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

A

Permit Number
HS001190

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 11667 W Sprague Rd (no rural route) City Crete, NE Zip 68333

Legal Description _____

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

PID _____

B. Owner

Name Elaine Ahola Estate Signature X Donald Ahola P.R.

Address 125 Ivy City/State/Zip Crete, NE 68333

Home Phone 402-826-2987 cell 418-2259 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 4 Whirlpool Bathtub? ❑ Yes ☒ No Total Acres 10

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 1-8-16 Amount Paid $ 385.00
Received By SB Cash/Check No. 8109

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

Form A Updated: 1/13

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

B

Permit Number: HS001190

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11667 W Sprague Rd (no rural route) City Crete NE, Zip _____

Owner _____ Address _____

Date of Tests 12-19-15 to 12-20-15 Weather: Precipitation 0 Temperature 50°

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			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	12-19	11:00	12-20	1:30	12-20	1:30	6	12-20	2:00	30	1	30
2	36	"	"	"	"	"	"	6	"	"	"	5/8	48
3	34	"	"	"	"	"	"	6	"	"	"	1/2	60
4	33	"	"	"	"	"	"	6	"	"	"	5/8	48
5	36	"	"	"	"	"	"	6	"	"	"	1/2	60
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: 306
Average of Rates: 51
Rate Used for Calculation: 60

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 _____

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

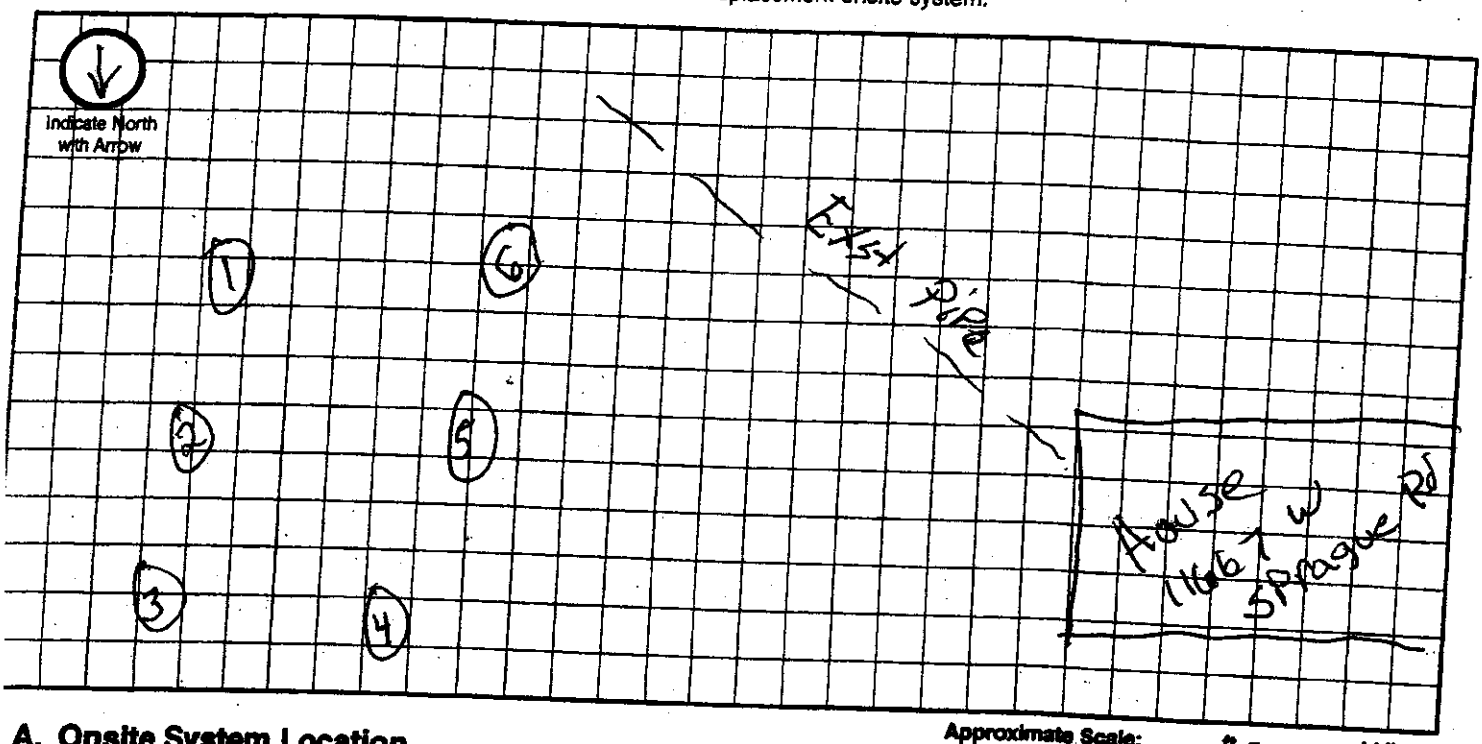
C

Permit Number: 175001190

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) 11667 W Sprague Rd 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

