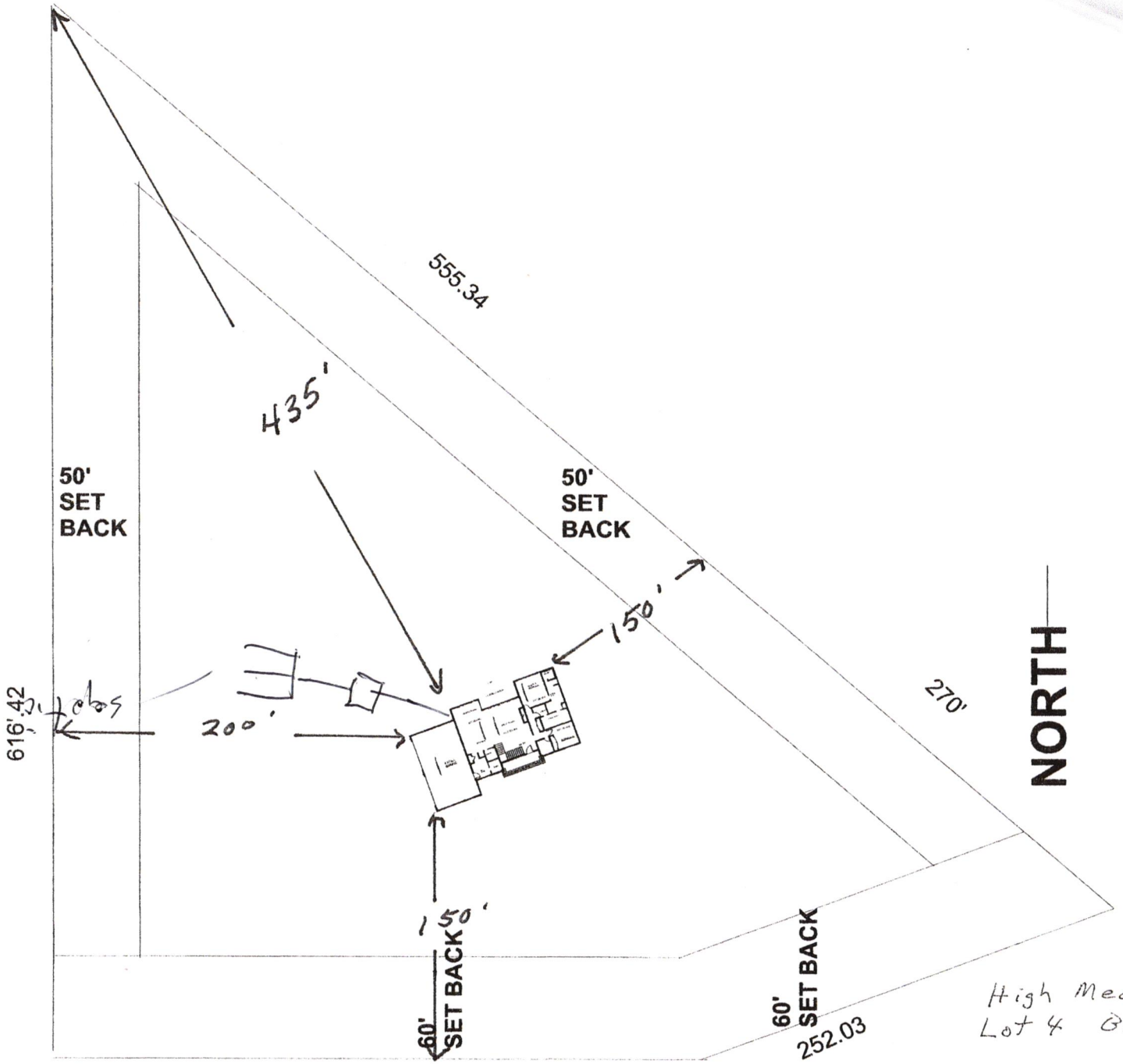
F. Required Signatures

CONTRACTOR Date

MAR 2 4 2015

MAR 2 4 2015

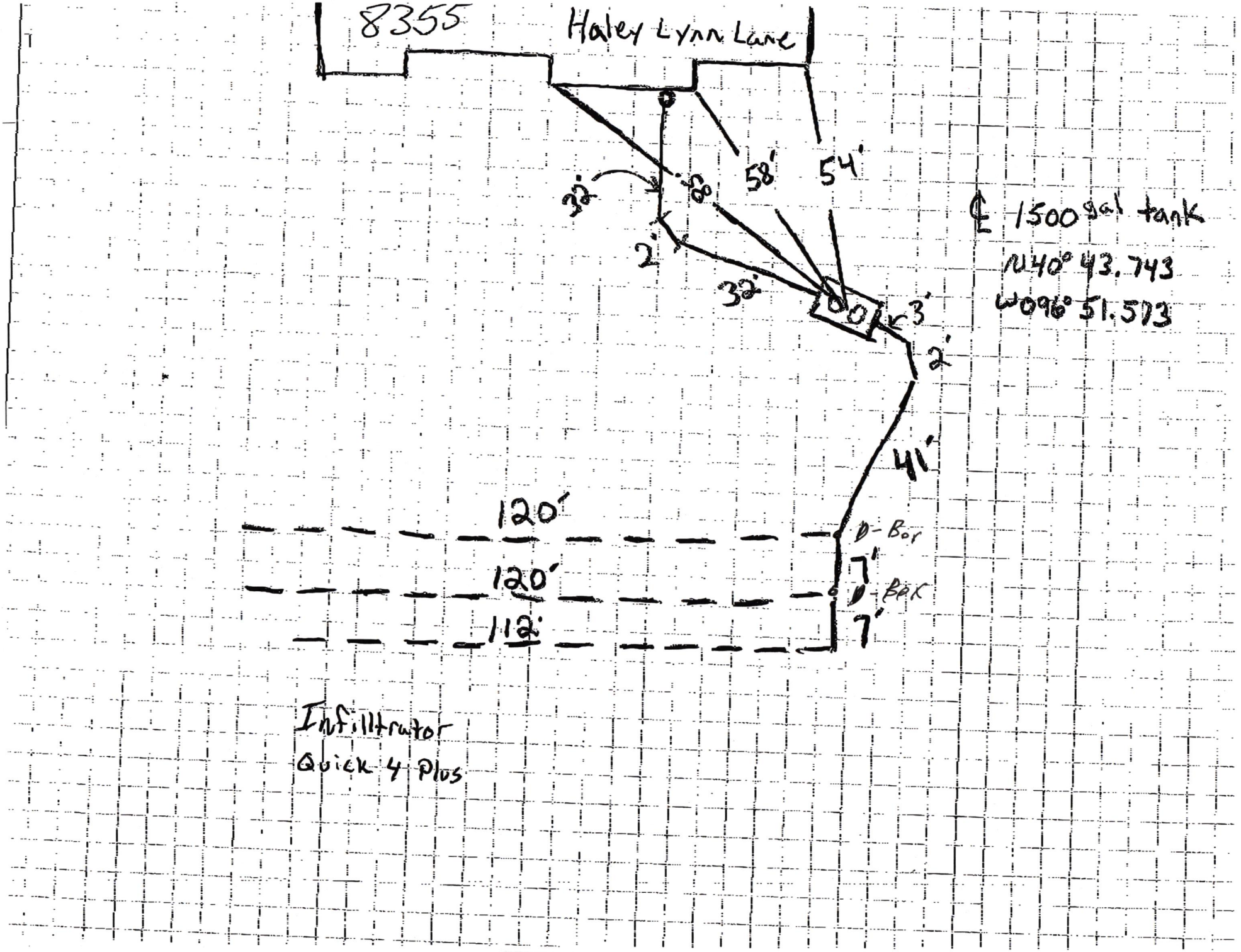
SCANNED



High Meadow 1st Add
Lot 4 Block 2

8355

HALEY LYNN LANE


8355
Haley Lynn Lane
32'
58'
58'
54'
2'
32'
3'
2'
41'
120'
120'
112'
D-Bor
D-Bor
7'
7'
℄ 1500 gal tank
N40° 43.743
W096° 51.573
Infiltrator
Quick 4 Plus

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

SCANNED

Exhibit 5

Permit Number: HS001040

9-11-15 gw

Onsite Wastewater Treatment System

Inspection Sheet

T9N-R5E, Sec 21

Date 7/31/15

Legal Description High Meadow 1st Add. Blk 2, Lot 4
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 8355 Haley Lynn Lane City Denton

