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

A

Well Permit # HW000890

Permit Number
HS001075

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 5715 N.W. 118 ST (no rural route) City Malcom, NE Zip _____

Legal Description 5 10 5-E Parkland Estates 1 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-05-201-001-000

B. Owner

Name Corey Gustafson Signature _____

Address 2465 Ramsay Rd City/State/Zip Lincoln 68524

Home Phone 402 440 4255 Work Phone _____

C. Certified Installer

Name: Scott Seibert Signature Scott Seibert

Address 1012 C. Rd M City/State/Zip Mead NE 68041

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
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 4-5-15 Amount Paid $375.00
Received By SB Cash/Check No. 1948

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

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

B

Permit Number: HS 001075

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5915 N-W 118th (no rural route) City Malcom NE, Zip 68402

Owner Corey Gustafson Address 2465 Ramp Rd Lincoln Ne 68524

Date of Tests 5/7/15 to 5/8/15 Weather: Precipitation 0 Temperature 60

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. 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	32	5/7	10:00	5/8	10:00	5/8	10:30	6	5/8	11:00	30	1	30
2	36	"	"	"	"	"	"	6	"	"	"	1½	20
3	38	"	"	"	"	"	"	6	"	"	"	1	30
4	34	"	"	"	"	"	"	6	"	"	"	1½	20
5	36	"	"	"	"	"	"	6	"	"	"	1½	20
6	36	"	"	"	"	"	"	6	"	"	"	1½	20
								6					
								6					