Percolation Rate 60 (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 1400 sq.ft.

otal length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

o. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

o. of absorption beds_____ Width_____ No of Distribution lines per bed_____

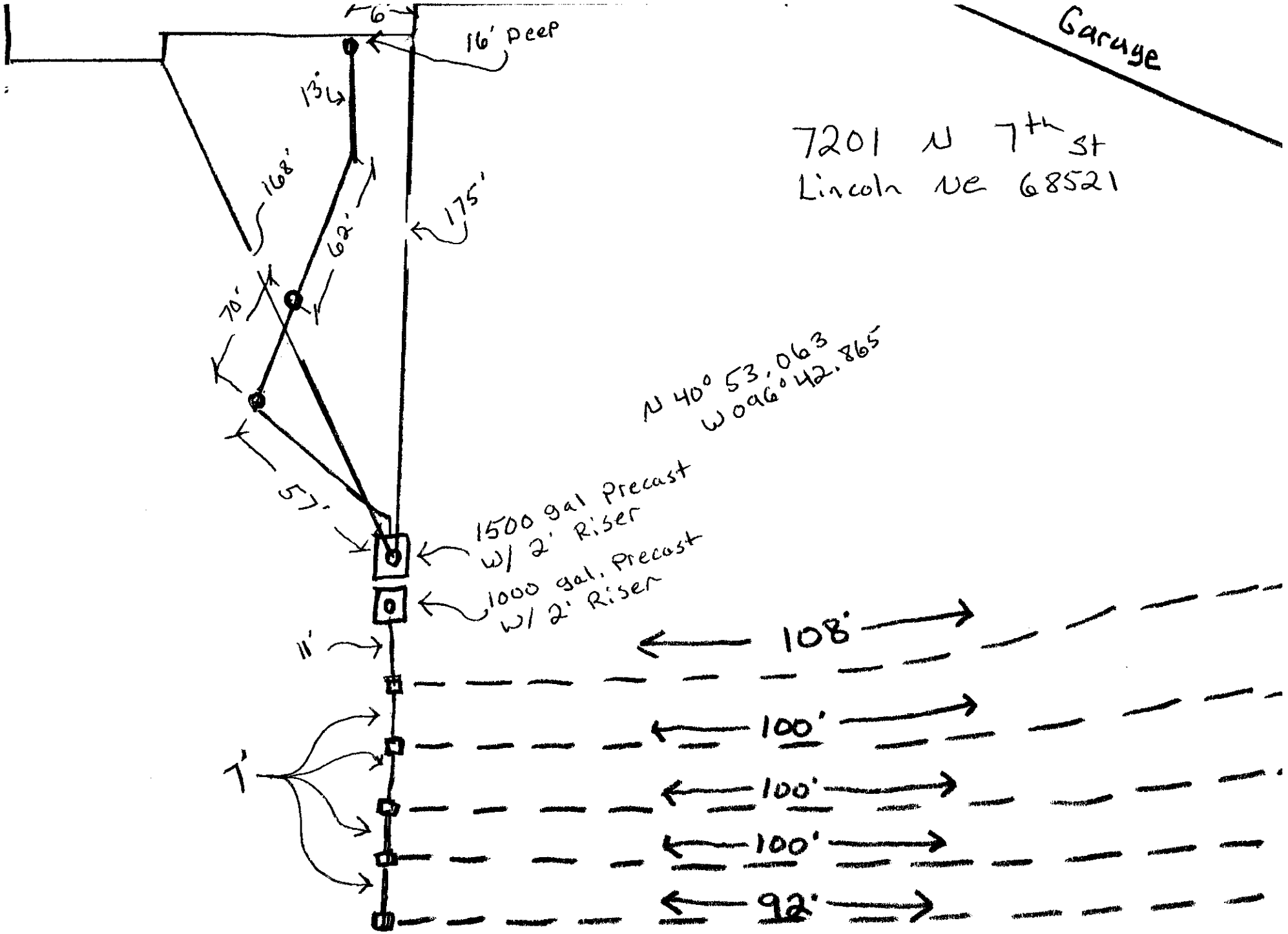
. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