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 1320 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 352' Type of Distribution: ☑ Chamber ❑ Perforated Pipe ❑ Other (describe)_____

_____

No. of Absorption Laterals 3 Width 3.75 No. of Drop Boxes 2 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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DL Date 7/31/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

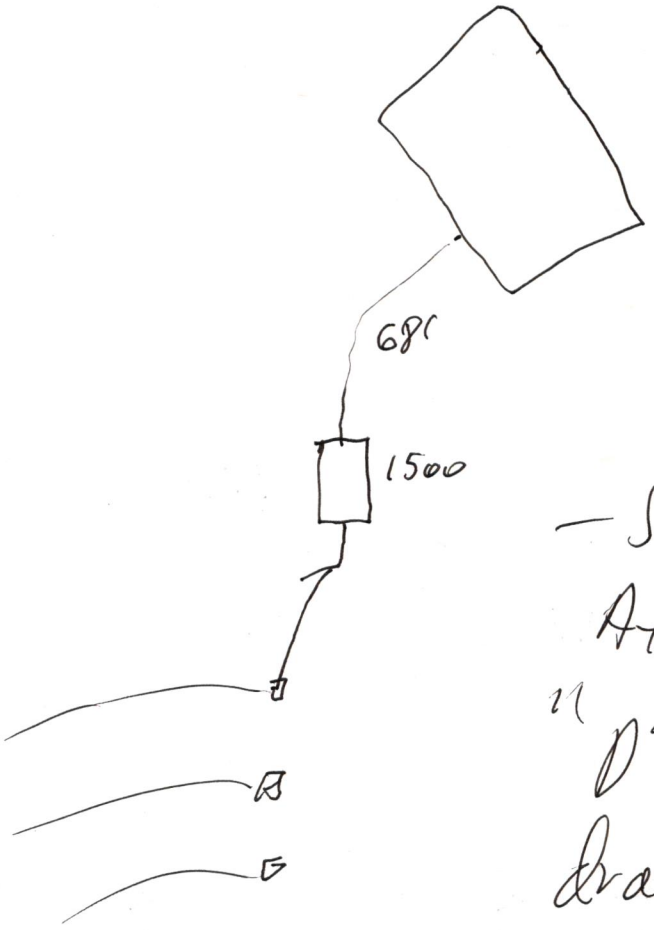
Installation Final Written Approval
By Doug Myers

Date 8/11/15

Field Note Drawing (See Reverse Side):

02-21-404-004-000

High Meadow 1st Blk 2 Lot 4
8355



- See Attached "D" Sheet drawing