Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001108

System Type: Standard

Situs: 7541 BOONE TRL, RURAL, NE

Issued: 8/3/2015

Expires: 8/3/2016

Description: CLARENDON HILLS FIRST ADDITION, BLOCK 4, Lot 1, E PT (BEG AT POINT 159' ELY FROM NW CORNER LOT 1, THENCE SLY TO POINT BEING 310' NWLY FROM SE CORNER, THENCE SELY 310' TO SE

Owner: KEEDY, LOWELL D JR & MELINDA L
7541 BOONE TRL
LINCOLN, NE 68516

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

SOUTHWICK LIQUID WASTE INC
105 LOCUST STREET
HICKMAN, NE 68372

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

Exhibit 5

Permit Number: H500/108

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/3/15

Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 754 Goone Trl 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 N/A Sq. Ft. Tank Size 1500 gals

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

_____

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

Leveling Method Used _____

3 bedroom 4 plex
or

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/A

Lateral #1 N/A

Lateral #2 N/A

Lateral #3 N/A

Lateral #4 N/A

N/A

Comments:

Inspections prior to Final Approval
Initial MH Date 8/5/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 8/3/15

Field Note Drawing (See Reverse Side):