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

A

Permit Number HS001124

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 8331 SW 98th (no rural route) City DENTON, NE Zip 68339

Legal Description 21 9 5 SB 15

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot
		21	9	5 SB				15

PID 03-21-400-014-000 SB

B. Owner

Name NORMAN PORATH Signature [signature]

Address 833 SW 98th City/State/Zip DENTON

Home Phone 402-797-2287 ~~Work~~ Phone 402-615-0938

C. Certified Installer

Name: Melvin Gagner Signature

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

Work Phone 402-432-5698

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

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

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 8-25-15 Amount Paid $375.00
Received By SB Cash/Check No. 79609

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

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

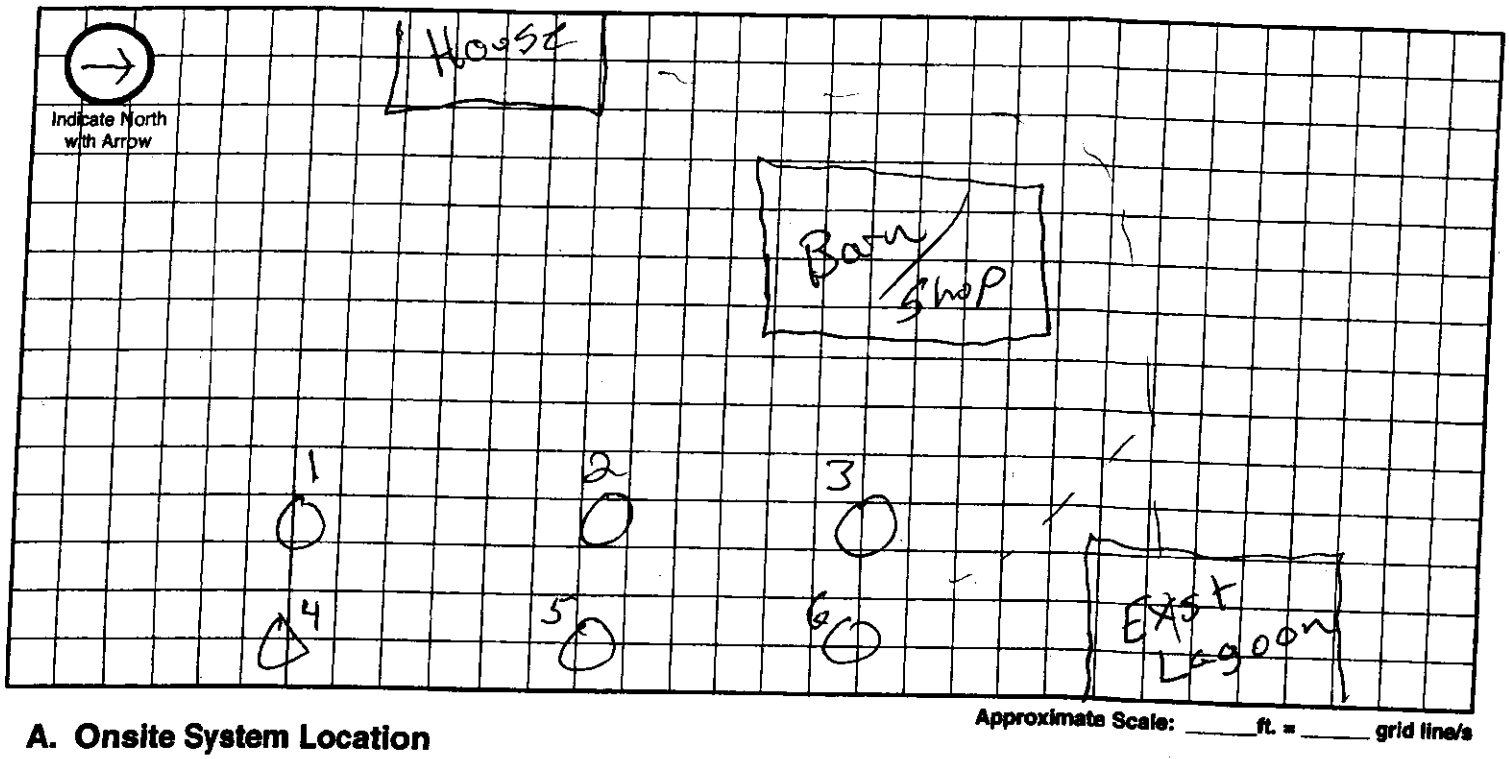
C

Permit Number: HSO 01124

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. 1,500 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 24 (min/inch = mpi) No. of Bedrooms 4 Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,000 sq.ft. 3.66 @ per Mel

