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. HS001043

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/27/2015

Expires: 3/27/2016

Description: OAK PRAIRIE ESTATES 3RD ADDITION, Lot 3

Owner: SMUTNY, ROSS & TANEIL
8747 EXECUTIVE WOODS DR UNIT 28
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

JAMES ASCHOFF
LINCOLN, NE

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

Exhibit 5

Permit Number: H5001043

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/28/15 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1300 Oak Prairie Circle City Lincoln

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 1598 Sq. Ft. 1320 required Tank Size 1750 gals

Total length of laterals 444 Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe)_____

_____

No. of Absorption Laterals 3 Width 3.6 factor 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 7/27/15 DS. Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mauer
Date 7/28/15

Field Note Drawing (See Reverse Side):

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

MAR 25 2015

Include Form B and C. Submit correct fee with this Application

HS001043

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 1300 Oak Prairie Circle (no rural route) City _____, NE Zip _____

Legal Description 19 10 5 SB OAK PRAIRIE ESTATES 3

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

PID 04-19-103-003-000 SB

B. Owner

Name Ross Smutny Signature _____

Address 8747 Executive Woods Dr Apt 28 City/State/Zip Lincoln NE 68512

Home Phone _____ Work Phone 402-640-1573

C. Certified Installer

Name: Justyn Peterson - Earnest Well Drilling Inc. Signature _____

Address P.O. Box 14 City/State/Zip Milford, NE 68405

Work Phone 402-761-2291

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 _____

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 7/27/15

Comments _____

Date rec'd 3/27/15

Date frwd 3/27/15

ACTION ☒ Approved ☐ Disapproved

Signature _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____

Date rec'd 3-26-15

Date frwd 3-26-15

ACTION ☒ Approved ☐ Disapproved

Signature _____

3. City or County Engineer

Comments _____

Date rec'd 3-27-15

Date frwd 3-27-15

ACTION ☒ Approved ☐ Disapproved

Signature Jim Plourde

Installation Final Written Approval

By Doug Meyer

Date 7/28/15

Business Office Use Only

Date Received 3-25-15 Amount Paid $375.00

Received By SB Cash/Check No. CC-MC 4743

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

Form A Updated: 1/13

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____ **Owner:** Jim Aschoff
Township _____ Range _____ Address: _____
1/4 Section _____

Property Dimensions: _____ acres

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

Dates of Tests: 5-2-15 to 5-3-15. **Weather:** Precip. Ø Temp. 90'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	5-2	11:00am	5-2	3:00pm	5-3	10:30am	6	11:00am	5½	30	½
2	36	5-2	11:00am	5-2	3:00pm	5-3	10:30am	6	11:00am	5½	30	½
3	36	5-2	11:00am	5-2	3:00pm	5-3	10:30am	6	11:00am	5¼	30	¾
4	36	5-2	11:00am	5-2	3:00pm	5-3	10:35am	6	11:05am	5¼	30	¾
5	36	5-2	11:00am	5-2	3:00pm	5-3	10:35am	6	11:05am	5¼	30	¾
6	36	5-2	11:00am	5-2	3:00pm	5-3	10:35am	6	11:05am	5½	30	½

60 60 40 40 40 60

g 20 300 6

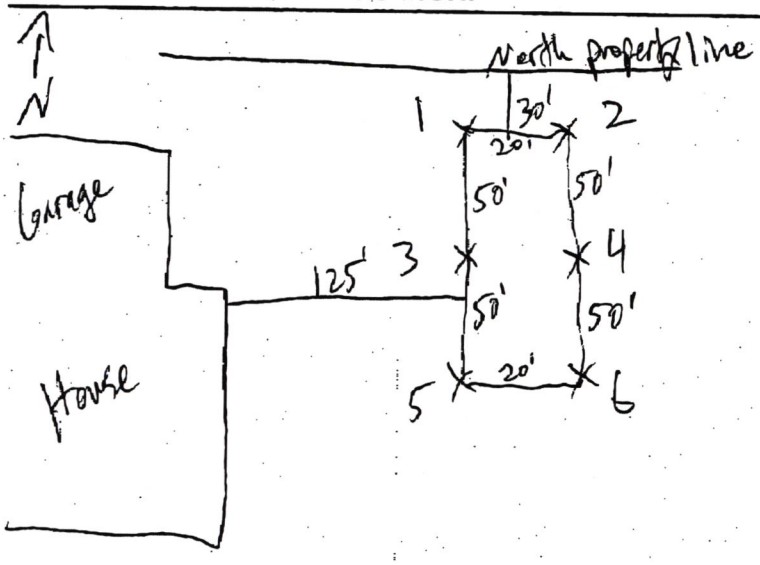
Sum of Water Level Drops (in.) [Column m]: 3.75
Average of Water Level Drops (in.) [Column m]: .63
~~Inches per Minute~~: _____

