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

A

Permit Number
HSOD1091

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 9 8 Fox Run 3rd 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID _____

B. Owner

Name Kelly Sears Signature _____
Address 1130 Stony Rapids Bay City/State/Zip Lincoln, NE 68505
Home Phone 402 488 3732 Work Phone 402 525 6741

C. Certified Installer

Name: Kevin Lewis Signature _____
Address 4810 W Claire Ave City/State/Zip Lincoln Ne 68523
Work Phone 402 310 9160

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 4.66
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

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 7-2-15 Amount Paid $375.00
Received By SB Cash/Check No. 1588

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

Form A Updated: 1/13

Fox Run Estates 3rd Add. lot 3

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

B

Permit Number: HS001091

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Date of Tests June 20 to June 21 Weather: Precipitation 0 Temperature 75°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	36	6-20	4:30	6-21	8:00	6-21	8:00	6	6-21	8:30	30	1/2	60
2	35	"	"	"	"	"	"	6	"	"	"	5/8	48
3	36	"	"	"	"	"	"	6	"	"	"	1	30
4	33	"	"	"	"	"	"	6	"	"	"	1/2	60
5	34	"	"	"	"	"	"	6	"	"	"	5/8	48
6	36	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: Mel Eagner
Phone: 402-432-5698
Address 4810 W. Clare Ave
Lincoln NE 68523

Soil type (NRCS Maps/Other) _____
Groundwater Depth over 12ft.

