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

A

Permit Number
HS001112

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 _____ EDGEVIEW ADDITION 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-28-110-004-000

B. Owner

Name ALAN GRELL GREEN LIGHT REALTY Signature _____

Address P.O. BOX 22785 City/State/Zip _____

Home Phone LINCOLN, NE 68542 Work Phone 402-430-0184

C. Certified Installer

Name: JAIME KUBIK Signature _____

Address 105 LOCUST ST P.O BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-275-2402

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 4 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 8-5-15 Amount Paid $375.00
Received By SB Cash/Check No. 2321701

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

Form A Updated: 1/13

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. HS001112

System Type: Lagoon

Situs: No Site Address Specified

Issued: 8/12/2015

Expires: 8/12/2016

Description: EDGE VIEW ADDITION, Lot 4

Owner: GREEN LIGHT REALTY LLC
ATTN: BROCK WAGNER, MEMBER
6646 S 86 ST
LINCOLN, NE 68526

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

GREEN LIGHT REALTY LLC
P O BOX 22785
LINCOLN, NE 68542

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

Exhibit 5

6/6 2/13/16

Permit Number: HS001112

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/22/16 Legal Description 28/8/6
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7820 W Luther Street City Martell

Owner Alan Grell Address PO Box 22785 Lincoln NE 68542

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 2200 Sq. Ft. Tank Size 2000 gals

Total length of laterals 110' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) Gravelless Chambers, filter material in the full width of each trench wrapped in geotextile burlap fabric.

No. of Absorption Laterals 4 Width 5' No. of Drop Boxes 4 Distribution Box 1

Leveling Method Used unknown

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 na

Lateral #2 na Lateral #4 na

Comments:

? →

Inspections prior to Final Approval
Initial JM Date 3/22/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