Total length of laterals 273.25 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 8-24-15

Installer Mel Hagen Date

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

B

Permit Number: HS001124

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

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

Owner _____ Address _____

Date of Tests 8-7-15 to 8-8-15 Weather: Precipitation 0 Temperature 94°

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	33	8-7	8 Am	8-8	3:30	8-8	3:30	6	8-8	4:00	30	1¼	~~30~~ 24
2	34	"	"	"	"	"	"	6	"	"	"	1½	20
3	36	"	"	"	"	"	"	6	"	"	"	2	15
4	36	"	"	"	"	"	"	6	"	"	"	1	30
5	33	"	"	"	"	"	"	6	"	"	"	1	30
6	32	"	"	"	"	"	"	6	"	"	"	1½	20
								6					
								6					

Person Conducting Percolation Test

Name: Mel Gaynor
Phone: 402 432 5698
Address: 4810 W Cliff Ave
Lincoln NE 68523

Sum of Percolation Rates: 195
Average of Rates: 24.16
Rate Used for Calculation: _____

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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001124

System Type: Lagoon

Situs: 8331 SW 98 ST, RURAL, NE

Issued: 8/31/2015

Expires: 8/31/2016

Description: S21, T9, R5, 6th Principal Meridian, LOT 15 SE

Owner: PORATH, NORMAN E & KATHLEEN A
8331 SW 98 ST
DENTON, NE 68339

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

GAGNER CONSTRUCTION COMPANY
4810 W CLAIRE AVE
LINCOLN, NE 68523

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

SCANNED

A

Permit Number
HS001124

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 8331 SW 98th (no rural route) City DENTON, NE Zip 68339

Legal Description 21 9 5 SB 15

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

PID 03-21-400-014-000 SB

B. Owner

Name NORMAN PORATH Signature [signature]

Address 833 SW 98th City/State/Zip DENTON

Home Phone 402-797-2287 Work Phone 402-615-0938

C. Certified Installer

Name: MELVIN EAGNER Signature [signature]

Address 4810 W CLAIRE AVE City/State/Zip LINCOLN NE 68523

Work Phone 402-432-5698

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

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

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 8/31/15

Date frwd 8/31/15

ACTION ☐ Approved ☐ Disapproved

Signature [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 [signature]

Date 8/22/15

Business Office Use Only

Date Received 8-25-15 Amount Paid $375.00

Received By SB Cash/Check No. 7969

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

SCANNED

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

B

Permit Number: HS001124

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

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

Owner _____ Address _____

Date of Tests 8-7-15 to 8-8-15 Weather: Precipitation 0 Temperature 94°

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	33	8-7	8 Am	8-8	3:30	8-8	3:30	6	8-8	4:00	30	1¼	~~30~~ 24
2	34	"	"	"	"	"	"	6	"	"	"	1½	20
3	36	"	"	"	"	"	"	6	"	"	"	2	15
4	36	"	"	"	"	"	"	6	"	"	"	1	30
5	33	"	"	"	"	"	"	6	"	"	"	1	30
6	32	"	"	"	"	"	"	6	"	"	"	1½	20
								6					
								6					

Person Conducting Percolation Test

Name: Mel Gagner
Phone: 402 432 5698
Address: 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 145
Average of Rates: 24.16
Rate Used for Calculation: _____

