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

DEC 29 2015

A

Permit Number HS001187

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 8400 Haley Lynn Ln. (no rural route) City Denton, NE Zip 68339

Legal Description _____ 1 1

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

PID _____

B. Owner

Name Ryan Fittig Signature Thomas for Ryan Fittig

Address 3575 Vardon City/State/Zip Lincoln Ne 68506

Home Phone 402 617 3772 Work Phone _____

C. Certified Installer

Name: Kevin Lewis Signature _____

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

Work Phone 402 310 9160

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 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 400

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 12-29-15 Amount Paid $385.00
Received By SB Cash/Check No. 8093

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

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

DEC 29 2015

B

Permit Number: HS001187

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 8400 Haley Lynn LN, (no rural route) City Denton NE, Zip

Owner Ryan Fitting Address 3515 Vandorn lincoln NE 68506

Date of Tests 11-12-15 to 11-13-15 Weather: Precipitation 0 Temperature 75°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	11-12	4:00	11-13	3:00	11-13	3:30	6	11-13	4:00	30	1/2	60
2	35	"	"	"	"	"	"	6	"	"	"	1/2	60
3	34	"	"	"	"	"	"	6	"	"	"	1/2	60
4	36	"	"	"	"	"	"	6	"	"	"	5/8	48
5	35	"	"	"	"	"	"	6	"	"	"	3/4	40
6	34	"	"	"	"	"	"	6	"	"	"	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis

Phone: 402 310 9160

Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 328

Average of Rates: 54.66

Rate Used for Calculation: 54.66

Soil type (NRCS Maps/Other)

Groundwater Depth over 12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

te Form B 12_06

DEC 29 2015

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

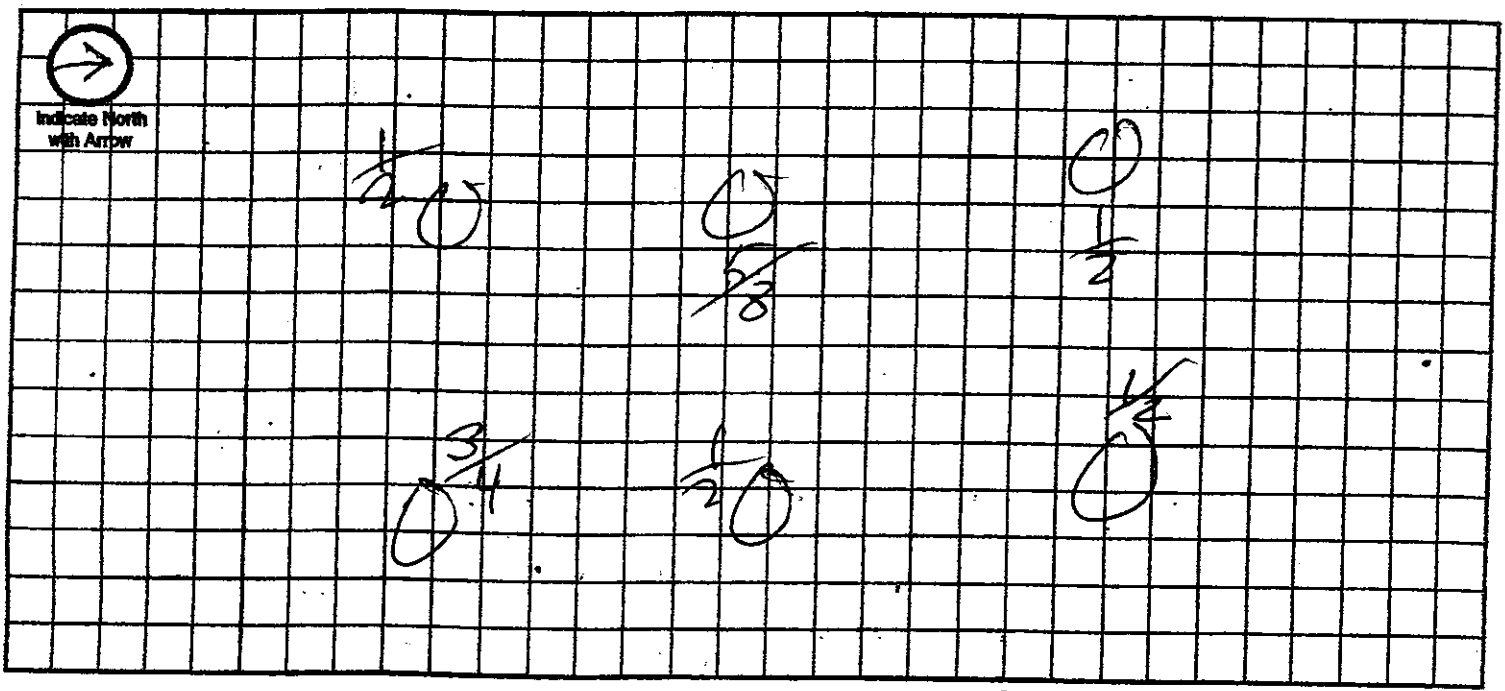
C

Permit Number: HS001187

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8400 Hafe / Lyon Lane City Denton NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 54.6 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. 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 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ 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. HS001187

System Type: Standard

Situs: 8400 HALEY LYNN LN, RURAL, NE

Issued: 1/11/2016

Expires: 1/11/2017

Description: HIGH MEADOW FIRST ADDITION, BLOCK 1, Lot 1

Owner: G & L ENTERPRISES INC
8130 HALEY LYNN LN
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

OK 6/13/16

Exhibit 5

Permit Number: H5001487

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/25/16

Legal Description ____ ¼ ____ ¼ 21 / 9 / 5 Section/Township/Range Blk 1, Lot 1

Onsite System Location

Address (no rural route) 8400 Haley Logan Ln City Denton

Owner Ryan Frithop 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 1058.5 Sq. Ft. Tank Size 1250 gals

