Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Submit correct fee with this Application

HS001111

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 1/3 mi. S of 426 & W. VAN DORN E. SIDE City DENTON, NE Zip 68339
(no rural route)

Legal Description LOT 16 IT 5 9N 5E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-05-100-002-000

B. Owner

Name Tom & SUSAN Williams Signature T. Williams

Address 17728 HARNEY ST. City/State/Zip OMAHA-NE 68118

Home Phone 402 391 5438 Work Phone 402-681-1897

C. Certified Installer

Name: Justyn L. Peterson Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

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 29.33
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 8/4/15
Date frwd 8/4/15

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

Business Office Use Only
Date Received 8-4-15 Amount Paid $375.00
Received By SB Cash/Check No. 15690

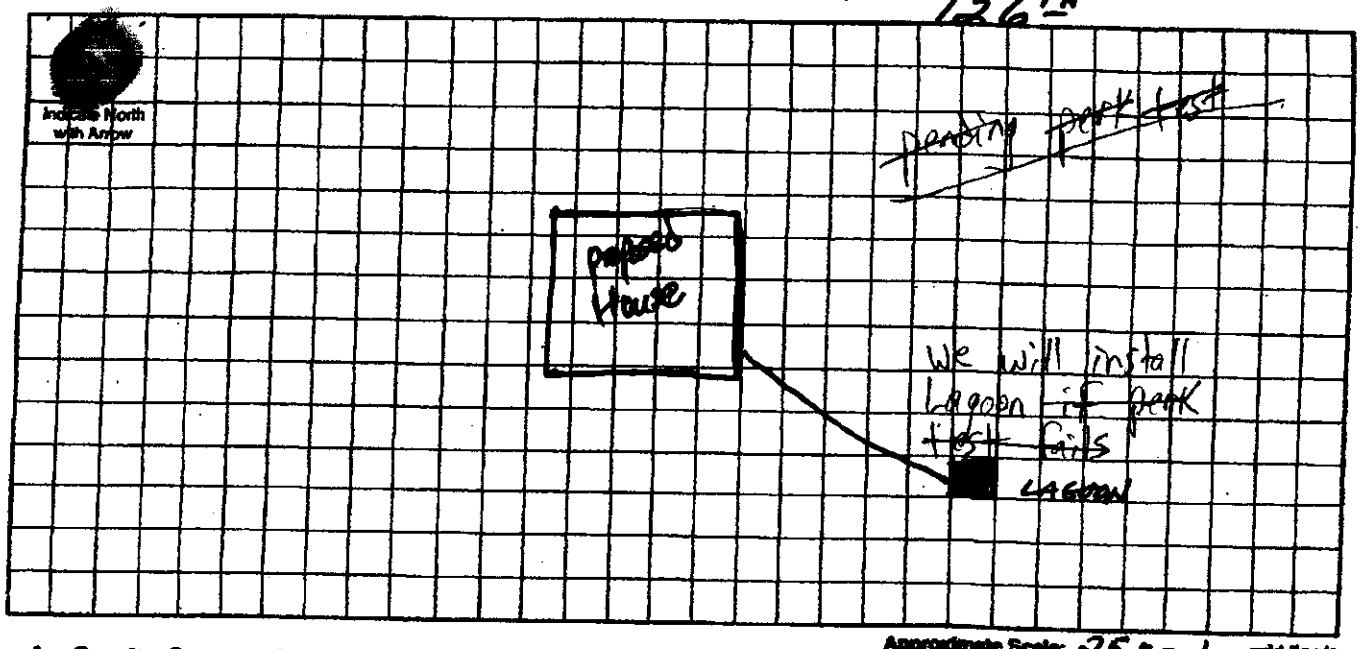
White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

1501
1503

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: 25 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) SEC 5 T9N R5E IT. 16 City DENTON NE, Zip 68339

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

OWNER PREFERS LAGOON

☐ Drainfield Absorption Area (percolation 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_____ Distrubition 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 MSR Inc - Martin Rousseau Date 7-31-15

