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. HS001049

System Type: Standard

Situs: No Site Address Specified

Issued: 4/6/2015

Expires: 4/6/2016

Description: OAK PRAIRIE ESTATES 3RD ADDITION, Lot 5

Owner: SANTO, BENJAMIN M & WHITNEY N
404 N F ST
MILFORD, NE 68405

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

BENJAMIN SANTO
404 N F ST.
MILFORD, NE 68405

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

APR 03 2015

A

Permit Number
HS001049

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 1420 OAK PRAIRIE CIRCLE City LINCOLN, NE Zip 68528
(no rural route)

Legal Description NW NW 19 10 5E 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-19-103-005-000 SB

B. Owner

Name Ben Santo Signature
Address 4041 N 7 Street City/State/Zip MILFORD NE 68405
Home Phone 402-883-7464 Work Phone 402-883-7404

C. Certified Installer

Name: SCOTT SUBBERT Signature Scott Subbert
Address 1012 CO RD M City/State/Zip MEAD, NE 68041
Work Phone 402-443-0549

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.0 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
Comments
Date rec'd 4/6/15
Date frwd 4/6/15
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 Owner must construct Septic System Above the Flood Plain
Date rec'd 04/06/15
Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 8/7/15

Business Office Use Only
Date Received 4-3-15 Amount Paid $375.00
Received By SB Cash/Check No. 1496

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

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

A

Permit Number 1[illegible]1649

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 1420 OAK PRAIRIE Circle (no rural route) City LINCOLN, NE Zip 68525

Legal Description NW NW 19 10 5E 5

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

PID [illegible]-19-105-005-000

B. Owner

Name Ben Sunto Signature

Address 4021 N 7 Street City/State/Zip Milford NE 68405

Home Phone 402-883-7464 Work Phone 402-553-7464

C. Certified Installer

Name: SCOTT SUBBERT Signature Scott Subbert

Address 1012 CO RD M City/State/Zip UTICA, NE 68454

Work Phone 402-443-6549

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.0 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

Comments

Date rec'd 4/6/15

Date frwd 4/6/15

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 Septic Tanks, Absorption Trenches, Effluent Filters

Date rec'd 4/6/15

Date frwd

ACTION ☒ Approved ☐ Disapproved

Signature

Installation Final Written Approval

By

Date 8/7/15

Business Office Use Only

Date Received Amount Paid

Received By Cash/Check No.

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

Form A Updated: 1/13

Nebraska DEQ — Onsite Wastewater Treatment System Soil Percolation Test Data Sheet

Owner Name Ben Santo Phone 402-883-7464

Address _____ City _____ State _____ Zip _____

Location (Attach a sketch of the property showing test hole locations)

NW ¼ NW ¼ 19 Section 10 Township 5-E Range Lancaster County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ___

Silty Clay Loam ___ Sandy Loam ✓ Silt Loam ___

Dates of Test

Start Date 4/1/15 to End Date 4/2, 2015

Weather Conditions

Precipitation _____ Avg. Temp 70 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (t ÷ m) (Minutes per inch)
1	42	4/1	12:30	4/2	2:00	4/2	2:30	25	3:00	22.5	30	2.5	15
2	40							20		17.5	30	2.5	15
3	44							30		27	30	3	10
4	42							26		23	30	3	10
5	40							24		21.5	30	2.5	15
6	38							16		12	30	4	7.5

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature Scott Suhr

Certificate or License # C1996

Address 1012 Co Rd M

City Wood St Ne Zip 68041

Phone 402-443-6549

Sum of Percolation Rates = 72.5

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 12.08

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 8-2012

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

Exhibit 5

Permit Number: HS001049

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/7/15 Legal Description 10-5-19-Lot 5

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1420 Oak Pointe Cir 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 1080 Sq. Ft. Tank Size 2000 gals

Total length of laterals 270 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 3 No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Hand level

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 N/O

Lateral #1 N/O Lateral #3 N/O

Lateral #2 N/O Lateral #4 N/O

Inspections prior to Final Approval
Initial 8/6/15 Date 8/7
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 8/7/15

Comments:

Best looking soil I've seen in a long time! System oversized -

Field Note Drawing (See Reverse Side):