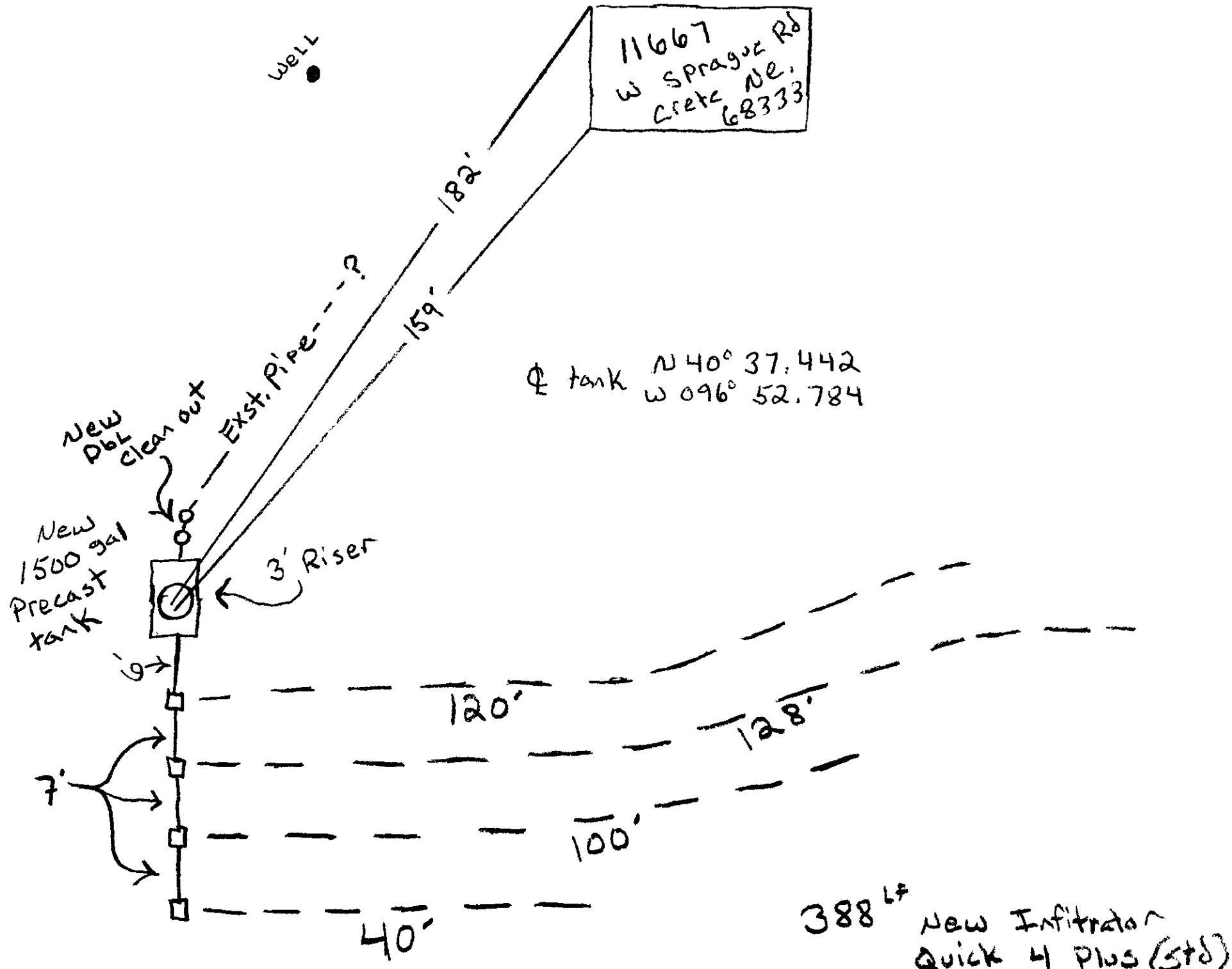
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

ne Building Contractor_____

ller _____ Date _____


6'
16' Deep
13'
168'
62'
175'
70'
57'
Garage
7201 N 7th St
Lincoln NE 68521
N 40° 53.063
W 096° 42.865
1500 gal Precast
w/ 2' Riser
1000 gal. Precast
w/ 2' Riser
11'
7'
108'
100'
100'
100'
92'


11667
W Sprague Rd
Crete NE.
68333
well
182'
159'
Exst. Pipe - - - ?
New
Dbl
clean out
New
1500 gal
Precast
tank
3' Riser
℄ tank N 40° 37.442
W 096° 52.784
9'
120'
128'
7'
100'
40'
388 Lf New Infiltrator
Quick 4 Plus (Std)

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. HS001190

System Type: Standard

Situs: 11667 W SPRAGUE RD, RURAL, NE

Issued: 1/11/2016

Expires: 1/11/2017

Description: S32, T8, R5, 6th Principal Meridian, LOT 24 NE

Owner: AHOLA, ELAINE R
125 IVY AVE
CRETE, NE 68333

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 68523-9324

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

Exhibit 5

Permit Number: 1T5001190

Onsite Wastewater Treatment System

Inspection Sheet

Date 1/4/16 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11667 W. Sprague 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 1406.5 Sq. Ft. Tank Size 1500 gals

Total length of laterals 4 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3' No. of Drop Boxes 0 Distribution Box 4

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 ☒	2 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Inspections prior to Final Approval

Initial ☒ 1/4/16 Date 2PM

Follow-Up 1/7/16 Date 10AM

Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 1/12/16

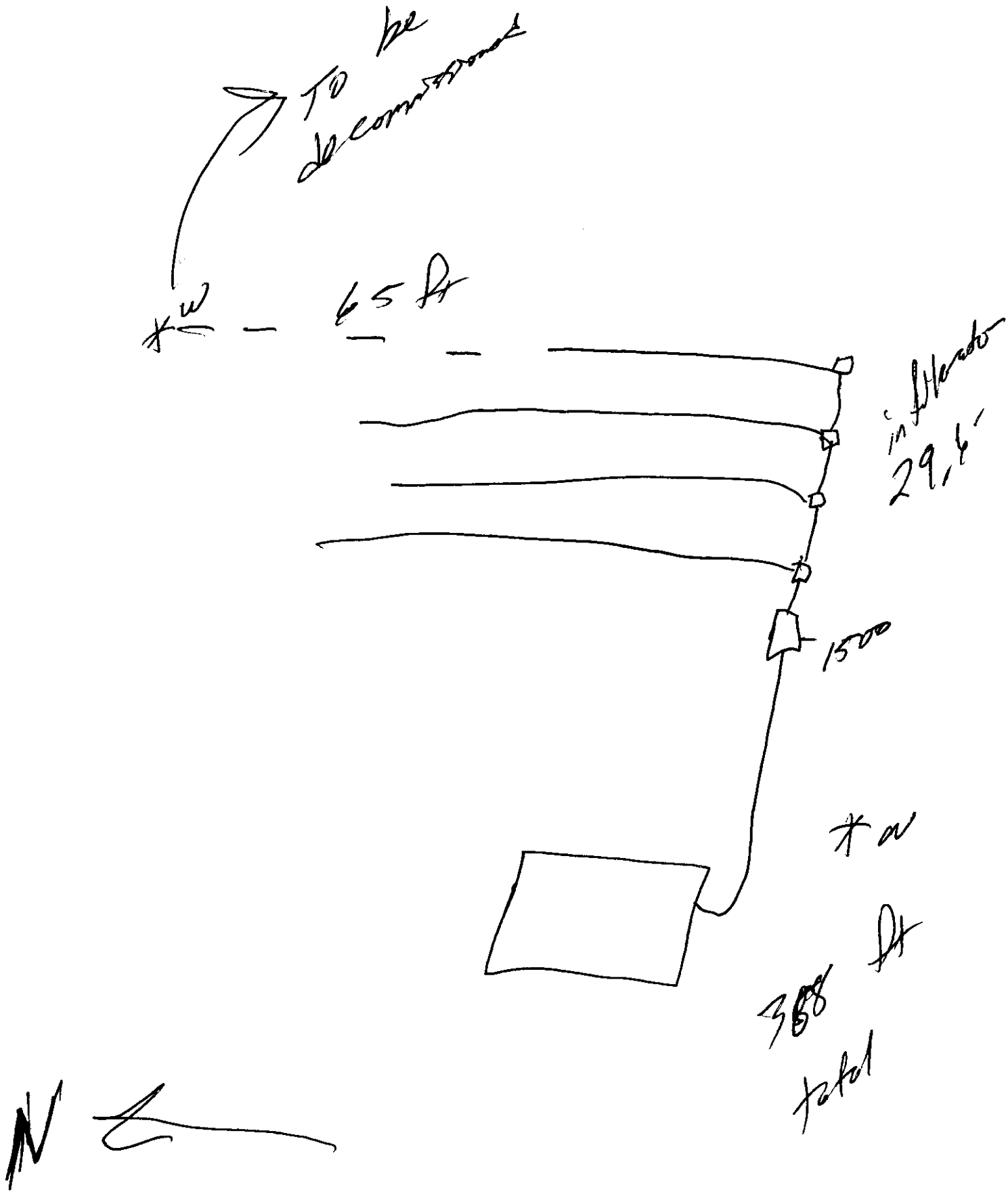
Comments:

* old windmill well was help decommissioned - Told contractor to add 2 boxes

Field Note Drawing (See Reverse Side):

* Well decommission verified

Updated 4/15


To be decommissioned
65 ft
in ft
29.4'
1500
388 ft total
N

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

SCANNED

A

Permit Number
HS001190

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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PID _____

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Home Phone 402-826-2987 cell 418-2259 Work Phone _____

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Work Phone 402 310 9160

D. Engineer

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

Designer Name _____ Firm _____ Work Phone _____

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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 Told Contrata to install D-Boxes
Comments _____
Date rec'd _____
Date frwd _____
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 1/11/16

Business Office Use Only
Date Received 1-8-16 Amount Paid $385.00
Received By SB Cash/Check No. 8109

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

Form A Updated: 1/13