Sum of Percolation Rates: 294
Average of Rates: 49
Rate Used for Calculation: 60

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

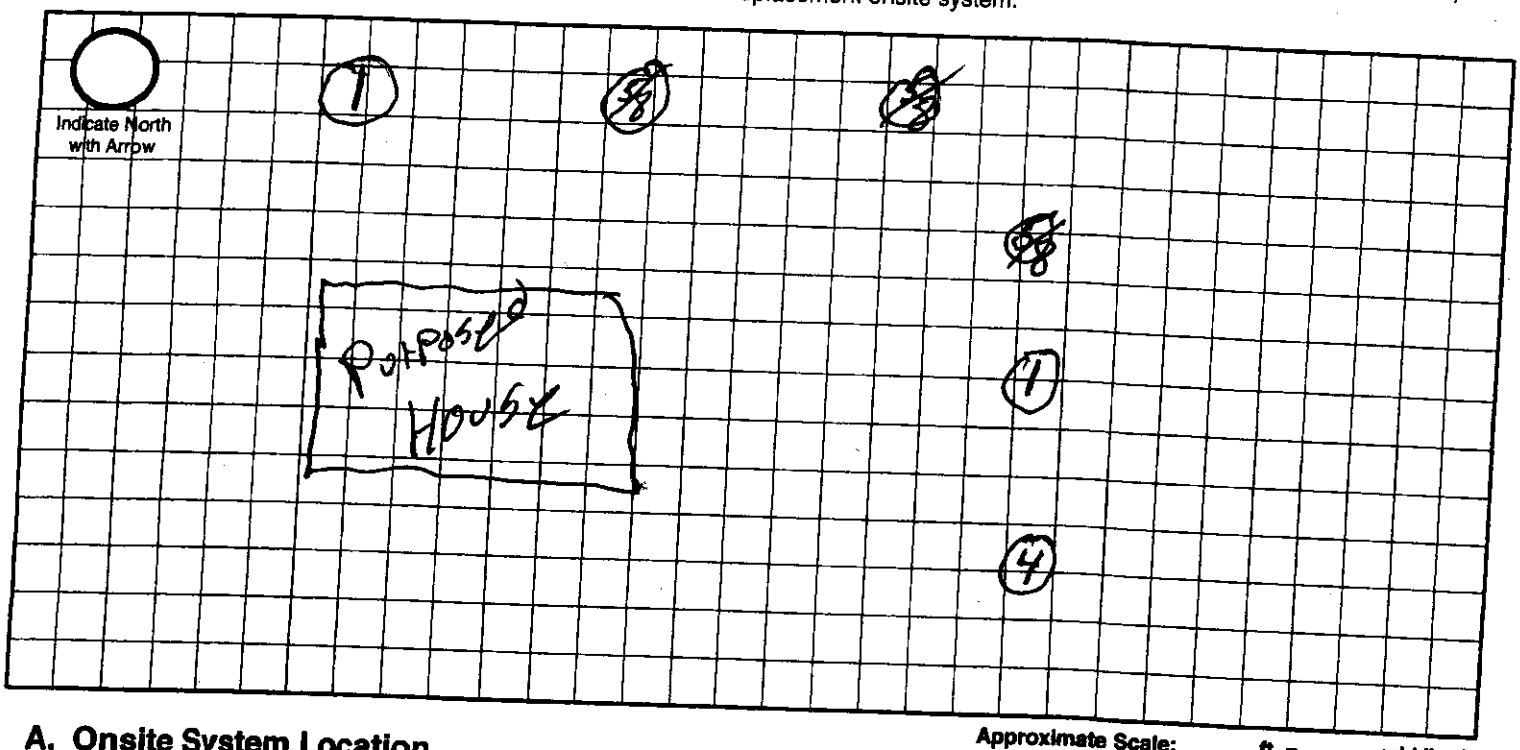
C

Permit Number: HS001691

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) _____ 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 (percoloation 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 _____

Installer _____ Date _____

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. HS001091

System Type: Standard

Situs: 1130 STONY RAPIDS BAY, LINCOLN, NE

Issued: 7/8/2015

Expires: 7/8/2016

Description: NORTHERN LIGHTS 11TH ADDITION, BLOCK 3, Lot 20

Owner: SEARS, KELLY E & CHRISTINE A
1130 STONY RAPIDS BAY
LINCOLN, NE 68505

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

KELLY SEARS
1130 STONY RAPIDS BAY
LINCOLN, NE 68505

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

D Exhibit 4

Permit Number:

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) 15845 Fox Run Rd, Bennet, Ne

Owner: Kelly Sears Address 15845 Fox Run Rd.

A. Wastewater Piping

1. Material: Sch - 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 122 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000 gal
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 300 ft.
   Pressure line 122 ft
   Property Line 103 ft.
   Foundation ____ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 100 + 25, South ft. South

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Purchase Many 32" Nards
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 125 ft. 150 ft. 150 ft. 31.5
4. Drainfield size: 1826 sq. ft.
5. Distance to:
   Well Natural water line 500 ft.
   Pressure line 100 ft.
   Property line 10 ft.
   Depth of Groundwater 8 ft

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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

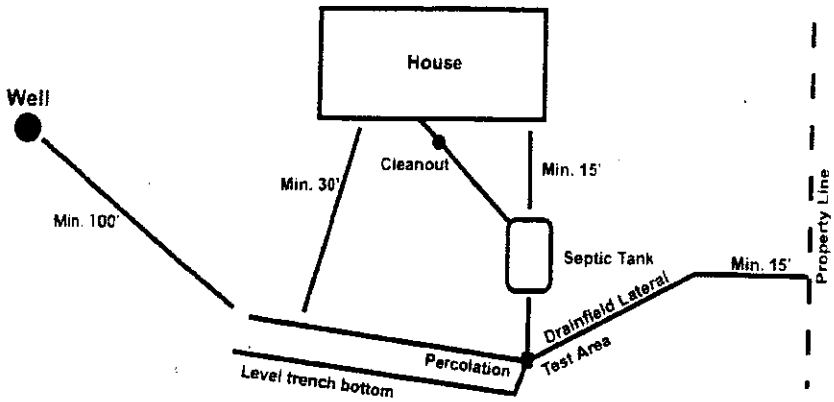
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Harry Maddock Date: 5-31-16

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

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 5-16-16 Legal Description ____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 15845 Fox Run Rd City Bennet NE, Zip 68317

Owner Kelly Sears Address 15845 Fox Run Rd,

A. Sewer Pipe

1. Material: Sch - 40
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 15 in.
3. Distance between dwelling and septic tank: 122 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 300 ft.
   stream — ft.
   pressure line — ft.
   property line 105 ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 0 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 300 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 103 ft.