Installer Earnest Well Drilling Inc. Date 7/30/15

Onsite Form C 12_06

Williams Residence

CONTRACTOR NE 30716

MSR INC
12301 W VAN DORN
DENTON NE 68339

Martin Rousseau

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. HS001111

System Type: Lagoon

Situs: No Site Address Specified

Issued: 8/6/2015

Expires: 8/6/2016

Description: S5, T9, R5, 6th Principal Meridian, LOT 16 NW

Owner: WILLIAMS, SUSAN M REVOCABLE TRUST
17728 HARNEY ST
OMAHA, NE 68118

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

MSR INC
12301 W. VAN DORN ST
DENTON, NE 68339

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

Exhibit 5

Permit Number: HS00 1111

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/10/15 Legal Description T9N R5E Sec 5

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3388 S 126th City Omaha

Owner Tom & Susan Williams Address 17228 Harney St

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: 1 trench covered, one in process of excavation JM

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield ~~1089~~ 1050 JM Sq. Ft. Tank Size 1250 gals

Total length of laterals 396.5 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width ~~3~~ 27" JM No. of Drop Boxes na Distribution Box 1

Leveling Method Used Lazer

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 na

Lateral #1 na Lateral #3 _____

Lateral #2 na Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial JM 11/10/15 Date _____

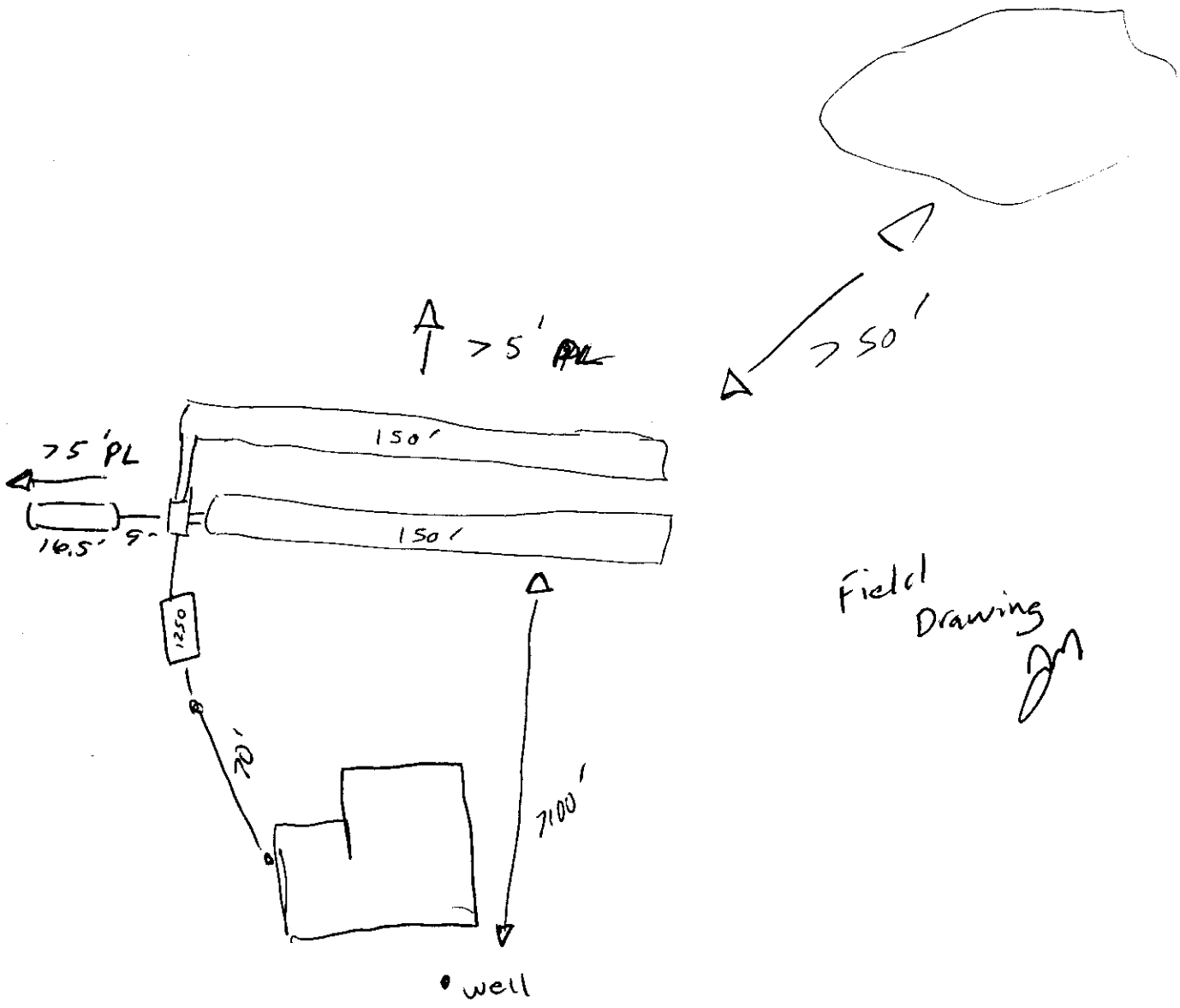
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Jim Mennie

