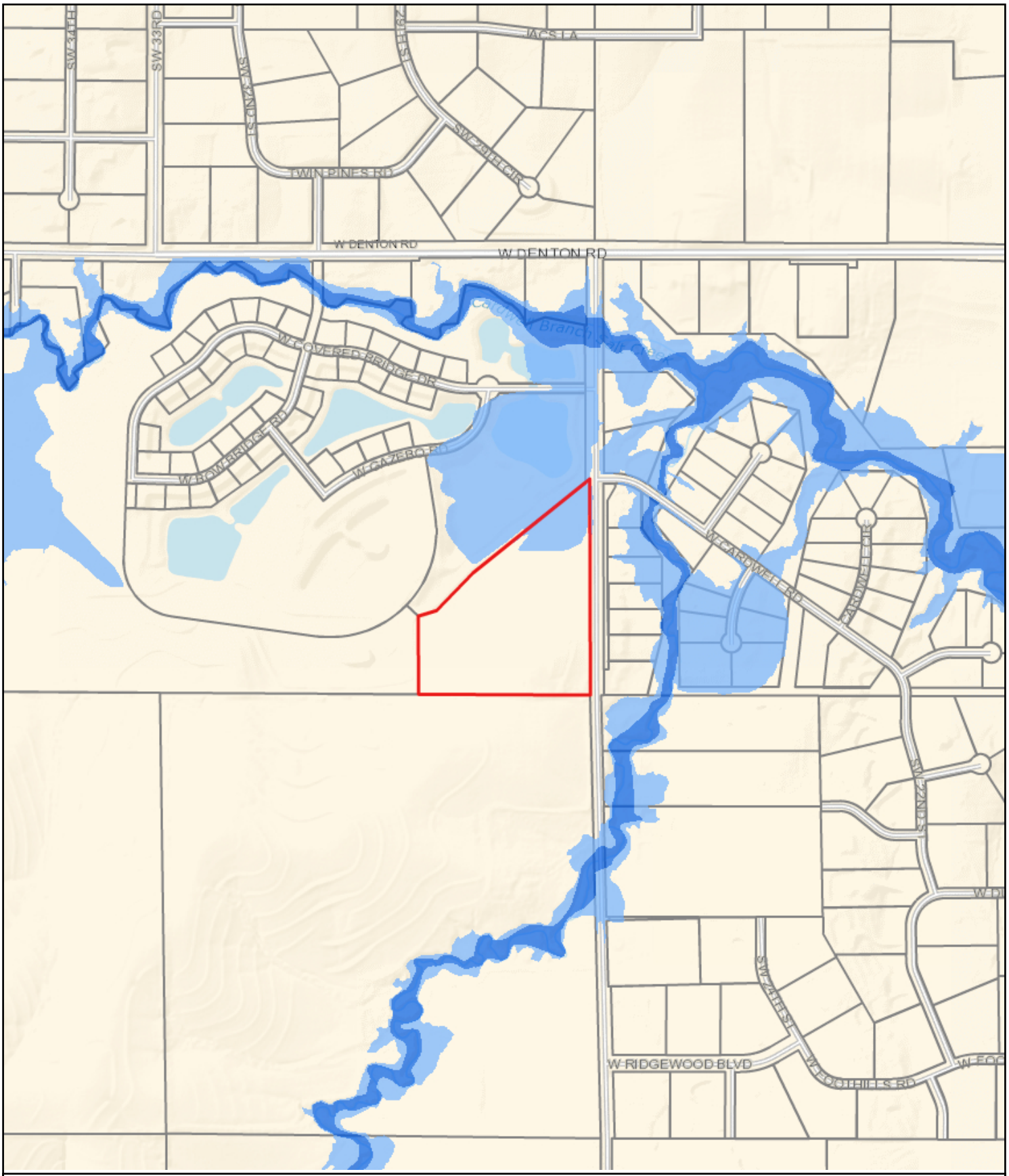


Lancaster County/City of Lincoln GIS Map

HS001173

N
W E
S

Printed: Nov 23, 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

A

Permit Number
HS001173

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 7433 SW 27th ST (no rural route) City Rural, NE Zip

Legal Description: Whispering Pines 2nd — 3

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

PID 09-20-203-003-000

B. Owner

Name Osage Hill Farm LLC Signature 402-430-7931

Address 7433 SW 27ST Rural LLC City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Earnest Well Drilling Signature See Septic System Estimate