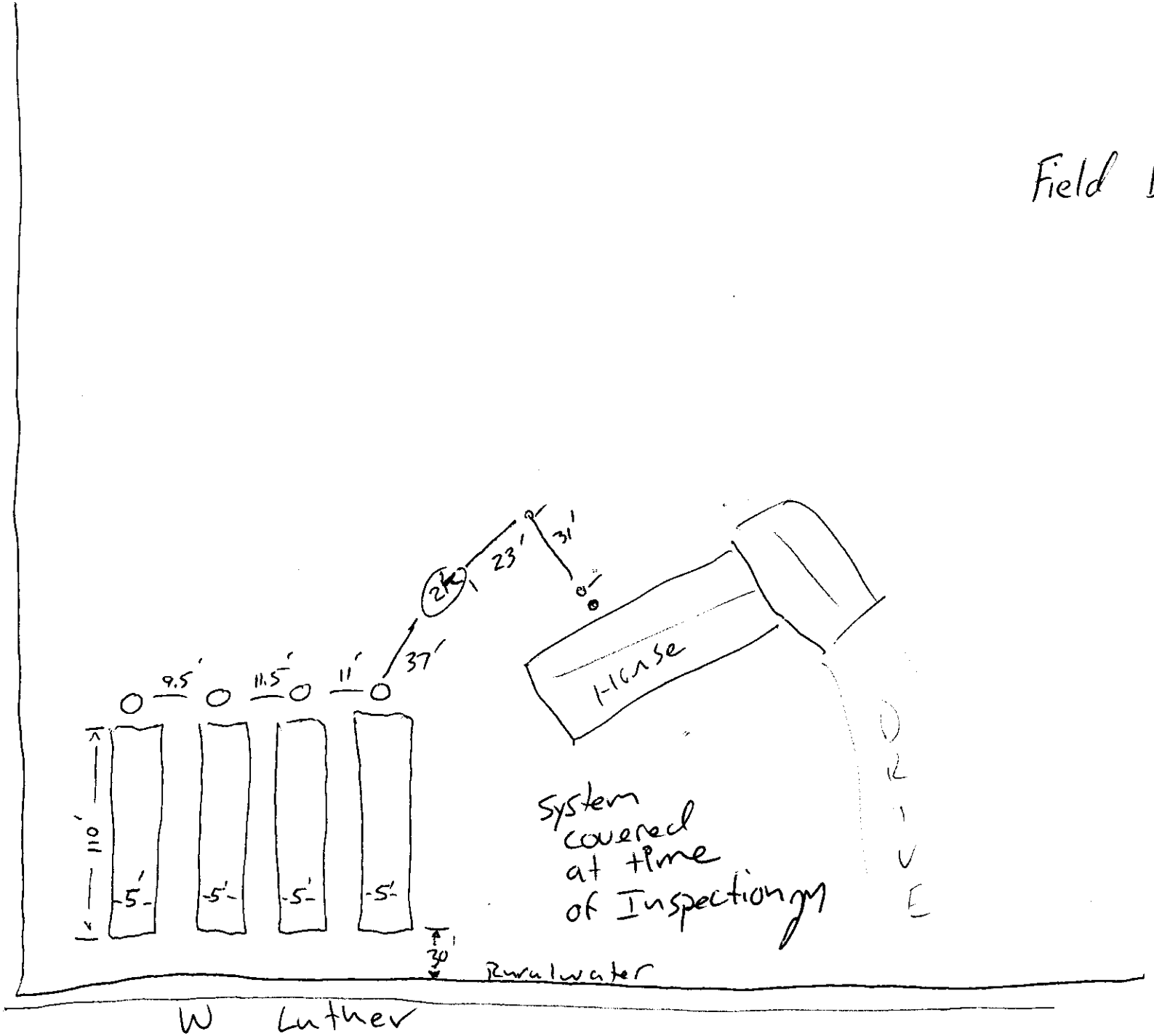
Date 7/5/16

Field Note Drawing (See Reverse Side):

Updated 4/15

N

Field Drawing



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

SCANNED

A

Permit Number
HS001112

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 28, 8, 6 EDGEVIEW ADDITION 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-28-110-004-000

B. Owner

Name ALAN GRELL GREEN LIGHT REALTY Signature _____

Address P.O. BOX 22785 City/State/Zip _____

Home Phone LINCOLN, NE 68542 Work Phone 402-430-0189

C. Certified Installer

Name: JAIME KUBIK Signature _____

Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3 3.05
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 3/22/16 jm
Comments _____
Date rec'd 8/12/15
Date frwd 8/12/15
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 3/25/2016

Business Office Use Only
Date Received 8-5-15 Amount Paid $375.00
Received By SB Cash/Check No. 2321703

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

Form A Updated: 1/13

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

SCANNED

A

Permit Number
HS001112

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 North-west 1/4 of Section 28 (no rural route) City Martell, NE Zip 68404

Legal Description 28 8 6 EDGEVIEW ADDITION 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-28-110-004-000

B. Owner

Name ALAN GREEN GREEN LIGHT REALTY Signature

Address P.O. Box 22785 City/State/Zip

Home Phone LINCOLN, NE 68542 Work Phone 402-430-0184

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 EAST ST P.O Box 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 4 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
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments Chairman of the Board - Village of Sprague
Date rec'd 8-6-2015
Date frwd 8-7-2015
ACTION ☑ Approved ☐ Disapproved
Signature Eugene Hillen

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 8-5-15 Amount Paid $375.00
Received By SB Cash/Check No. 2321701

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

Form A Updated: 1/13

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

PID: 08-28-110-004-000

Address LEGAL: EDGEVIEW ADDITION LOT 4 City MARTELL NE, Zip
(no rural route)

Owner GREEN LIGHT REALTY Address P.O. BOX 22785 LINCOLN, NE 68542

Date of Tests 10/1/15 to 10/2/15 Weather: Precipitation Ø Temperature 70°

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	30	10/1	3pm	10/2	9am	10/2	12:37pm	6	10/2	1:07pm	30	3/8	80
2	30	10/1	3pm	10/2	9am	10/2	12:37	6	10/2	1:07	30	1/2	60
3	30	10/1	3pm	10/2	9am	10/2	12:37	6	10/2	1:07	30	1/4	120
4	30	10/1	3pm	10/2	9am	10/2	12:37	6	10/2	1:07	30	5/8	48
5	30	10/1	3pm	10/2	9am	10/2	12:37	6	10/2	1:07	30	3/8	80
6	30	10/1	3pm	10/2	9am	10/2	12:37	6	10/2	1:07	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-440-7601e
Address 105 LOCUST ST
HICKMAN, NE 68372

Sum of Percolation Rates: 448
Average of Rates: 75
Rate Used for Calculation: NOT SUITABLE FOR CONVENTIONAL SEPTIC

Soil type (NRCS Maps/Other) 7Hole 0TOE Silty Clay Loam
Groundwater Depth > 12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

Nebraska Department of Environmental Quality

Construction Permit No. 16OWT001

is hereby issued to

Alan Green

For

Green Light Realty

for the

500 Gallon per Day Onsite Wastewater Treatment System

Description:

System incudes a 1,500 gallon septic tank, discharging to a soil absorption system consisting of four trenches of gravelless chambers. Each trenches shall be 100 feet long, and five feet wide. The system is to include filter material in the full width of each trench, wrapped in geotextile fabric. Minimum required total soil absorption system area is 2,000 s.f., based on the design percolation rate of 120 mpi.

located at

7820 West Luther Street, Martell, NE 68404
NW ¼, NW¼, Sec. 28, T08N, R06E
Lancaster County

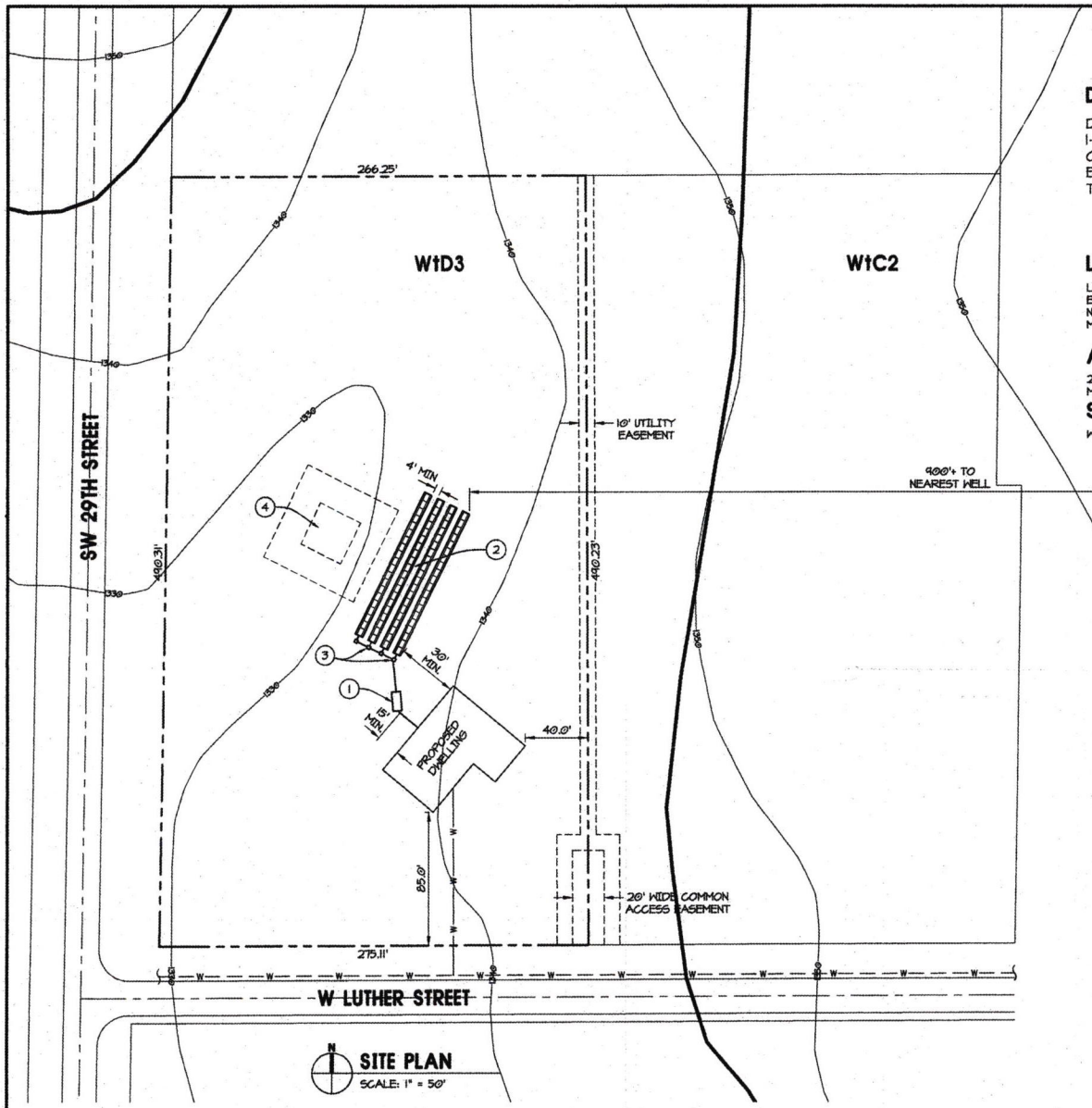
Pursuant to a Delegation Memorandum dated December 28, 2015, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed February 1st 2016

Steven M. Goans, Deputy Director - Water

20160009097

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186, Fax (402) 471-2909, e-mail Pubinfo@mail.deq.state.ne.us



N

SITE PLAN
SCALE: 1" = 50'

DIAL BEFORE YOU DIG

DIAL BEFORE YOU DIG. CALL 1-800-331-5666 FOR LOCATION OF UNDERGROUND TELEPHONE, ELECTRIC, GAS MAINS, CABLE TELEVISION, AND CITY UTILITIES.

LEGAL DESCRIPTION:

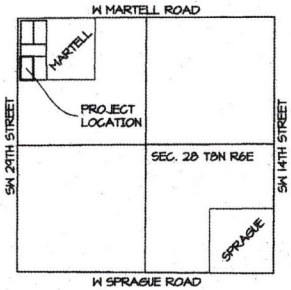
LOT 4 (3.05 ACRES)
EDGE VIEW ADDITION
NW 1/4 NW 1/4 SECTION 28 T8N R6E
MARTELL, LANCASTER COUNTY, NEBRASKA

ADDRESS:

2820 WEST LUTHER STREET
MARTELL, NE 68404

SOIL TYPE:

WYMORE SILTY CLAY (W1D3)



N

VICINITY MAP
NOT TO SCALE

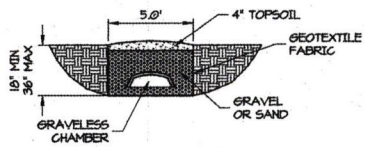
GENERAL NOTES:

1. ALL WORK SHALL CONFORM TO TITLE 124 - RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS AND MAINTENANCE OF ON-SITE WASTEWATER TREATMENT SYSTEMS.
2. THE ON-SITE WASTEWATER TREATMENT SYSTEM SHALL BE INSTALLED BY A CERTIFIED ON-SITE WASTEWATER PROFESSIONAL.
3. IT MAY BE NECESSARY TO ADJUST THE ORIENTATION OF THE LATERALS SO THAT THE MINIMUM (1.5FT) AND THE MAXIMUM (3.0FT) DEPTHS ARE NOT EXCEEDED.
4. 100'-150' LONG LATERALS SHALL BE CONSTRUCTED IN ACCORDANCE WITH "NDEQ TITLE 124 - 14.002".
5. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR USE AND ENSURE THAT NO MORE THAN 500 GALLONS PER DAY IS BEING USED.
6. THE NEAREST REGISTERED DOMESTIC WATER WELL IS 900'± FROM THE PROPOSED SYSTEM.