47.62 MPI / 50 mi

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

Square Feet of Lateral per Bedroom: 330

SKETCH SHOWING HOLE LOCATION:



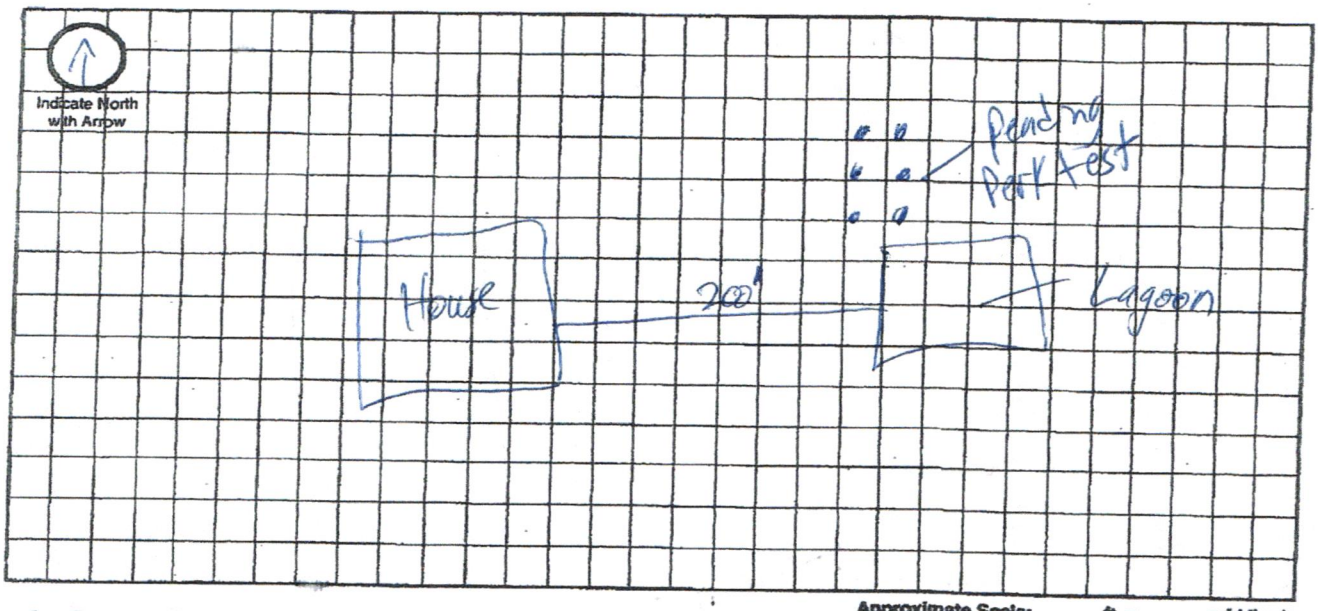
Official's Signature

HS001043

Onsite Wastewater Treatment System
Preliminary Plan Specifications

MAR 25 2015

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) 1300 Oak Prairie Circle 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