Date 11/13/2015

Field Note Drawing (See Reverse Side):



Field Drawing

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Submit correct fee with this Application

Form A

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 1/3 mi. S of 426 & W. VAN DORN E. SIDE City DENTON, NE Zip 68339
(no rural route)

Legal Description LOT 16 IT 5 9N 5E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-05-100-002-000

B. Owner ☆

Name Tom & SUSAN Williams Signature T. Williams

Address 17728 HARNEY ST. City/State/Zip OMAHA-NE 68118

Home Phone 402 391 5438 Work Phone 402-681-1897

C. Certified Installer

Name: Justyn L. Peterson Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

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 29.77
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 8/5/15
Date frwd 8/5/15
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8-5-15
Date frwd 8-5-15
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8-5-15
Date frwd 8-5-15
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plowgh

Installation Final Written Approval
By
Date 10/13/2015

Business Office Use Only
Date Received 8-4-15 Amount Paid $375.00
Received By LB Cash/Check No. 15690

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

Form A Updated: 1/13

Nebraska DEQ
Print or Type

System Registration For Onsite Wastewater Treatment System - Septic System

Owner First Name | Initial | Last Name | Owner Phone Number

Susan M. Williams Revokable Trust
Business or Legal Entity Name (if applicable)

12301 W. Van Dorn Street | Denton | NE | 68339
Owner Mailing Address | City | State | Zip

3344 SW 126th
Physical address of system if different from owner's mailing address

Location: SW ¼ NW ¼ Section 5 Township 9 Range SE | *Legal description* County: Lancaster | OR *Geographical coordinates to 4 decimal points*: 40 46 46.82 Latitude / -96 53 26.18 Longitude

Mark One ☒ Dwelling ☐ Non-dwelling | Previous system registration number (if applicable) TS_____

Mark One
☒ New system ☐ Modification of existing system [☐ Tank only ☐ Trench only] ☐ Inspection only
☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow 400 gal/day # of Bedrooms* 3 Depth to seasonal high groundwater 121 feet
Percolation rate 44.78 min/inch Loamy sand liner installed* ☐ Yes ☒ No
Septic tank capacity 1250 gallons Septic tank Manufacture/ Model* Precast Concrete
☒ Garbage Grinder* ☐ Large capacity tub* Number of trenches 2 Width of trenches 36 inches
Total length of all trenches 300 feet Total effective trench bottom area 1,012.5 sq. ft.

Soil Absorption System Description **(Select one of the following):**
☒ Gravelless chambers without filter material (inside bottom width of chamber 27 inches)
Make and Model of chambers installed Infiltrator Quick 4 Standard
☐ Gravelless chambers with filter material (describe filter material _____)
Make and Model of chambers installed _____
☐ Pipe with filter material (describe filter material _____)
☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
☐ Gravelless pipe with filter material (describe filter material _____)
☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter _____ in.)
☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
☐ Other (describe) _____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Justin | L | Peterson | C1798
(*Print or Type*) First Name | Initial | Last Name | Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

11/11/15
Date of Inspection or Completion of Construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.
(*) Indicates item requested/ not required on registration

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Marty Rousseau (Contractor)
Address: _____
From Sw 126th & W. Van Dorn
½ mile South Eastside