CONSTRUCTION NOTES

1. INSTALL NEW 1,500 GALLON SEPTIC TANK W/ EFFLUENT FILTER
2. LATERAL FIELD: 4 @ 5' X 100', SEE DETAILS
3. DROP BOXES
4. BACKUP: REPLACEMENT AREA FOR FUTURE LAGOON

RECEIVED
JAN - 4 2016
Nebraska Dept of Environmental Quality
By: DEQ#195



LATERAL SECTION
SCALE: 1" = 5'

Pollution Control Project
16 OWT 001
Nebraska DEQ
1-28-2016
APPROVED

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10
STATE OF NEBRASKA
12/29/15

COPY

29 DEC 2015

2820 WEST LUTHER STREET
ON-SITE WASTEWATER TREATMENT SYSTEM
MARTELL, NEBRASKA

SITE PLAN

Design Associates
ARCHITECTS • ENGINEERS • PLANNERS
PERSHING SQUARE 1600 "N" STREET LINCOLN, NEBRASKA 68508
VOICE 402-474-3000 office@DesignAssociates.com FAX 402-474-4040

C-1

2016.010.1093

Onsite Wastewater Treatment System
As-Built Description and Drawing

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

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID): 08-28-110-004-000

Owner: Green Light Realty Address: 2820 W Luter

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 45 ft.

B. Septic Tank

1. Material: Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   - Well: NA ft.
   - Pressure line: +25 ft
   - Property Line: +25 ft.
   - Foundation: ft.

C Distribution Box or Drop Box

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

D. Drainfield/Absorption Field

☐ Trench ☒ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 plus in 5' gravel bed
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 100 ft. 100 ft. 100 ft. 100
4. Drainfield size: _____ sq. ft.
5. Distance to:
   - Well: NA ft.
   - Pressure line: +25 ft.
   - Property line: +30 ft.
   - Depth of Groundwater: +12

10 ft 7/5/16

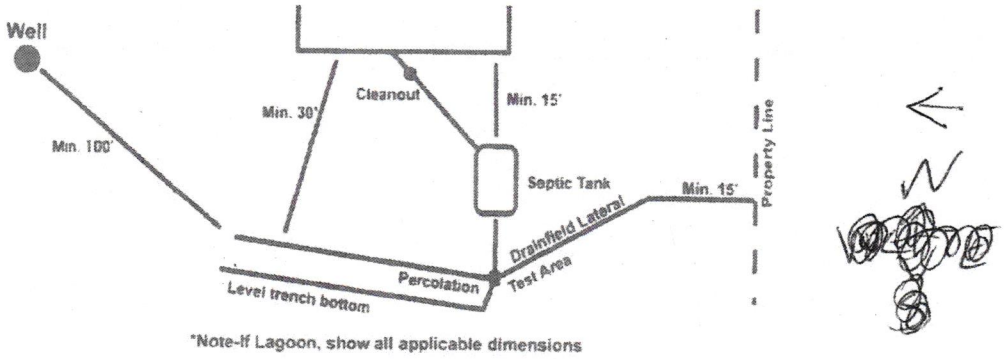
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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

