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

A

Permit Number
HS 601183

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 Fishermans Landing First 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 20-26-404-003-000

[redacted]

Name James Ashley Small Signature _____
Address 7370 Mercy Lane City/State/Zip Hickman, NE 68372
Home Phone (308) 550-1131 Work Phone _____

C. Certified Installer

Name: Earnest Well Drilling Inc. 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 [redacted] Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.92
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ [redacted]

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 12-15-15 Amount Paid $385.00
Received By SB Cash/Check No. 2567

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

Form A Updated: 1/13

HS001183

SOIL ABSORPTION TEST DATA REPORT

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

Owner: James Small
Address: Bear Water Bay & Firth Rd

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. 90s

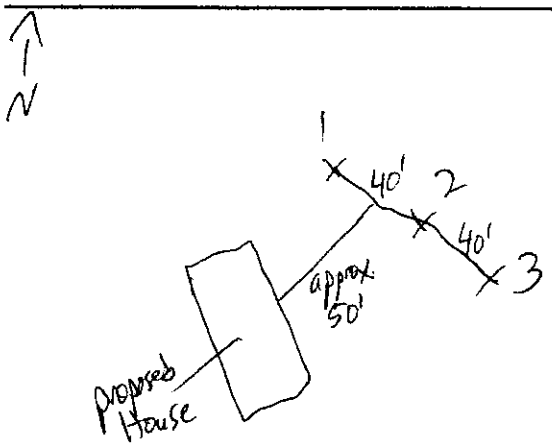
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	9-5	10:30am	9-5	2:30pm	9-6	10:40am	6	11:10am	4¾	30	1¼
2	36	9-5	10:30am	9-5	2:30pm	9-6	10:40am	6	11:10am	4¾	30	1¼
3	36	9-5	10:30am	9-5	2:30pm	9-6	10:40am	6	11:10am	5	30	1

Sum of Water Level Drops (in.) [Column m]: 3.5
Average of Water Level Drops (in.) [Column m]: 1.17
~~Inches per Minute:~~ 25.64 MPI

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

Square Feet of Lateral per Bedroom: 250

SKETCH SHOWING HOLE LOCATION:



Official's Signature

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

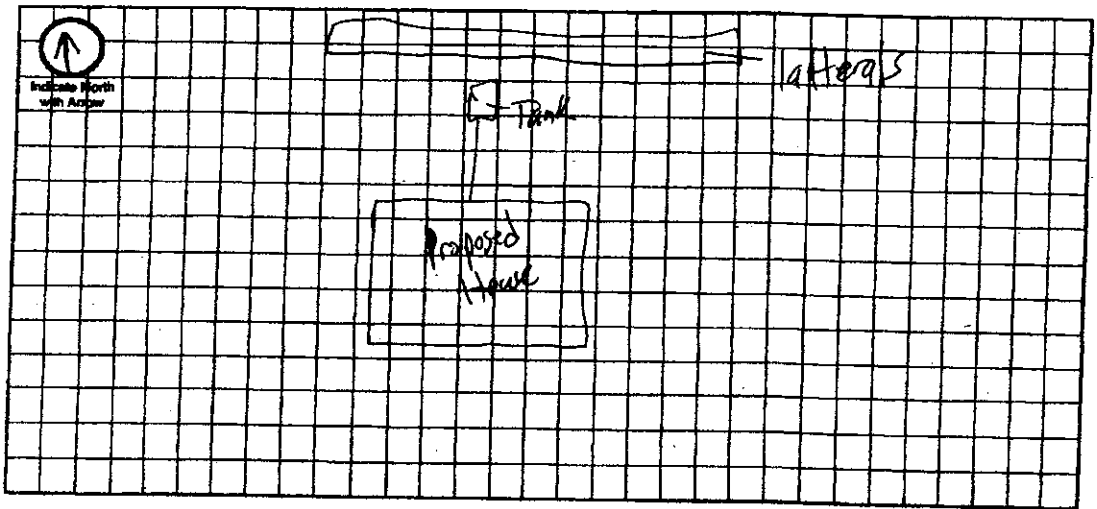
C

Permit Number: HS001183

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 lines

A. Onsite System Location

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

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____ ☐ Lagoon(max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

[redacted] No. of Bedrooms 4 Soil Type Clay Loam Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved [redacted] 1,000 sq.ft.

Total length of laterals 300' Type of distribution: ☐ Perforated pipe ☒ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 2 Width 36" No. of drop boxes 1 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	Ground 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

[redacted] Date _____

Installer _____ Date 12/5/15

Onsite Form C 12/06

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. HS001183

System Type: Standard

Situs: No Site Address Specified

Issued: 12/17/2015

Expires: 12/17/2016

Description: FISHERMAN'S LANDING 1ST ADDITION, Lot 3

Owner: SMALL, JAMES M & ASHLEY M
5331 W LEIGHTON AVE
LINCOLN, NE 68524

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

JAMES SMALL
5331 W LEIGHTON AVE
LINCOLN, NE 68524

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

Exhibit 5

OK 6/13/16 gv

Permit Number: HS00 1183

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/9/16 Legal Description ¼ ¼ Section/Township/Range Fisherman Landing Lot 3

Onsite System Location

Address (no rural route) 27601 Broadwater Bay City _____

Owner James Small 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 1,026' Sq. Ft. Tank Size 1,500 gals

Total length of laterals 304' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 2 Width 40.5 3.375 factor No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Tank, Site and partial on lateral inspected.

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 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial D.S. Date 6/7/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Small

Date 6/9/16

Field Note Drawing (See Reverse Side):