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

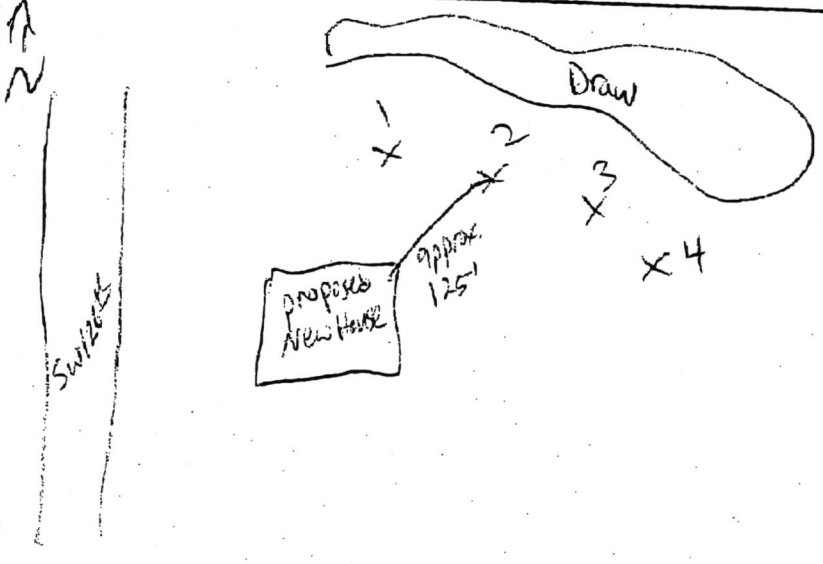
Dates of Tests: 8-8-15 to 8-9-15 **Weather:** Precip. Trace Temp. 60's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings						
		Start		End		Start			End		Results	
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)
1	36	8-8	11:00am	8-8	3:00pm	8-9	11:45am	6	12:15pm	5½	30	½
2	36	8-8	11:00am	8-8	3:00pm	8-9	11:45am	6	12:15pm	5	30	1
3	36	8-8	11:00am	8-8	3:00pm	8-9	11:45am	6	12:15pm	5½	30	½
4	36	8-8	11:00am	8-8	3:00pm	8-9	11:45am	6	12:15pm	5½	30	½

Sum of Water Level Drops (in.) [Column m]: 2
Average of Water Level Drops (in.) [Column m]: .67
~~Inches per Minute:~~ 44.78 MPI

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 372-235th Road
Milford, NE 68405
Phone: 402-641-6174
Signature: _____

SKETCH SHOWING HOLE LOCATION:



Square Feet of Lateral per Bedroom: 330

~~440 needed~~ 1,050 needed

1250 Tank

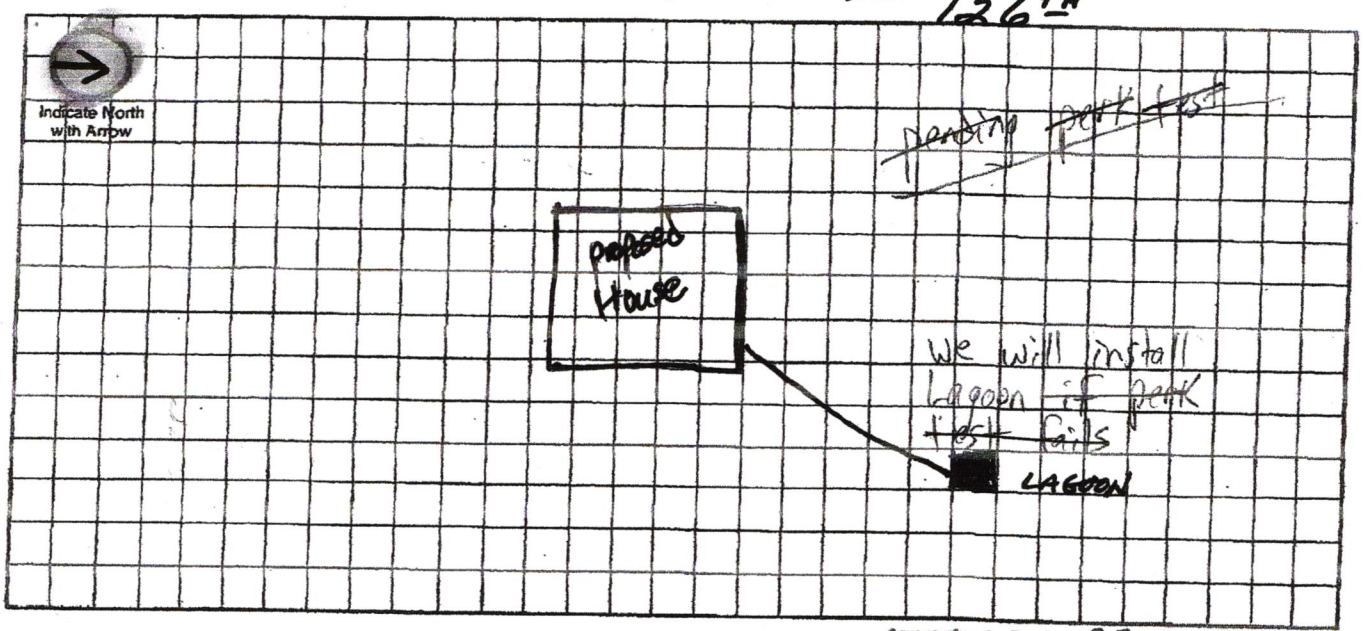
316'