C. ☐ Distribution Box ☒ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 6 ? 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 100 ft.

D. Drainfield Absorption

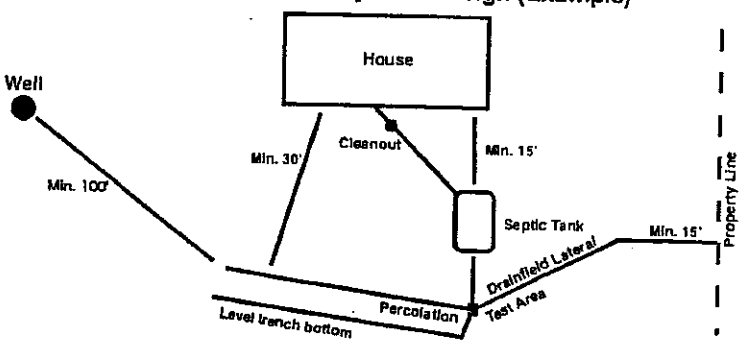
☒ Trench ☐ Bed ☒ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 32"
   Number of distribution lines in bed 4
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 4
   Length of each line: 125 ft. 150 ft.
   150 ft. 315 ft., ____ ft.
3. Drainfield dimensions: Width 4 ft.
   Distribution Pipe Slope 14 in/100 ft.
   Average depth 30 in
4. Filter material: Soil out of trench
   Depth of material 30 in.
5. Distances to: Well or suction line 400 ft.
   Pressure line — ft.
   Property line 10 ft.
   House or building 114 ft.
   Lake or Stream — ft.

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

Indicate North with Arrow

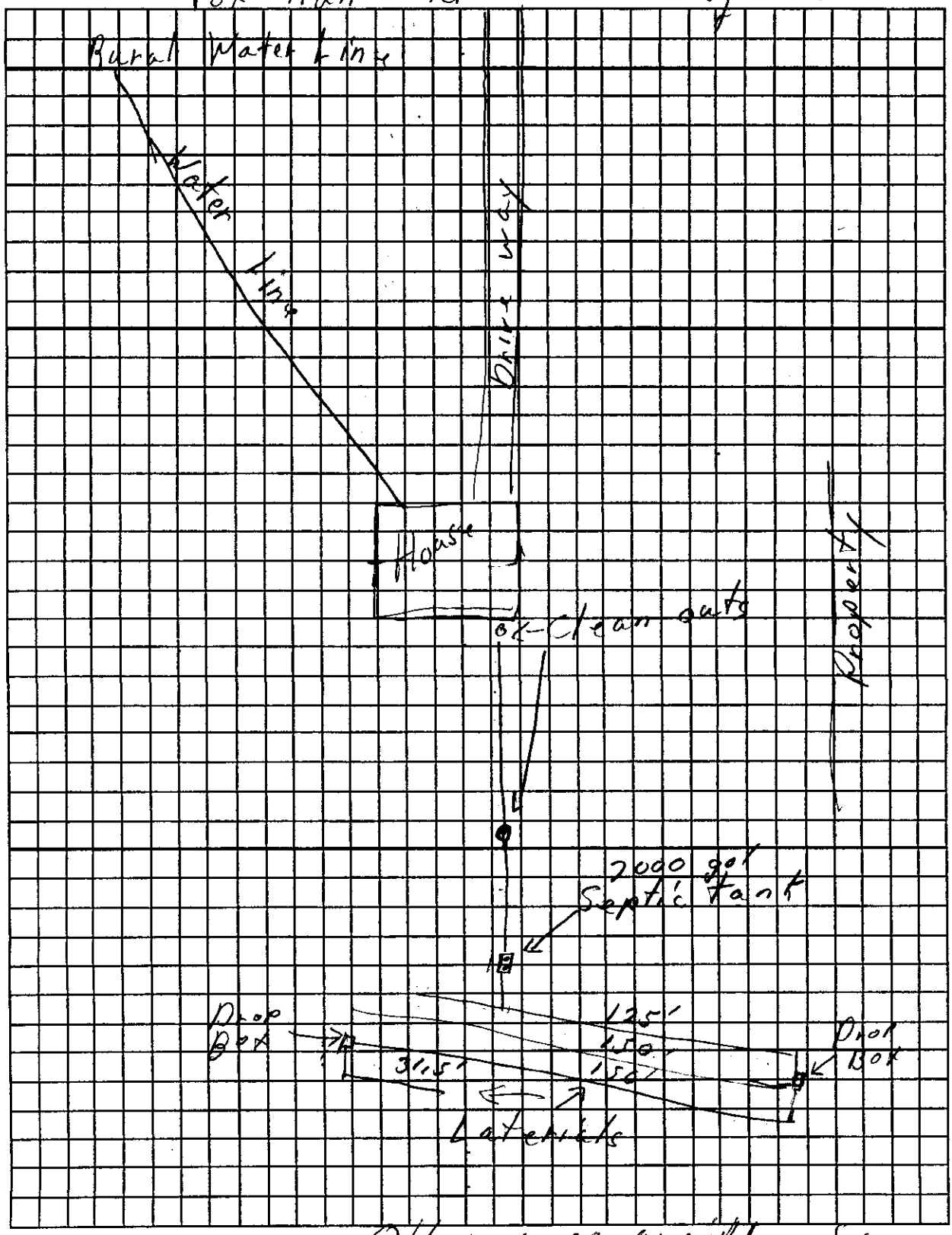
Onsite Wastewater System Design (Example)