Total length of laterals 292' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3.625 Factor No. of Drop Boxes _____ Distribution Box 2

Leveling Method Used 3.625 x 292 = 1058

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 ☐	50 ☐	50 ☑	NA ☐	10 ☑	5 ☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	25 ☑	5 ☑

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 5/19/16

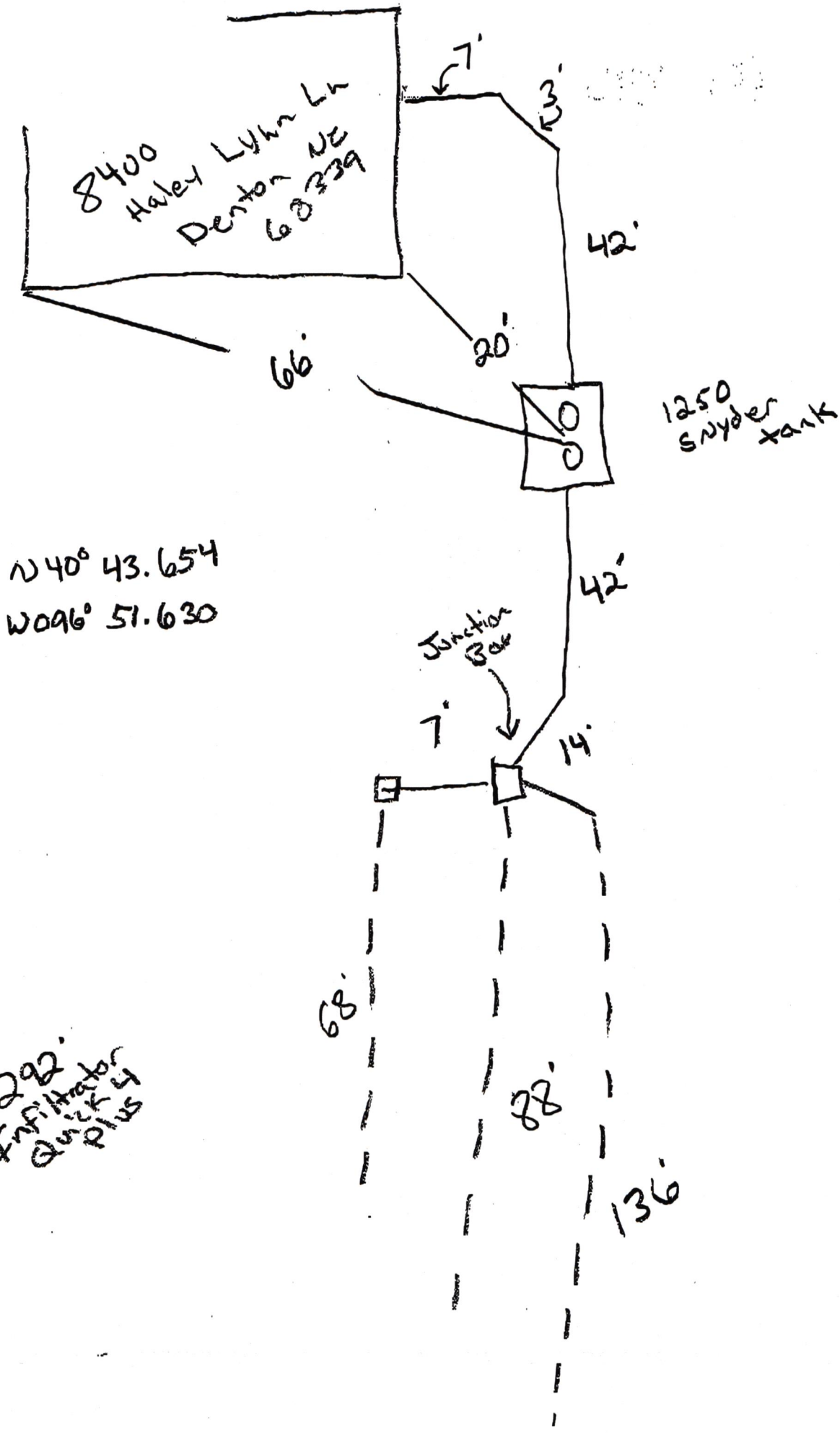
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Rumsey

Date 5/25/16

Field Note Drawing (See Reverse Side):


8400
Haley Lyhn Ln
Denton NE
68339
7'
3'
42'
66'
20'
1250
snyder tank
42'
N 40° 43.654
W096° 51.630
Junction Box
7'
14'
68'
88'
136'
292'
Infiltrator
Quick 4
Plus

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

DEC 29 2015

SCANNED

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Legal Description 21 9 5 SB 1 1

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

PID 03-21-403-001-000 SB

B. Owner

Name Ryan Fittig Signature Thomas for Ryan Fittig

Address 3575 Vandorn City/State/Zip Lincoln NE 68506

Home Phone 402 617 3772 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

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

Work Phone 402 310 9160

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a

No whirlpool P.F.

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☒ Yes ☒ No Total Acres 3

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 5/19/16 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 5/25/16

Business Office Use Only
Date Received 12-29-15 Amount Paid $385.00
Received By SB Cash/Check No. 8093

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

Form A Updated: 1/13

Lincoln-Lancaster County Health Department
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1. Health Department

Site visits

Comments

Date rec'd

Date frwd

ACTION ☐ Approved ☐ Disapproved

Signature

2. Supt. Bldg. Insp. or Village Clerk

Comments

Date rec'd JAN 5, 16

Date frwd 1/8/16

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 12-29-15 Amount Paid $385.00

Received By SB Cash/Check No. 8093