Person Conducting Percolation Test

Name: Scott S Sybert
Phone: 402-443-6549
Address 1012 Cr Rd M
Mead Ne 68041

Sum of Percolation Rates: 140
Average of Rates: 23
Rate Used for Calculation: 23

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

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

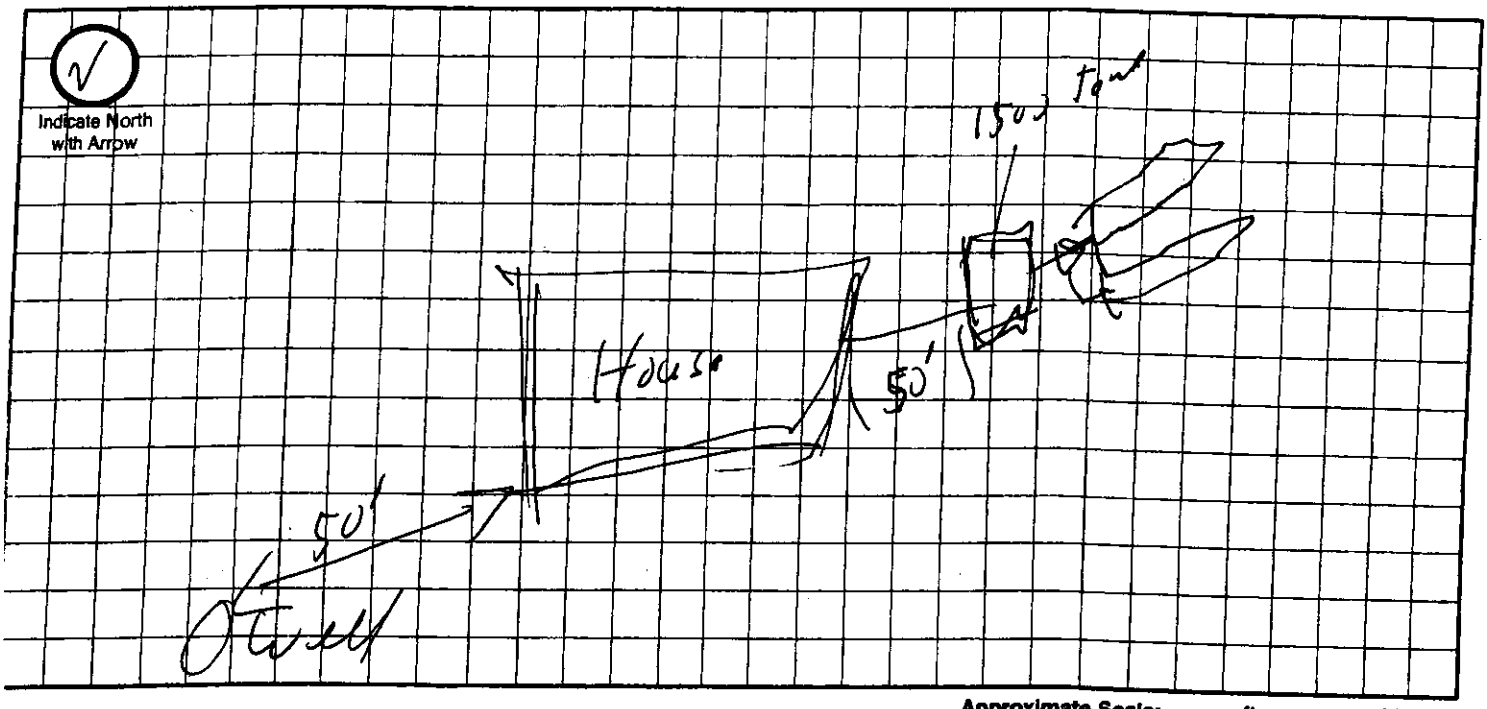
C

Permit Number: HS001075

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) 5915 NW 118 ST City Malcom NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate____ (min/inch = mpi) No. of Bedrooms 3 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_____

Installer_____ Date_____

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. HS001075

System Type: Standard

Situs: No Site Address Specified

Issued: 6/9/2015

Expires: 6/9/2016

Description: PARKLAND ESTATES ADDITION, BLOCK 1, Lot 1

Owner: GUSTAFSON, COREY & KRISTI
2465 RAMSEY RD
LINCOLN, NE 68524

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

SUBBERT WELL & SEPTIC
1012 CO RD M
MEAD, NE 68041

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

Exhibit 5

Permit Number: HS001075

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/17/15 Legal Description Parkland Estates Blk 1, Lot 1

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5915 NW 118th 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 833.75 Sq. Ft. Tank Size 1500 gals

Total length of laterals 230 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 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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Excellent soil! oversized anyway

Inspections prior to Final Approval
Initial 11/16/15 Date N/A

Follow-Up _____ Date _____

Follow-Up _____ Date _____

~~Installation Final Written Approval~~
By _____

Date 11/17/15

Field Note Drawing (See Reverse Side):

10 - 5-5
NOV 07 2016 H S001075

COPY

STATE OF NEBRASKA

Pete Ricketts
Governor

NOV 4 2016

DEPARTMENT OF ENVIRONMENTAL QUALITY
Jim Macy
Director
Suite 400, The Atrium
1200 'N' Street
P.O. Box 98922
Lincoln, Nebraska 68509-8922
Phone (402) 471-2186
FAX (402)471-2909
website: http://deq.ne.gov

Scott J. Subbert (C1996)
Subbert Well & Septic Company
1012 County Road M
Mead, NE 68041

RE: Mitigating Actions
Notification No. 092016-MW-1650
Corey Gustafson Acreage
5915 NW 118th Street, Lincoln, NE
NW NW NE Section 05, Township 10N, Range 05E, in Lancaster County

NDEQ ID: 398749 / 108452
Program ID: OWT 1996 / TS30004

Dear Mr. Subbert:

On October 31, 2016, the Nebraska Department of Environmental Quality (NDEQ) received a *System Registration for Onsite Wastewater Treatment System* and the appropriate system registration fees for a new septic system constructed at 5915 NW 118th Street, Lincoln, Nebraska. The onsite system registration was submitted in accordance with Title 124 and verified the property's compliance with state requirements. Thank you for your cooperation. No further action is anticipated and the Department considers the matter closed.

If you have any questions, please feel free to contact me at (402) 471-4372.

Sincerely,

Anania Caruso

Anania Caruso
Program Specialist, Onsite Wastewater Unit
Nebraska Department of Environmental Quality

Cc: Corey Gustafson
David Cary, Lancaster County Planning/Zoning Department
John Chess, LLCHD

20140042738

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

SCANNED

A

Permit Number
HS001075

Well Permit # HW000890

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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3 acres or more required for: ❑ Septic System ❑ Lagoon ❑ Other (Refer to Form C)

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PID 04-05-201-001-000

B. Owner

Name Corey gustafson Signature

Address 2465 Ponsay Rd City/State/Zip Lincoln 68524

Home Phone 402 440 4255 Work Phone

C. Certified Installer

Name: Scott Sabbert Signature Scott Sabbert

Address 1012 C. Rd M City/State/Zip Mead Ne 68041

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

405 - 3,625 - 230 ft

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ❑ Yes ☒ No Total Acres 3.02
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 6/9/15
Date frwd 6/9/15
ACTION ☒ Approved ❑ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 6-9-15
Date frwd 6-9-15
ACTION ☒ Approved ❑ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 6-9-2015
Date frwd 6-9-2015
ACTION ☒ Approved ❑ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By
Date 11/17/15

Business Office Use Only
Date Received 4-5-15 Amount Paid $375.00
Received By SB Cash/Check No. 1998

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

Form A Updated: 1/13