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

A

Permit Number
HS001069

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 9820 Cyrus Circle (no rural route) City Firth, NE Zip 68358

Legal Description Cyrus Acres 4

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

PID 14-36-302-004-000 SB

B. Owner

Name Hometown Handyman Signature

Address 22201 S 96th City/State/Zip

Home Phone 402-432-2114 Work Phone

C. Certified Installer

Name: Jason Kubik Signature

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

Work Phone 402-440-7020

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

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 5-27-15 Amount Paid $315.00
Received By SB Cash/Check No. 6740

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. HS001069

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/1/2015

Expires: 6/1/2016

Description: CYRUS ACRES, Lot 4

Owner: HOMETOWN HANDYMAN INC
PO BOX 303
HICKMAN, NE 68372

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

Emailed to Nate 12/14/15 4:30pm

D Exhibit 4
7-7-36

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

Permit Number: HS001069

DEC 16 2015

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 9820 Cyrus Cir, Firth, NE 68358

Owner: Ryan Bonel Hometown Handyman Address P.O. Box 303, Hickman, NE 68372

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 50' ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 80' ft.
   Pressure line 100' ft
   Property Line 100' ft.
   Foundation 50' ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: E ft. 10'

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS 29
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 100 ft. 95 ft. 95 ft.
4. Drainfield size: 1053 sq. ft.
5. Distance to:
   Well 100'+ ft.
   Pressure line 100'+ ft.
   Property line 30' ft.
   Depth of Groundwater 8'+

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No (Partially)

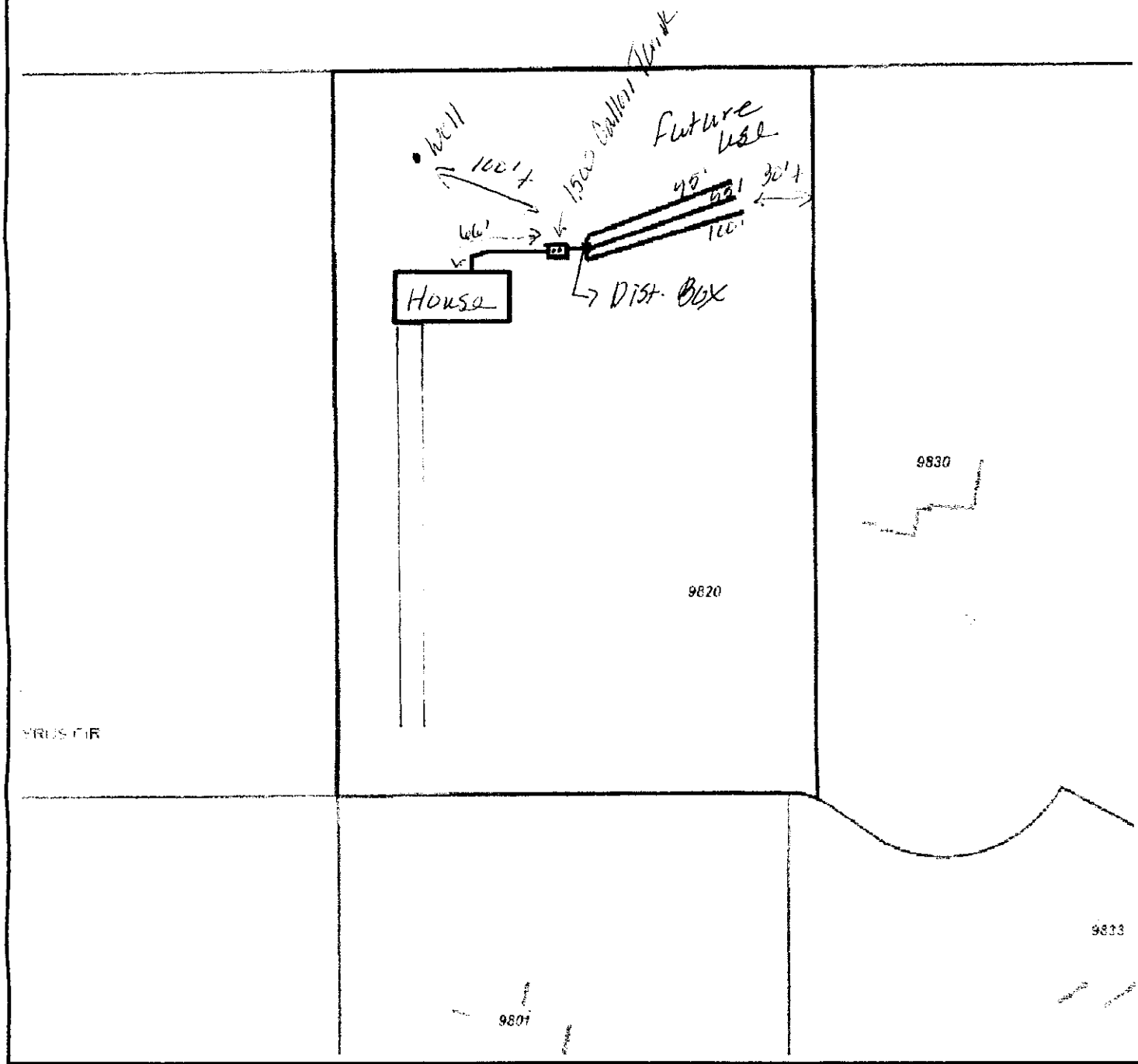
If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Lloyd J. Jakoubek Date: 12/11/2015

Complete As-Built drawing on the back of this form.

[redacted]



Lancaster County/City of Lincoln GIS Map

Ryan Omel 9820 Cyrus Cir, Firth, NE 68358

N W E S

Printed: Dec 14, 2015

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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

990

Exhibit 5

Permit Number: HS001069

perc 4N

3 bedrooms

60 perc?

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/11/15

Legal Description Lot 4 ¼ ¼ 36/7/7 Section/Township/Range

Onsite System Location

Address (no rural route) 9820 Cyrus Cir City Firth

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 1051.25 Sq. Ft. Tank Size 1500 gals

Total length of laterals 240 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 36 Arc No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Electronic

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 ☒

☒ Still digging Final laterals

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By JL Dow

Date 12/22/15

Field Note Drawing (See Reverse Side):

Updated 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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SCANNED

A

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B. Owner

Name Hometown Handyman Signature

Address 22201 S 96th City/State/Zip

Home Phone 402-432-2114 Work Phone

C. Certified Installer

Name: Jason Kubik Signature

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.01
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

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Site visits
Comments
Date rec'd 6/1/15
Date frwd 6/1/15
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 12/22/15

44 MP

Business Office Use Only
Date Received 5-27-15 Amount Paid $375.00
Received By SB Cash/Check No. 6740

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

Form A Updated: 1/13

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Submit correct fee
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Name Hometown Handyman Signature

Address 2221 S 96th City/State/Zip

Home Phone 402-432-2114 Work Phone

C. Certified Installer

Name Jason Kubik Signature

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

Work Phone 402-440-7002

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number

Designer Name Firm Work Phone

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Site visits Date rec'd Date fwd
Comments
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Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd 10/1/2015 Date fwd 10/1/2015
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Date rec'd Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 5-27-15 Amount Paid $375.00
Received By SB Cash/Check No 6340

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

Form A Updated 1/13