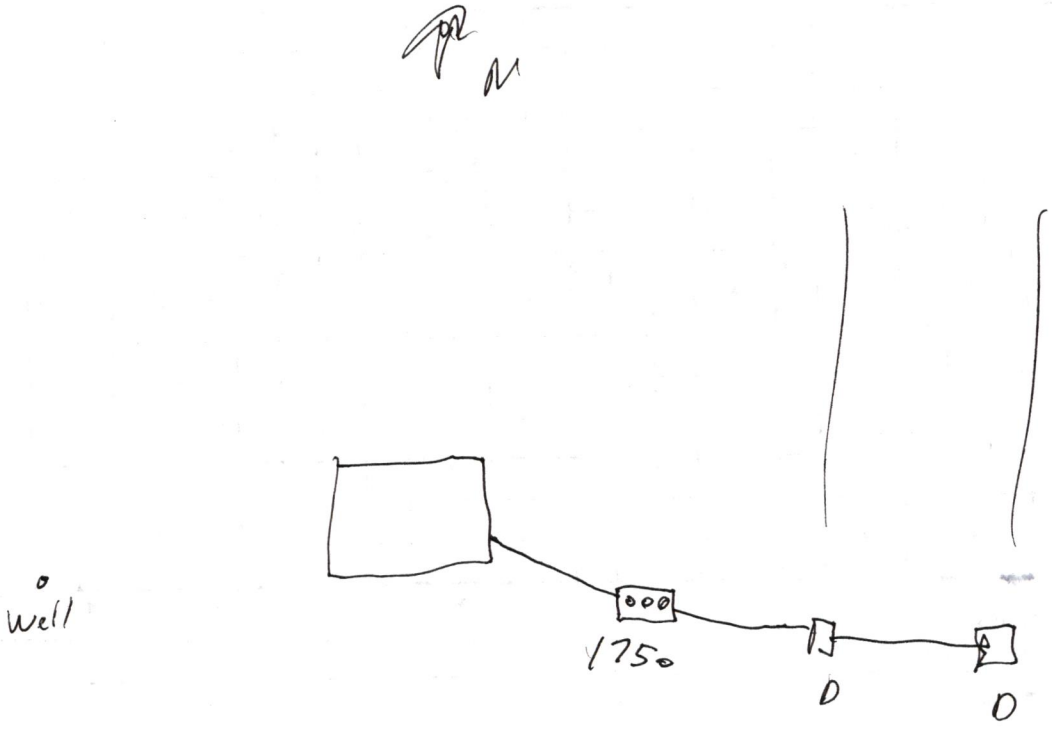
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

F. Required Signatures

Home Building Contractor _____ Date 3-24-15

Installer _____ Date 3/24/15

Onsite Form C 12_06


N
well
1750
D
D

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 7/28/15

System Location (Indicate correct number and street)
Address 1300 Oak Praire Circle (no rural route) City _____ NE, Zip _____

A. Building Sewer
1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line NA ft.
   property line 100+ ft.

B. Septic Tank
1. Material: ~~Concrete~~
   Number of compartments: 1
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line 125+ ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 100+ ft.

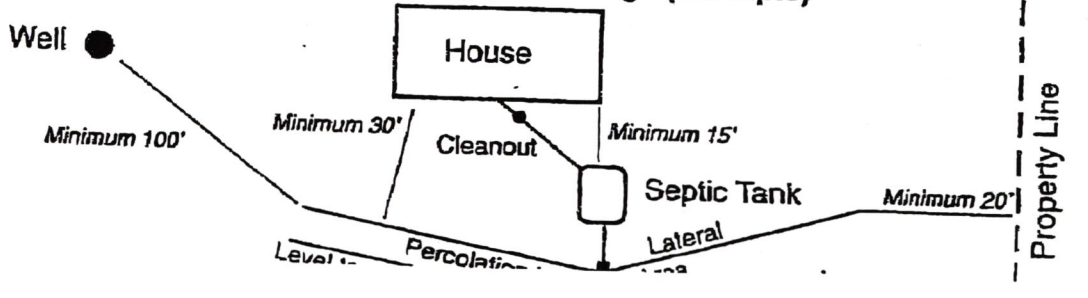
C. Distribution Box
1. Material: Plastic
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 30 ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 140 ft. 148 ft.
   156 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 1 in/100 ft.
   Average depth 30 in
4. Filter material: Native Clay
   Depth of material 30 in.
5. Distances to: Well or suction line 130+ ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 50 ft.