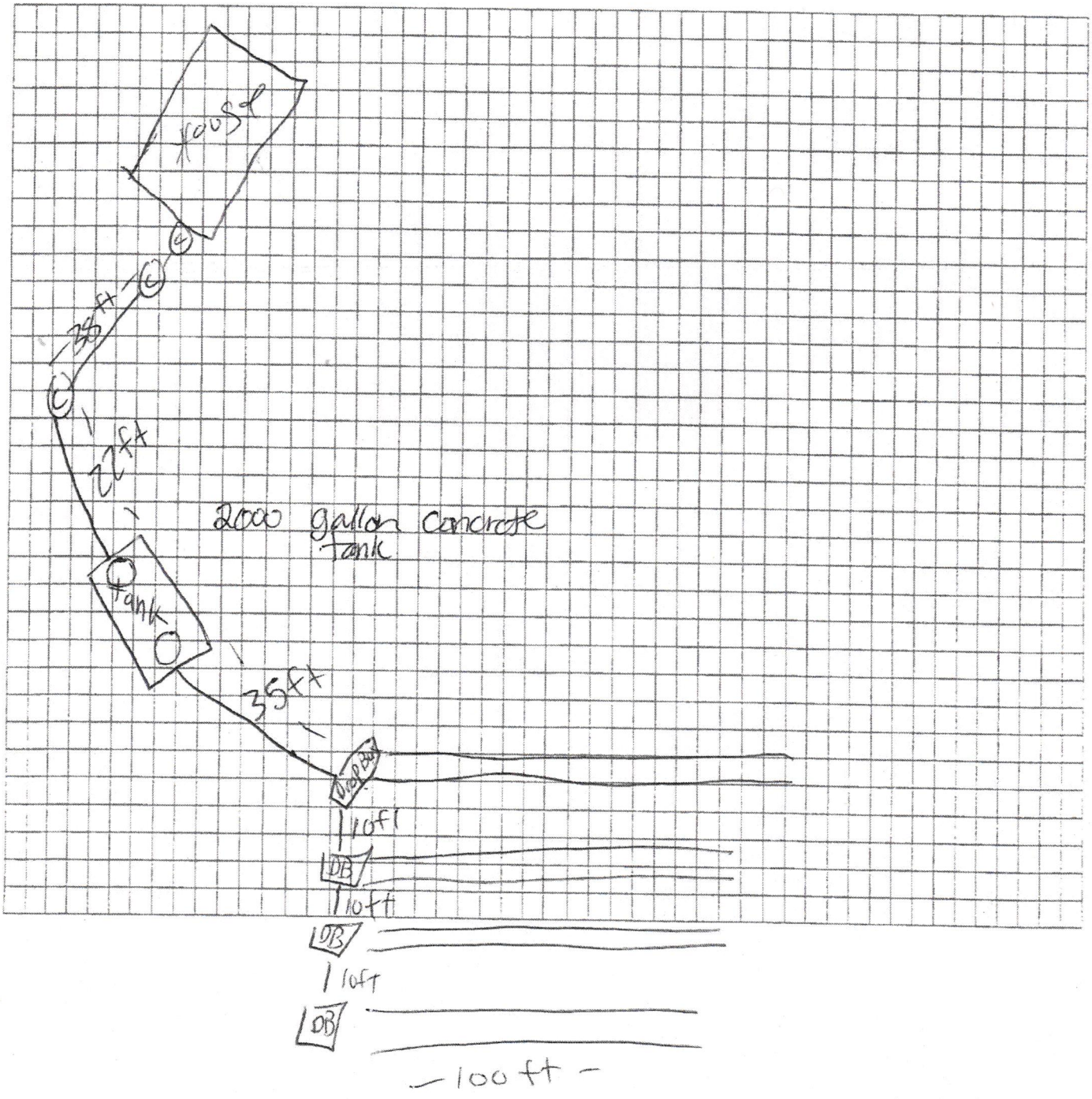
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jason Waite Date: 6/30/16

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



*Note-If Lagoon, show all applicable dimensions



5' wide gravel beds with plastic chamber lateral wrapped in geotextile fabric