↑ = North

Fox Run Rd

1 sq = 10'



Other area available for septic if needed

Property line South 300'

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

Exhibit 5

Permit Number: H5001491

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/20/16 Legal Description Fox Run 3rd Lot 3

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) _____ 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 _____ Sq. Ft. Tank Size 1000 gals

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

N/A

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ 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 _____

Lateral #1 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Inspections prior to Final Approval
Initial DH Date 5/4/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date _____

Comments:
Majority of systems covered prior to inspection & Rural Water supplied

Field Note Drawing (See Reverse Side):

Nate C. Hartman

From: Kelly Sears <searskellye@gmail.com>
Sent: Tuesday, July 07, 2015 5:22 PM
To: Nate C. Hartman
Subject: RE: Fox run Perk

Yes. Fox run, 3rd addition, lot 3. The lot is owned by a trust. The couple that developed it passed in the last year I guess.

On Jul 7, 2015 1:10 PM, "Nate C. Hartman" <nhartman@lincoln.ne.gov> wrote:

I want to make sure I have your information for your application correct..what is the legal description of your parcel? I have Fox Run 3rd Addition, Lot 3...please verify. Currently, I show that lot is in ownership of a Trust.

Please let me know as soon as possible.

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP

Senior Environmental Health Specialist

Water Quality Section

Lincoln-Lancaster County Health Department

(402) 441-8643 Fax (402) 441-3890

From: Kelly Sears [mailto:searskellye@gmail.com]
Sent: Monday, July 06, 2015 11:58 AM
To: Nate C. Hartman
Subject: Fox run Perk

Hi Nate

I was wondering if you were able to find out anything from Kevin Lewis about registering so that my paperwork can be sent?

Thanks

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

SCANNED

A

Permit Number
HSOD1091

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 15845 Fox Run (no rural route) City Lincoln, NE Zip 68505

Legal Description [illegible] Fox Run 3rd 3

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

PID 22-27,208,003 000

B. Owner

Name Kelly Sears Signature [signature]

Address 1130 Stony Rapids Bay City/State/Zip Lincoln, NE 68505

Home Phone 402 488 3732 Work Phone 402 525 6741

C. Certified Installer

Name: Kevin Lewis Signature [signature]

Address 4810 W Claire Ave City/State/Zip Lincoln Ne 68523

Work Phone 402 310 9160

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 4.66

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

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 7/8/15
Date frwd 7/8/15
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 7/9/15
Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 7-7-15
Date frwd 7-7-15
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blaugh

Installation Final Written Approval
By
Date 6/7/16

Business Office Use Only
Date Received 7-2-15 Amount Paid $375.00
Received By SB Cash/Check No. 1588