~~3-150' runs~~

_____
Official's Signature

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: 25 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) SEC 5 T9N R5E IT. 16 City DENTON NE, Zip 68339

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

OWNER PREFERS LAGOON

☐ Drainfield Absorption Area (percolation 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 MSR INC - Martin Rousseau Date 7-31-15

Installer Earnest Well Drilling Inc. Date 7/30/15

Onsite Form C 12_06

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) 3388 SW 126th

Owner: Susan M. Williams Revocable Trust Address

A. Wastewater Piping

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

B. Septic Tank

1. Material Concrete
2. Capacity: 1250 gal.
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property Line 100+ ft.
   Foundation 50+ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft. East+

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard 27"
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 152' ft. 148' ft. 16 ft.
4. Drainfield size: 1066.5 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.
   Depth of Groundwater 121'

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

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

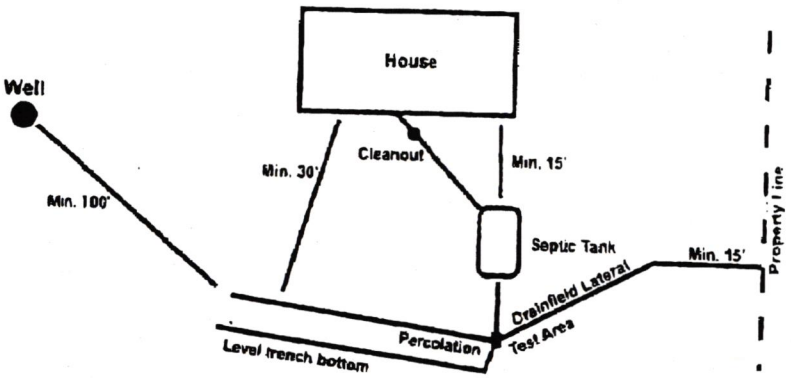
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Date: 11/10/15