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

ANNED

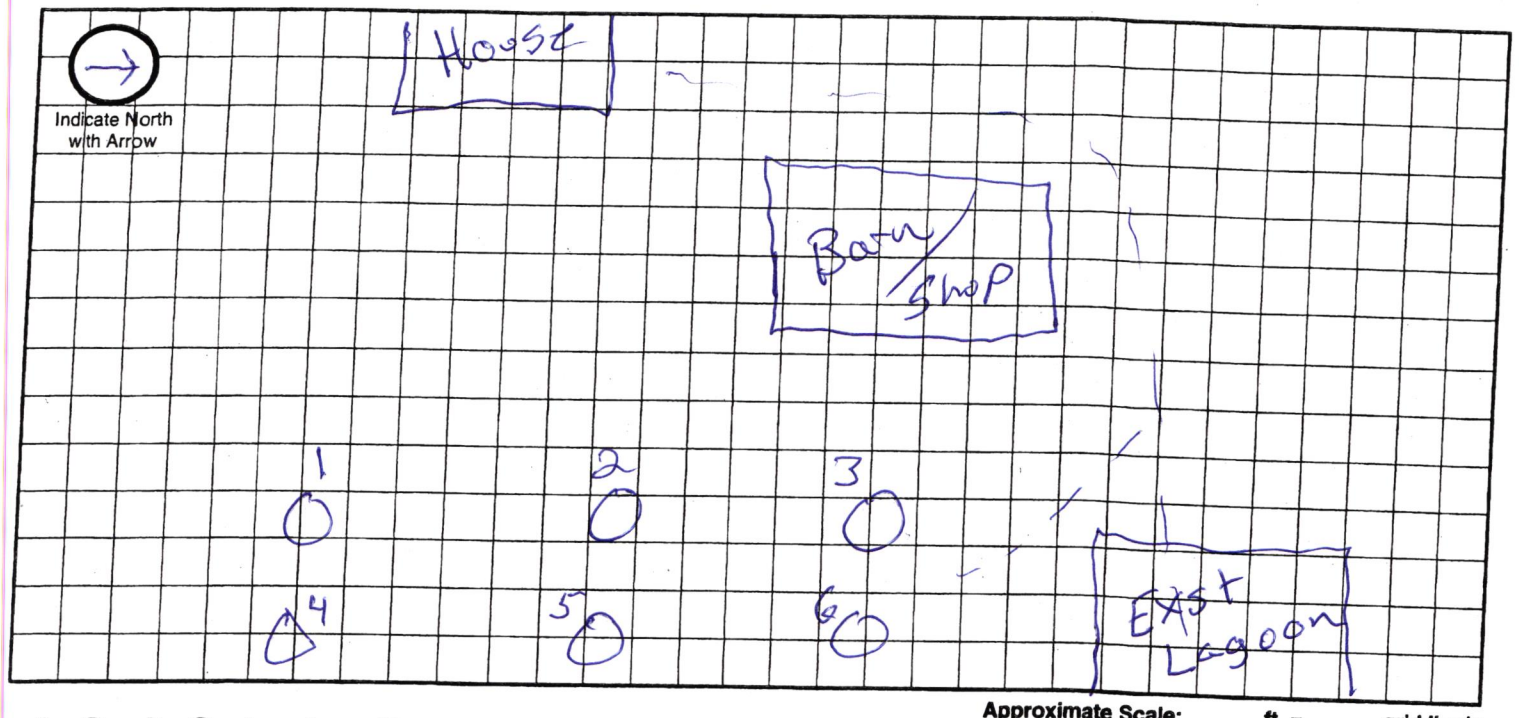
C

Permit Number: HSO 01124

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. 1,500 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 24 (min/inch = mpi) No. of Bedrooms 4 Soil Type _____ Land Slope _____ %

❑ Trench ❑ Bed ❑ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,000 sq.ft. 3.66 a Per Mel

Total length of laterals 273.25 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 8-24-15

Installer Mel Sage Date



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Sep 17, 2015

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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

Exhibit 5

Permit Number:

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/17/15

Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 8331 SW 98 City Denton

Owner Norman Porath Address 8331 SW 98

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 989 Sq. Ft. Tank Size 1500 gals

Total length of laterals 273 Type of Distribution: ☑ Chamber ❑ Perforated Pipe ❑ Other (describe)_____

No. of Absorption Laterals 3 Width 29" No. of Drop Boxes 8 Distribution Box _____

Leveling Method Used Laser

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:

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date _____

Field Note Drawing (See Reverse Side):