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

Fox Run Estates 3rd Add. lot 3

SCANNED

B

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

Permit Number: HS001091

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Date of Tests June 20 to June 21 Weather: Precipitation 0 Temperature 75°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	6-20	4:30	6-21	8:00	6-21	8:00	6	6-21	8:30	30	1/2	60
2	35	"	"	"	"	"	"	6	"	"	"	5/8	48
3	36	"	"	"	"	"	"	6	"	"	"	1	30
4	33	"	"	"	"	"	"	6	"	"	"	1/2	60
5	34	"	"	"	"	"	"	6	"	"	"	5/8	48
6	36	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: Mel Wagner
Phone: 402-432-5698
Address 4810 W. Clare Ave
Lincoln NE. 68523

Sum of Percolation Rates: 294 -
Average of Rates: 49 -
Rate Used for Calculation: 60 ✓

Soil type (NRCS Maps/Other) _____
Groundwater Depth Over 12ft.

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

SCANNED

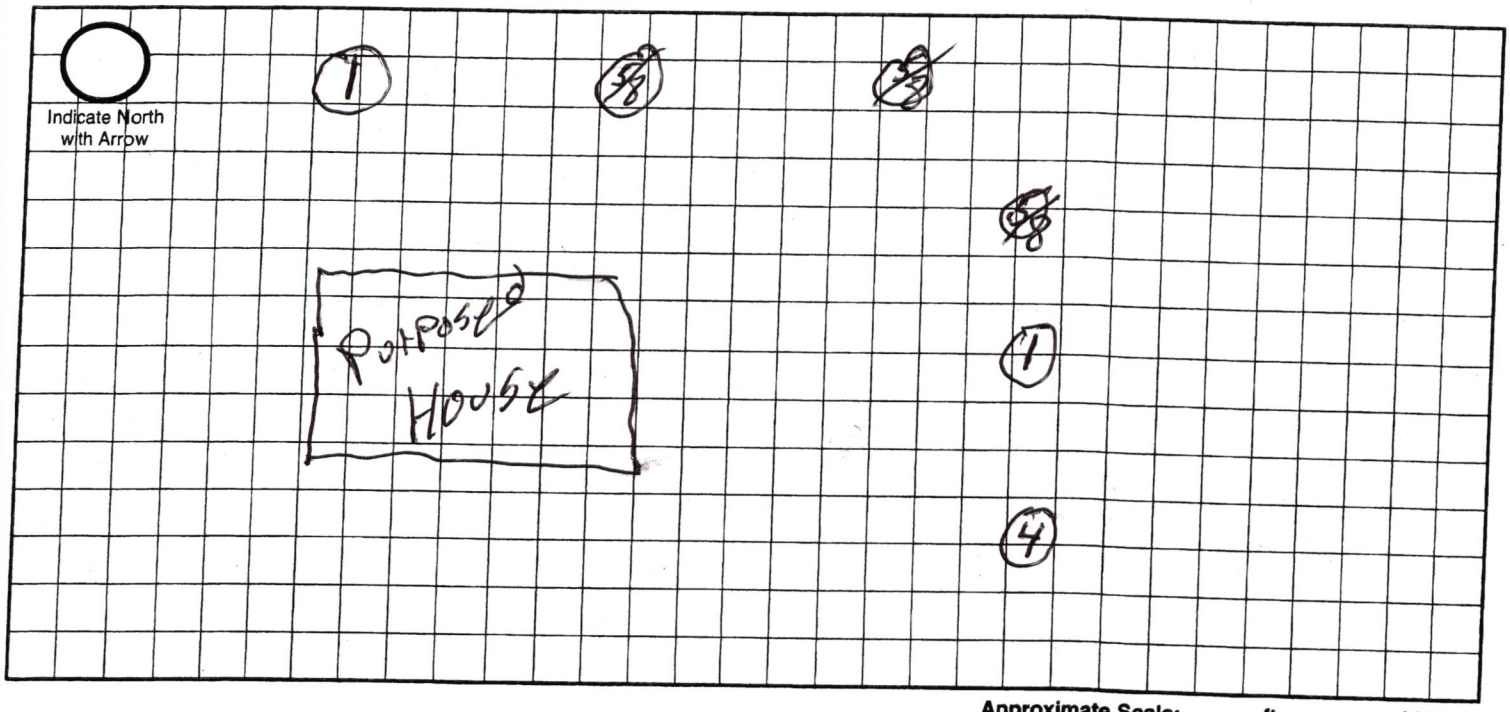
C

Permit Number: HS001691

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) _____ 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 (percoloation 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 _____