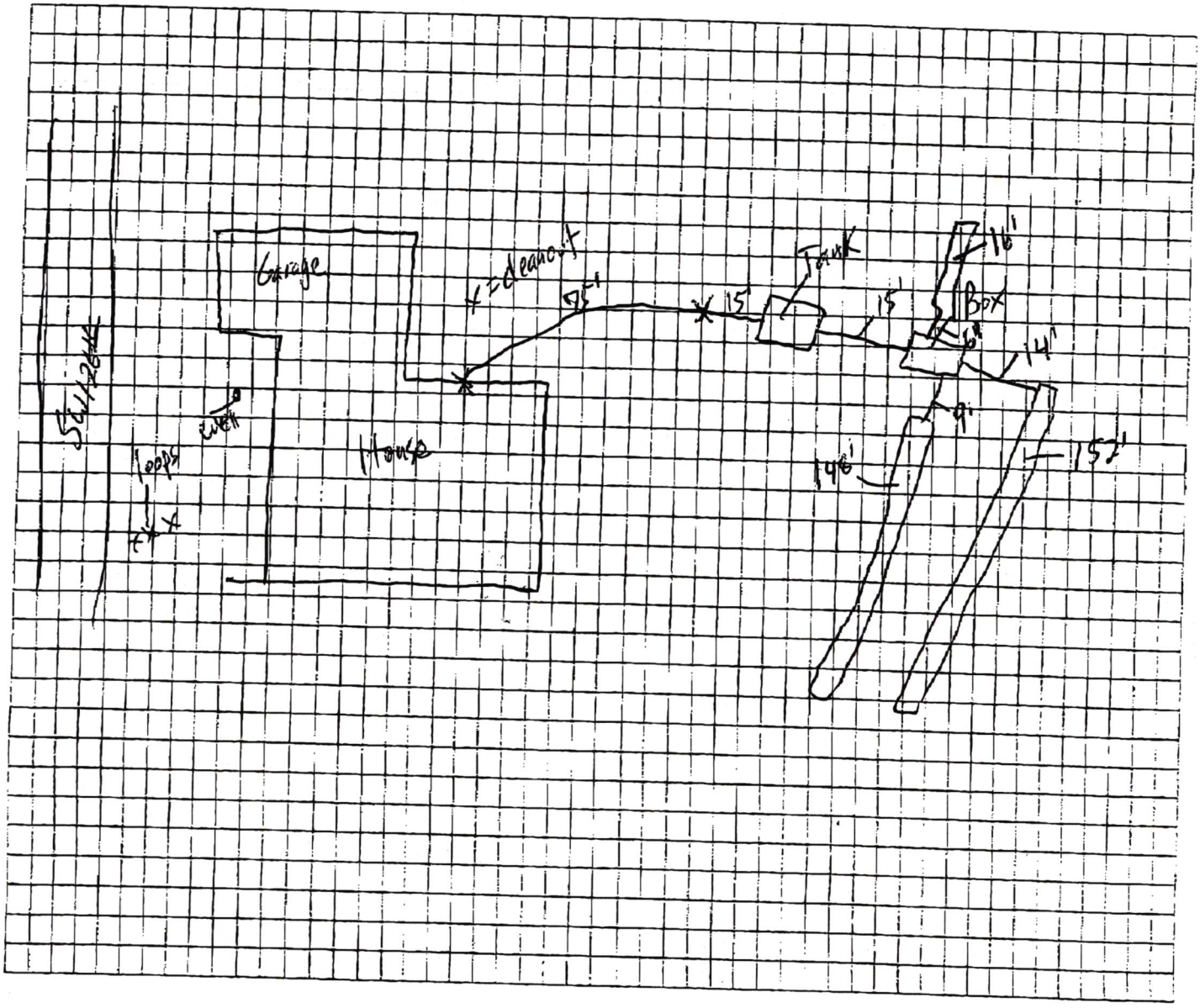
Complete As-Built drawing on the back of this form.

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: 402-441-8643

SCANNED

Exhibit 5

Permit Number: HS001111

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/10/15 Legal Description T9N R5E Sec 5

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3388 S 126th City Omaha

Owner Tom & Susan Williams Address 17728 Harney St

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: 1 trench covered, one in process of excavation JM

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield ~~1089~~ 1050 JM Sq. Ft. Tank Size 1250 gals

Total length of laterals 306.5 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width ~~3'~~ 2'7" JM No. of Drop Boxes na Distribution Box 1

Leveling Method Used Lazer

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 na

Lateral #1 na Lateral #3 _____

Lateral #2 na Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial JM 11/10/15 Date _____