Scale North with Arrow

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

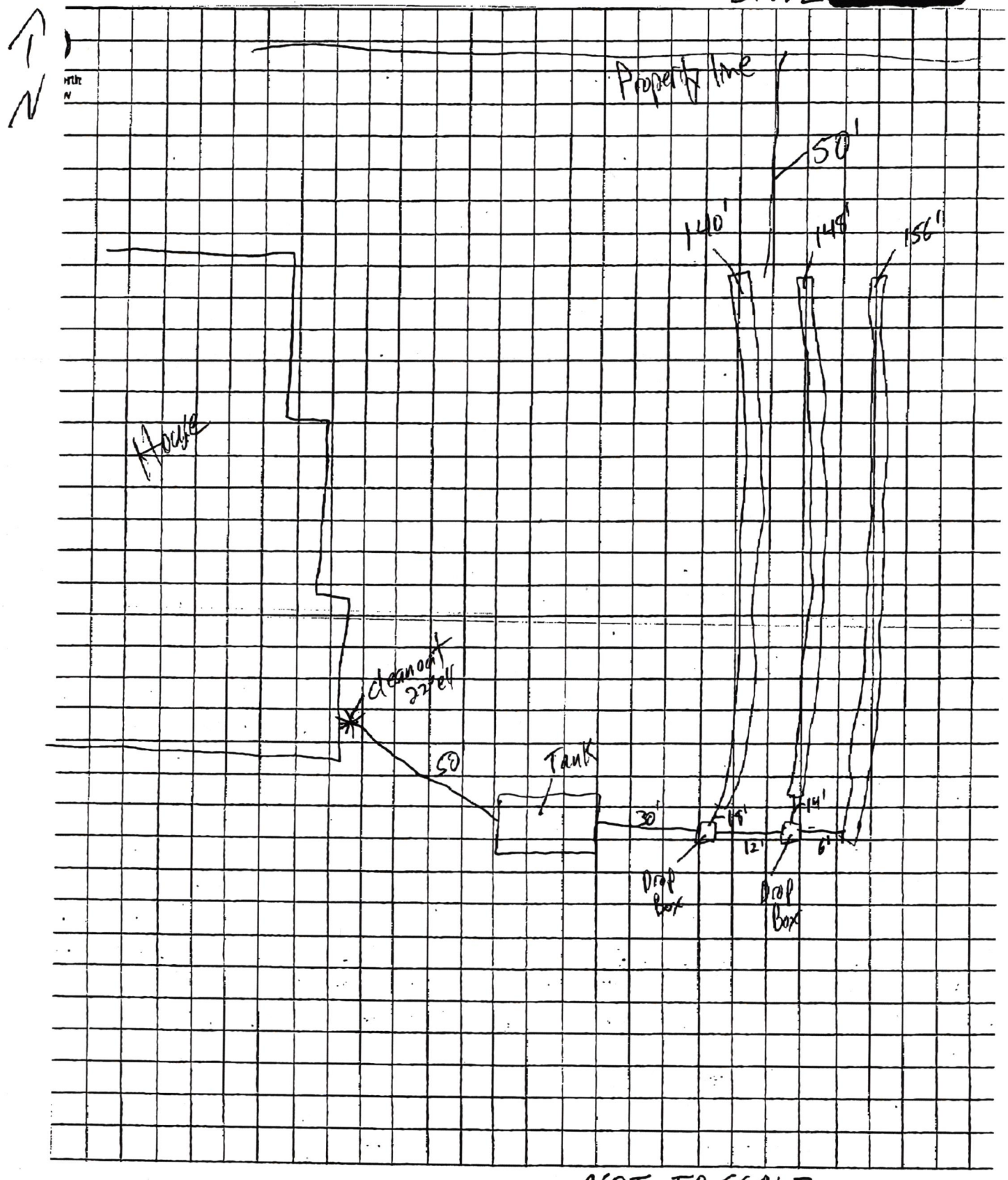
Individual Sewage System Design (Example)



Owner [redacted]

EARNEST WELL DRILLING INC.
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 7/28/15



NOT TO SCALE

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: H5001043

Onsite Wastewater Treatment System

8/11/15

Inspection Sheet

Date 7/28/15 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1300 Oak Prairie Circle City Lincoln

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): _____

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Total length of laterals 444 Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe)_____

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No. of Absorption Laterals 3 Width 3.6 factor No. of Drop Boxes 2 Distribution Box _____

Leveling Method Used _____

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Geographical Coordinates to 6 Decimals:

Tank NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial 7/27/15 DS. Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Muhr
Date 7/28/15

Field Note Drawing (See Reverse Side):