Installer _____ Date _____

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

SCANNED

D Exhibit 4

Permit Number:

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) 15845 Fox Run Rd, Bennet, Ne

Owner: Kelly Sears Address 15845 Fox Run Rd.

A. Wastewater Piping

1. Material: Sch - 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 122 ft.

B. Septic Tank

1. Material Concrete -
2. Capacity: 2000 gal -
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 300 ft.
   Pressure line 122 ft
   Property Line 103 ft.
   Foundation ____ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 100 + 35 ft. South, South

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Purchase Many 32" Nards
2. Number of Laterals: 4 -
3. Length of each lataral (linear): ft. 125 ft. 150 ft. 150 ft. 31.5
4. Drainfield size: 1826 sq. ft.
5. Distance to:
   Well natural water 100 ft. (line)
   Pressure line 100 ft.
   Property line 10 ft.
   Depth of Groundwater 8 ft

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: Harry Muldoon Date: 5-31-16

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

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

SCANNED

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 5-16-16 Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 15845 Fox Run Rd City Bennet NE, Zip 68137

Owner Kelly Sears Address 15845 Fox Run Rd,

A. Sewer Pipe

1. Material: Sch - 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 15 in.
3. Distance between dwelling and septic tank: 122 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 300 ft.
   stream — ft.
   pressure line — ft.
   property line 105 ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 0 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 300 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 103 ft.

C. ☐ Distribution Box ☒ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 6 & 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 100 ft.

D. Drainfield Absorption

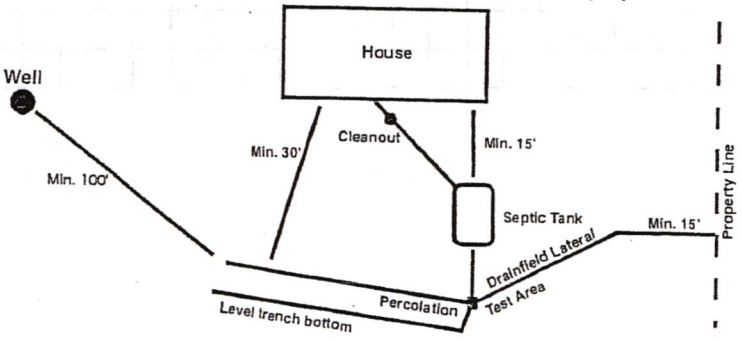
☒ Trench ☐ Bed ☒ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 32"
   Number of distribution lines in bed 4
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 4
   Length of each line: 125 ft. 150 ft.
   150 ft. 31.5 ft., _____ ft.
3. Drainfield dimensions: Width 4 ft.
   Distribution Pipe Slope 14 in/100 ft.
   Average depth 30 in
4. Filter material: Soil out of Trench
   Depth of material 30 in.
5. Distances to: Well or suction line 400 ft.
   Pressure line — ft.
   Property line 10 ft.
   House or building 144 ft.
   Lake or Stream — ft.

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

Onsite Wastewater System Design (Example)

