APR 16 2015

A

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

Permit Number
HS 001051

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 18 9 ~~8~~ SB Whispering Creek 1ST 1 8
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-18-205-008-000

B. Owner

Name Brian & Nicole Dillon Signature _____
Address 9130 Wildfire Rd City/State/Zip Lincoln NE 68512
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature _____
Address 105 Locust St City/State/Zip Hickman NE 68372
Work Phone 402-440-7606

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 5 Whirlpool Bathtub? ☒ Yes ❑ No Total Acres 3.03
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 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 4-15-15 Amount Paid $375.00
Received By SB Cash/Check No. 88354

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

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. HS001051

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/17/2015

Expires: 4/17/2016

Description: WHISPERING CREEK 1ST ADDITION, BLOCK 1, Lot 8

Owner: DILLON, BRIAN & NICOLE
9130 WILDFIRE RD
LINCOLN, NE 68512-9385

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

FULTON CONSTRUCTION
3639 N 39TH ST
LINCOLN, NE

SCANNED

H500105/

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

COPY

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 9 Range 7 1/4 ____ 1/4 ____ Section 28 SB
   Block ____ Lot 1 Addition Koss Estates Blk 3 Lot 1
   Parcel ID 16 - 28 - 301 - 007 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 9730 S 60th ST Lincoln NE 68516

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms ____ Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** replace perforated pipe labral with Chambers

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwick / Jason Kubik

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Jason Kubik Address 105 Locust Hickman Phone: 402-440-7600

Applicant Signature (owner or lessee) Jason Kubik

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 4/23/15 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Site visits
Date 4/29/15 By [signature]
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

+ Contractor to return a replacement #1.

Received: Date: 4/21/15 Amount $205.00 Check No. 2263 Initials SB

Revised 3-09

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

Exhibit 5

Permit Number: HS001051

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/2/15 Legal Description ¼ ¼ T9N R8E Sec 18 Section/Township/Range Whispering Creek 1st Add Blk 1, Lot 8

Onsite System Location

Address (no rural route) 6373 Waters Edge City Rural

Owner Brian & Nicole Dillon Address 9130 Wildfire Rd Lin NE 68312

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 1400 Sq. Ft. Tank Size 2000 gals

Total length of laterals 390 Type of Distribution: ☑ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 4 Width 36" No. of Drop Boxes 3 Distribution Box ☒

Leveling Method Used Lazer 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)	~~NA~~ 50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	NA 100 ☐	500 ☐	~~NA~~ 50 ☐	4 ☑	25 ☑	5 ☑

Rural H2O

Geographical Coordinates to 6 Decimals: NA

Tank 2000

Lateral #1 90 Lateral #3 102

Lateral #2 110 Lateral #4 82

Comments:

Inspections prior to Final Approval
Initial _____ Date 10/2/15

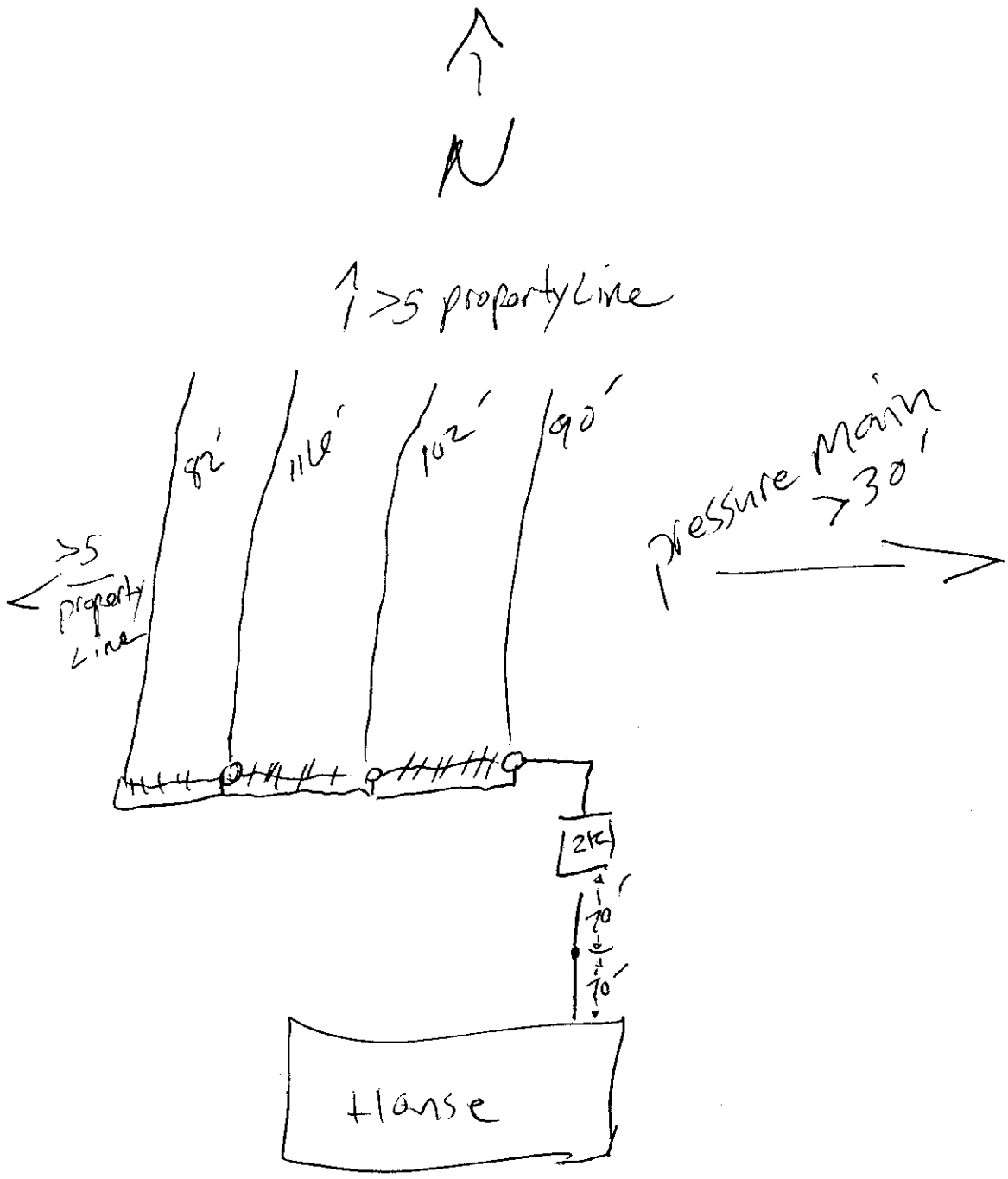
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 10/2/2015

Field Note Drawing (See Reverse Side):



Field Drawing

Rural H2O