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

A

Permit Number HS001155

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 12327 Saltillo Rd (no rural route) City Bennett, NE Zip 68317

Legal Description 2 T8 R8 36

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

PID 21-02-200-003-000 SB

B. Owner

Name Jan Bruss Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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 0 Whirlpool Bathtub? ❑ Yes ❑ No Total Acres

Garbage Grinder? ❑ Yes ❑ No

☒ Commercial Establishment/Other Facility Specify Garage Design flow in gallons per day 200

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

Date frwd

Comments

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 10-22-15 Amount Paid $385.00

Received By SB Cash/Check No. 9691

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

Form A Updated 1/13

Engineering Surveying
6307 OAKCREST PLAZA, OMAHA, NEB. 68137 891-0854

SOIL ABSORPTION TEST DATA REPORT

Property Where Soil Tested:
Owner: Ivan Bruss Address: 17372 Saltillo Rd Bennet

Location: Property Dimensions: X Lot Size:
(attach sketch of property showing hole location)

Soil Type:
Silty Clay ☐ Silty Clay Loam ☑ Sandy Loam ☐
Silty Loam ☐ Clay Loam ☐ Sandy Clay ☐

Dates of Test: 10-21-15 Weather: Precipitation NA Temperature 80's

PERCOLATION TEST DATA TABLE

A	B	C	D	E	F	G	H	I	J	K	L	M	N
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole #	Hole Depth (ins.)	Date	Time	Date	Time	Date	Time	Water Level	Time	Water Level	Elapsed Time (min.)	Water Level Drop (in.)	Perc. Rate
1	36	10-21	8am	10-21	11:30	10-21	11:30	18"	10-21	19 1/4	30	1 1/4	24
2	36	10-21	8am	10-21	11:30	10-21	11:30	18"	10-21	19	30	1	30
3	36	10-21	8am	10-21	11:30	10-21	11:30	16"	10-21	17 1/4	30	1 1/4	24
4	36	10-21	8am	10-21	11:30	10-21	11:30	17"	10-21	18 1/2	30	1 1/2	15
5	36	10-21	8am	10-21	11:30	10-21	11:30	16"	10-21	17	30	1	30
6	36	10-21	8am	10-21	11:30	10-21	11:30	18"	10-21	19 1/4	30	1 1/4	24

Sum of Percolation Rates 147
Average of Rates 24.5
Inches Per Minute

Signature of Person Conducting Test
PE/LS, Inc. 6037 Oakcrest Plaza, Omaha, Ne. 68137
(402) 891-0854

DO NOT WRITE BELOW THIS LINE

Remarks:

Reviewing Action

Approved Perc. Rate:

Signature of Reviewing Offial Date

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

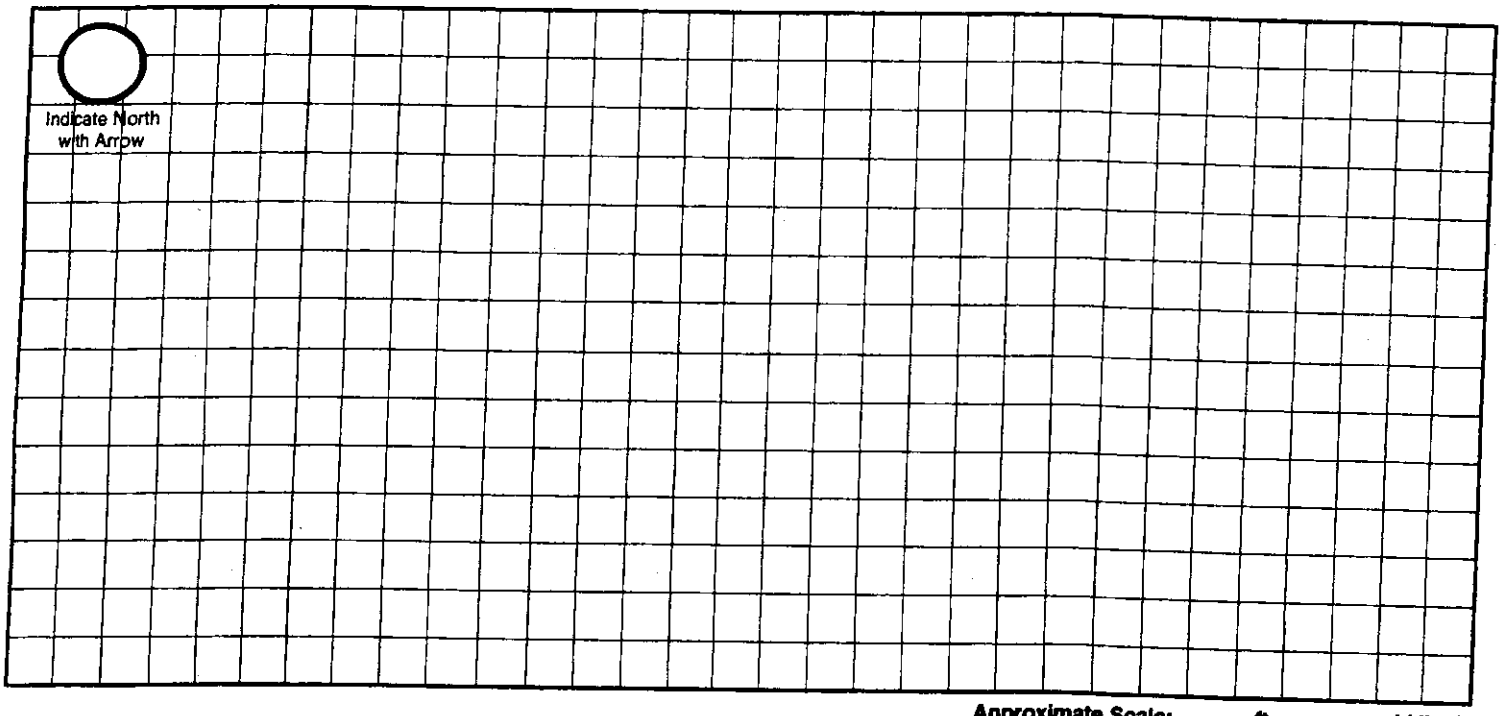
C

Permit Number: HS001155

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) 17377 Saltillo 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 Lance Mueller Date 10-23-15

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. HS001155

System Type: Standard

Situs: No Site Address Specified

Issued: 10/23/2015

Expires: 10/23/2016

Description: S2, T8, R8, 6th Principal Meridian, LOT 36 & SE NE

Owner: BRUSS, IVAN R & SUSAN L
17405 SALTILLO RD
BENNET, NE 68317

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

MUELLER TRENCHING INC
1345 N 26TH RD
SYRACUSE, NE 68446

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

BK 9/15/16

Exhibit 5

Permit Number: #5001155

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/14/16 Legal Description ____ ¼ ¼ 2/8/8 Section/Township/Range Lot 36

Onsite System Location

Address (no rural route) 17377 Saltillo City ____

Owner ____ Address ____

Mark One: ☐ Dwelling ☒ ~~Non~~-dwelling Bathroom in garage

☒ ~~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 362' installed Sq. Ft. Tank Size 1,000 gals

Total length of laterals 100' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 1 Width 3.625 Fuchs No. of Drop Boxes ____ Distribution Box 1

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 N/A Lateral #2 ____

Lateral #3 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DC Date 8/2/16

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Rhea

Date 9/14/16

Field Note Drawing (See Reverse Side):

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

SCANNED

A

Permit Number
HS001155

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

PID 21-02-200-003-000 SB

B. Owner IVAN NOT JUAN

Name JUAN BRUSS Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller Signature Scott Mueller

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

D. Engineer

❑ **Check and complete if engineer designed system** P.E. License Number:

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DO NOT WRITE BELOW THIS LINE

Approval Process ❑ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department
Site visits 8/?/16
Comments
Date rec'd 10/23/15
Date frwd 10/27/15
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 9/14/16

Business Office Use Only
Date Received 10-22-15 Amount Paid $385.00
Received By SB Cash/Check No. 9691

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