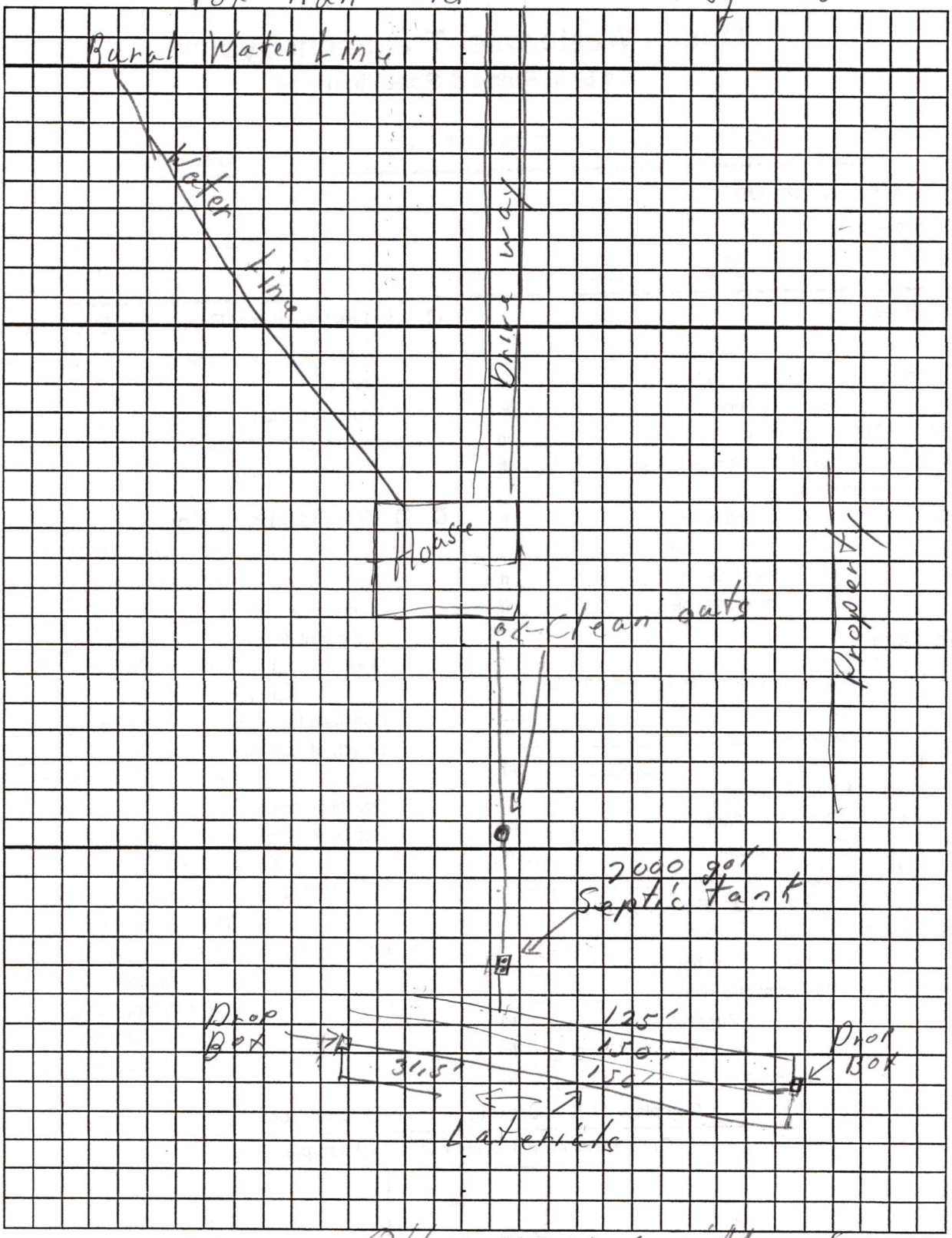
Indicate North with Arrow



↑ = North

Fox Run Rd

1 sq = 10'



Other area available for septic if needed

Property Line South ± 300'

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

SCANNED on 6/13/14

Exhibit 5

Permit Number: H5001691

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/20/16 Legal Description Fox Run 3rd Lot 3

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) X City V

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

See installer

Total square feet of drainfield Sq. Ft. Tank Size gals

Total length of laterals Type of Distribution ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) N/A

No. of Absorption Laterals Width No. of Drop Boxes 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

Lateral #1 N/D Lateral #3

Lateral #2 Lateral #4

Inspections prior to Final Approval
Initial DH Date 5/4/16

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By

Date 6/7/16

Comments:
Majority of systems covered prior to inspection & final water supplied

Field Note Drawing (See Reverse Side):

Updated 4/15