Address PO 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 1 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 20,52

☑ Restroom in Barn 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 11-23-15 Amount Paid $385.00
Received By SB Cash/Check No. 3571

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

EARNEST WELL DRILLING INC.
P.O. BOX H
MILFORD, NE. 68405

SEPTIC SYSTEM ESTIMATE

DATE	ESTIMATE #
9/8/2015	100-3431

NAME / ADDRESS

Visit our Website at; www.earnestwell.com

NEBRASKA LANDSCAPES
TOM MASON
P.O. BOX 22046
LINCOLN, NE. 68542

QTY	DESCRIPTION	COST	TOTAL
	SEPTIC SYSTEM **SIZED FOR BUILDING (1 BEDROOM)** **7433 S.W. 27th**		
	SEPTIC SYSTEM INSTALLED **1. 1000 SEPTIC TANK** **2. 150 of 4" S & D PIPE** **3. 100' LATERALS** **4. DISTRIBUTION BOX** **5. RISERS ON TANK** **6. REGISTER SYSTEM (STATE)** **7. BACKHOE TIME** **7. LABOR**	**6,250.00**	**6,250.00**
	PERMIT FEE (Lancaster County)	**385.00**	**385.00**

TOTAL **$6,635.00**

All material is guaranteed to be as specified. Any changes to the above specifications will become an extra charge over and above the estimate. Please sign & return 1 copy if accepted.
PAYMENT IS DUE IN FULL AS INVOICED.
All bids are good for 60 days.

SIGNATURE _____

Justyn Peterson

322 238th Road
Milford, NE 68405

Invoice

Date	Invoice #
9/7/2015	427

Bill To
Nebraska Landscapes Attn: Tom Mason P.O. Box 22046 Lincoln, NE 68542

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1	Perk Test Completed (Lancaster County) 7433 SW 27th	400.00	400.00

Thank You!

Total $400.00

SOIL ABSORPTION TEST DATA REPORT

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

Owner: Tom Mason
Address: 7433 SW 27th

Property Dimensions: _____ acres

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

Dates of Tests: 9-5-15 to 9-6-15. **Weather:** Precip. Ø Temp. 90's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	9-5	11:30am	9-5	3:30pm	9-6	11:45am	6	12:15pm	5¼	30	¾
2	36	9-5	11:30am	9-5	3:30pm	9-6	11:45am	6	12:15pm	5¼	30	¾
3	36	9-5	11:30am	9-5	3:30pm	9-6	11:45am	6	12:15pm	5½	30	½

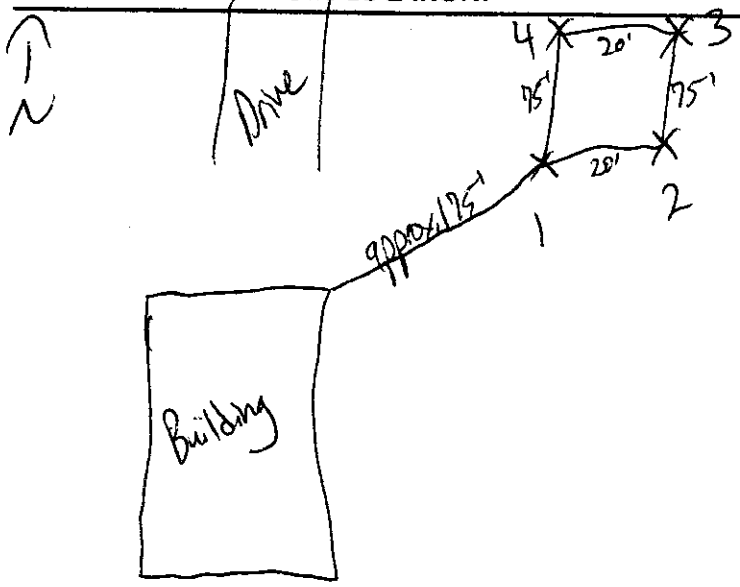
Sum of Water Level Drops (in.) [Column m]: 1
Average of Water Level Drops (in.) [Column m]: .67
~~Inches per Minute:~~ _____

44,78MPI
4 Bedroom

Square Feet of Lateral per Bedroom: _____

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322-238th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature: Justyn

SKETCH SHOWING HOLE LOCATION:



Official's Signature

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. HS001173

System Type: Standard

Situs: 7433 SW 27 ST, RURAL, NE

Issued: 11/30/2015

Expires: 11/30/2016

Description: WHISPERING PINES 2ND ADDITION, Lot 3

Owner: OSAGE HILL FARM LLC
2636 HIGH ST
LINCOLN, NE 68502

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

OSAGE HILL FARM LLC
2636 HIGH ST
LINCOLN, NE 68502

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

Exhibit 5

Permit Number: 1150021173

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/2/15

Legal Description Whispering Pines 2nd Lot 3
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7433 SW 27th 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 363 Sq. Ft. Tank Size 1000 gals Plastic

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

No. of Absorption Laterals 1 Width 3' No. of Drop Boxes 0 Distribution Box 0

Leveling Method Used N/O

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/O Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments: Filling plastic tank w/ water + backfilling w/ gravel while onsite - NH

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial NA Date 12/4/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Water Approval
By _____

Date 12/7/15

Updated 4/15


UNITED STATES POSTAGE
PITNEY BOWES
02 1M
$ 00.00⁰
0004264074
DEC 01 2015
MAILED FROM ZIP CODE 68117

H S001173

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" Street
Lincoln, NE 68510-1514

UTF

RETURN SERVICE REQUESTED

CITY OF LINCOLN NEBRASKA

PRESORTED FIRST CLASS

047J82005126

$00.47 1

11/30/2015

Mailed From 68510

US POSTAGE

DEC 10 2015

OSAGE HILL FARM LLC
2636 HIGH ST
LINCOLN, NE 68502

NIXIE 681 FE 1300 0012/08/15

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 68510151499 *0995-05790-06-30

68510015 14

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

SCANNED

A

Permit Number
HS001173

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 7433 SW 27th ST (no rural route) City Rural Denton, NE Zip 68523

Legal Description 20 (1/4) 9 (1/4) 6 (Section) SB (Township) Whispering Pines 2nd (Range) _ (Subdivison) 3 (Addition) (Block) (Lot)

PID 09-20-203-003-000

B. Owner

Name Osage Hill Farm LLC Signature [signature] 402-430-7931

Address 7433 SW 27ST Rural LLC City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Earnest Well Drilling Signature See Septic System Estimate

Address PO Box H City/State/Zip Milford NE 68405

Work Phone 402-761-6174

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 1 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 20.52

☑ Restroom in Barn 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 11/30/15
Date frwd 11/30/15
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 12/3/15

Business Office Use Only
Date Received 11-23-15 Amount Paid $385.00
Received By SB Cash/Check No. 3571

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

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) 7433 SW 27th

Owner: Tom Mason Address P.O. Box 22046

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1,000 gal.
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 200+ ft.
   Pressure line 25+ ft
   Property Line 50+ ft.
   Foundation 50+ ft.

C Distribution Box or Drop Box

None

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard
2. Number of Laterals: 1
3. Length of each lateral (linear): ft. 100 ft. ____ ft. ____ ft. ____
4. Drainfield size: 337.5 sq. ft.
5. Distance to:
   Well 200+ ft.
   Pressure line 50+ ft.
   Property line 25+ ft.
   Depth of Groundwater 30'

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: 12/5/15

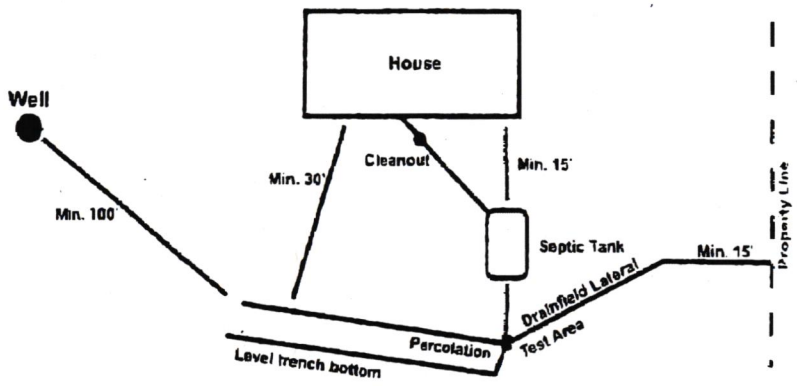
Complete As-Built drawing on the back of this form.

7433 SW 27A

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions