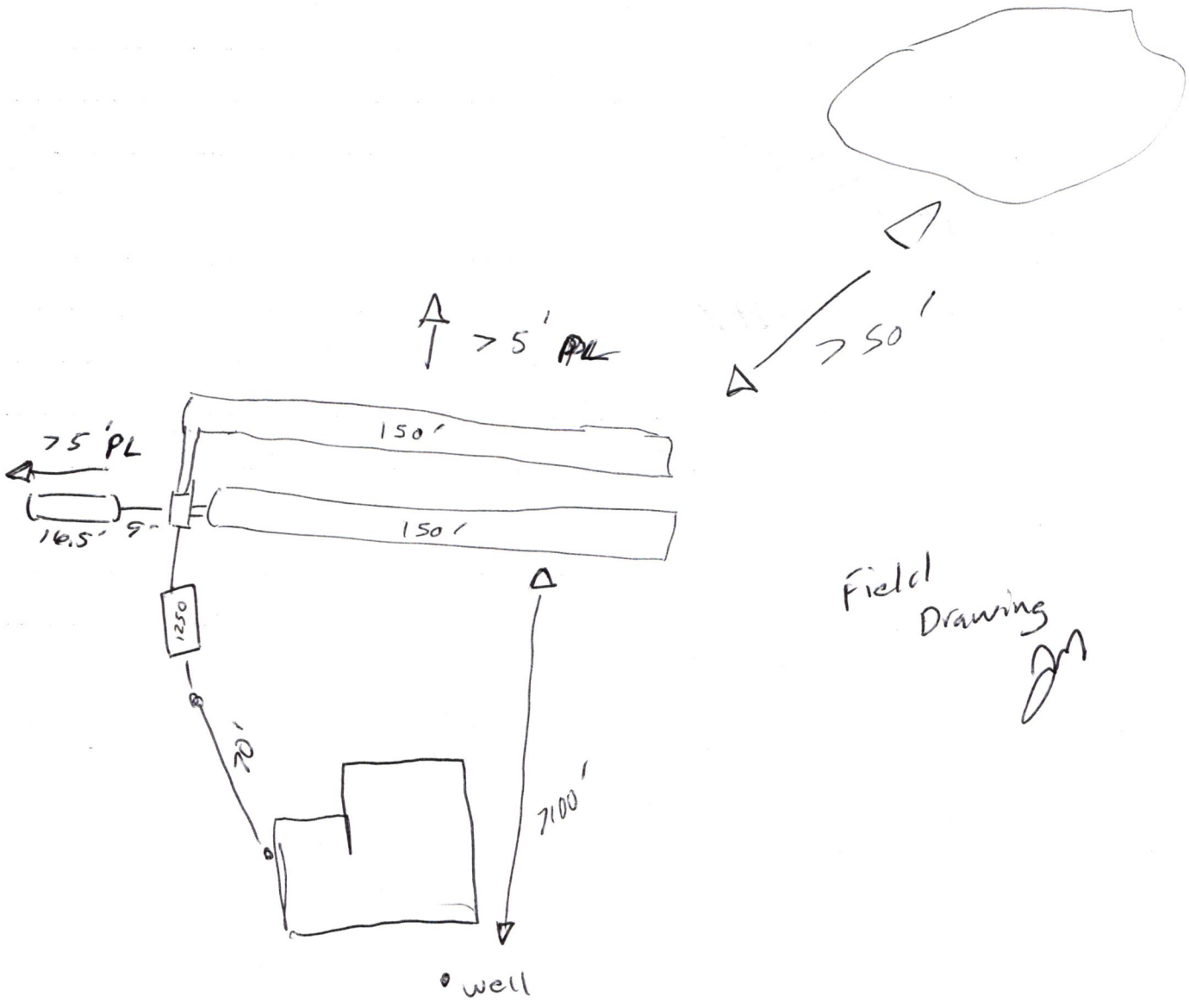
Follow-Up _____ Date _____

Follow-Up _____ Date _____

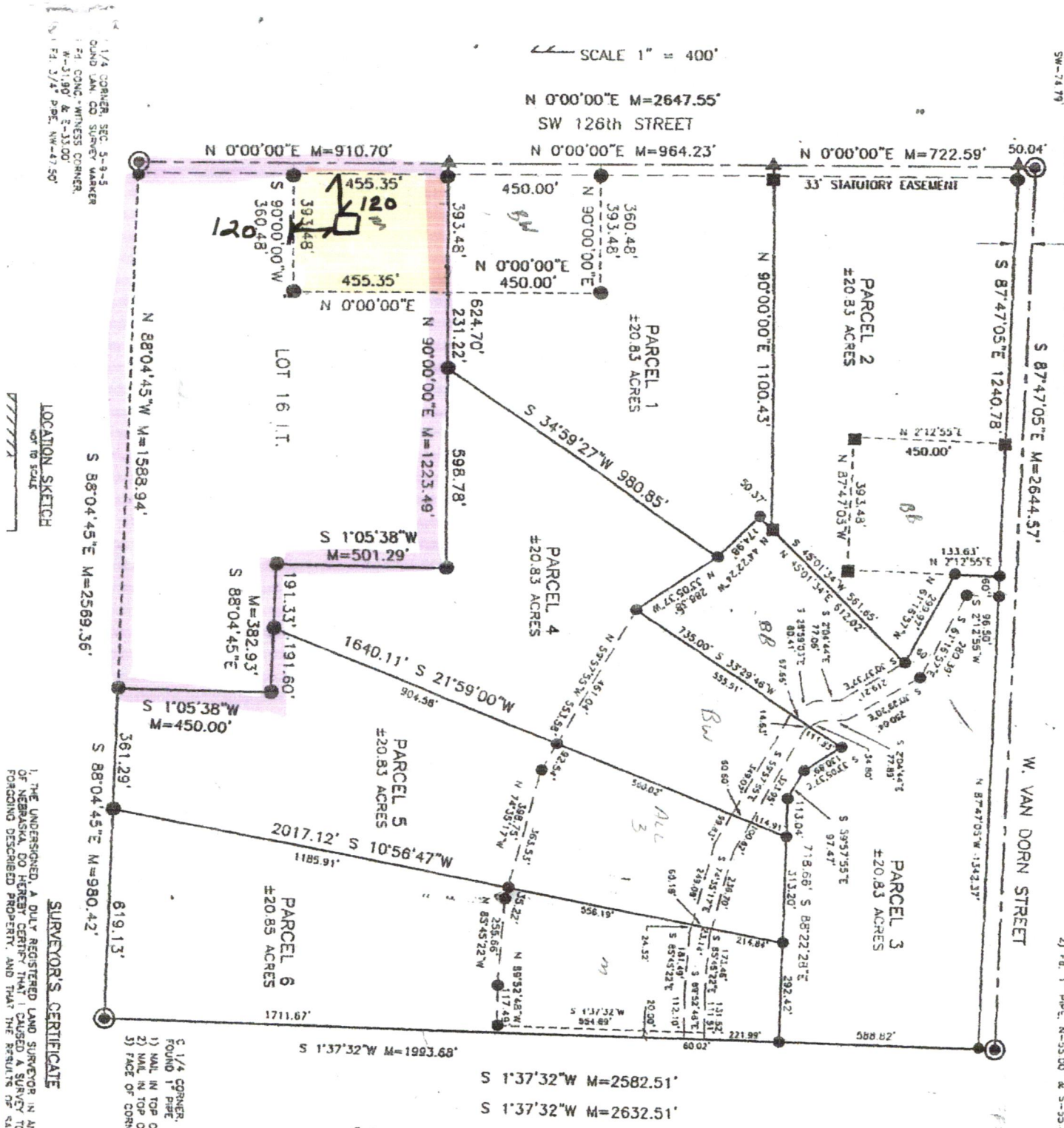
Installation Final Written Approval
By Jim Mennie

Date 11/13/2015

Field Note Drawing (See Reverse Side):



Field Drawing



SEC. 5, T 9 N, R 5 E
LANCASTER COUNTY, NEBRASKA

LOCATION SKETCH
NOT TO SCALE

SURVEYOR'S CERTIFICATE

I, THE UNDERSIGNED, A DULY REGISTERED LAND SURVEYOR IN AND FOR THE STATE OF NEBRASKA, DO HEREBY CERTIFY THAT I CAUSED A SURVEY TO BE MADE OF THE FOREGOING DESCRIBED PROPERTY, AND THAT THE RESULTS OF SAID SURVEY ARE TRULY

NEBRASKA REGISTERED

Williams Residence

CONTRACTOR NE 30716

MSR INC
12301 W VAN DORN
DENTON NE 68339

Martin Rousseau