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

**A**

Permit Number
HS001195

# 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 11110 W Haines Cir (no rural route) City Denton, NE Zip 68339

Legal Description NW 28 9N 5E West Yankee Hill Acres 1
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 03-28-101-001-000

## B. Owner

Name Greg Gerlach Signature [signature]

Address 8531 Lexington Ave, #102B City/State/Zip Lincoln, NE 68508

Home Phone 402-610-1238 Work Phone 402-610-1238

## C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [signature]

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

## 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 3.72
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

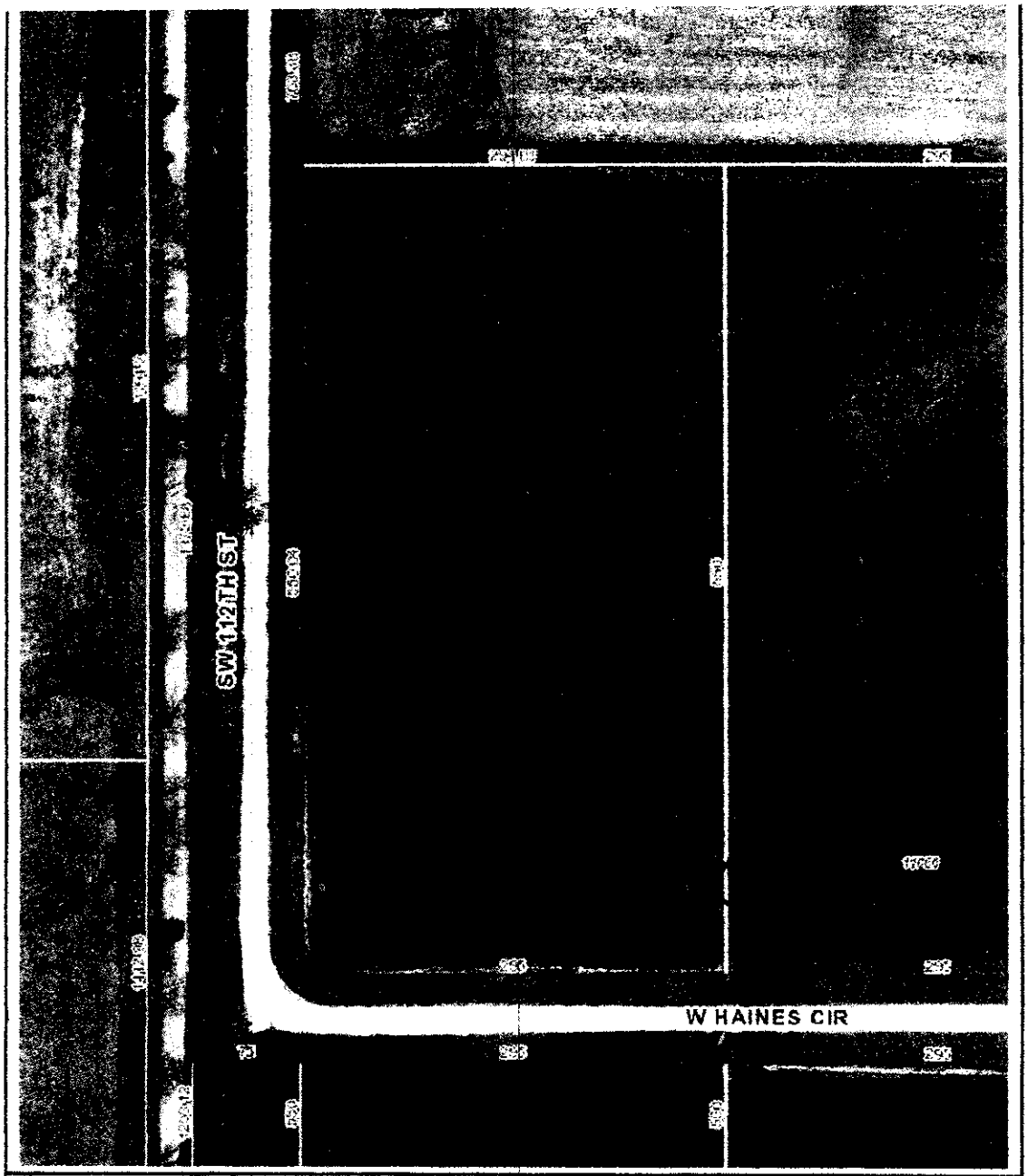
**1. Health Department** ACTION ☐ Approved ☐ Disapproved
Site visits Date rec'd Signature
Date frwd
Comments

**2. Supt. Bldg. Insp. or Village Clerk** ACTION ☐ Approved ☐ Disapproved
Comments Date rec'd Signature
Date frwd

**3. City or County Engineer** ACTION ☐ Approved ☐ Disapproved
Comments Date rec'd Signature
Date frwd

**Installation Final Written Approval**
By
Date

***Business Office Use Only***
Date Received Amount Paid
Received By Cash/Check No.




# Lancaster County/City of Lincoln GIS Map

**11110 W Haines Cir, Denton, NE 68339**

N
W E
S

Printed: Feb 15, 2016

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: 402-441-8022

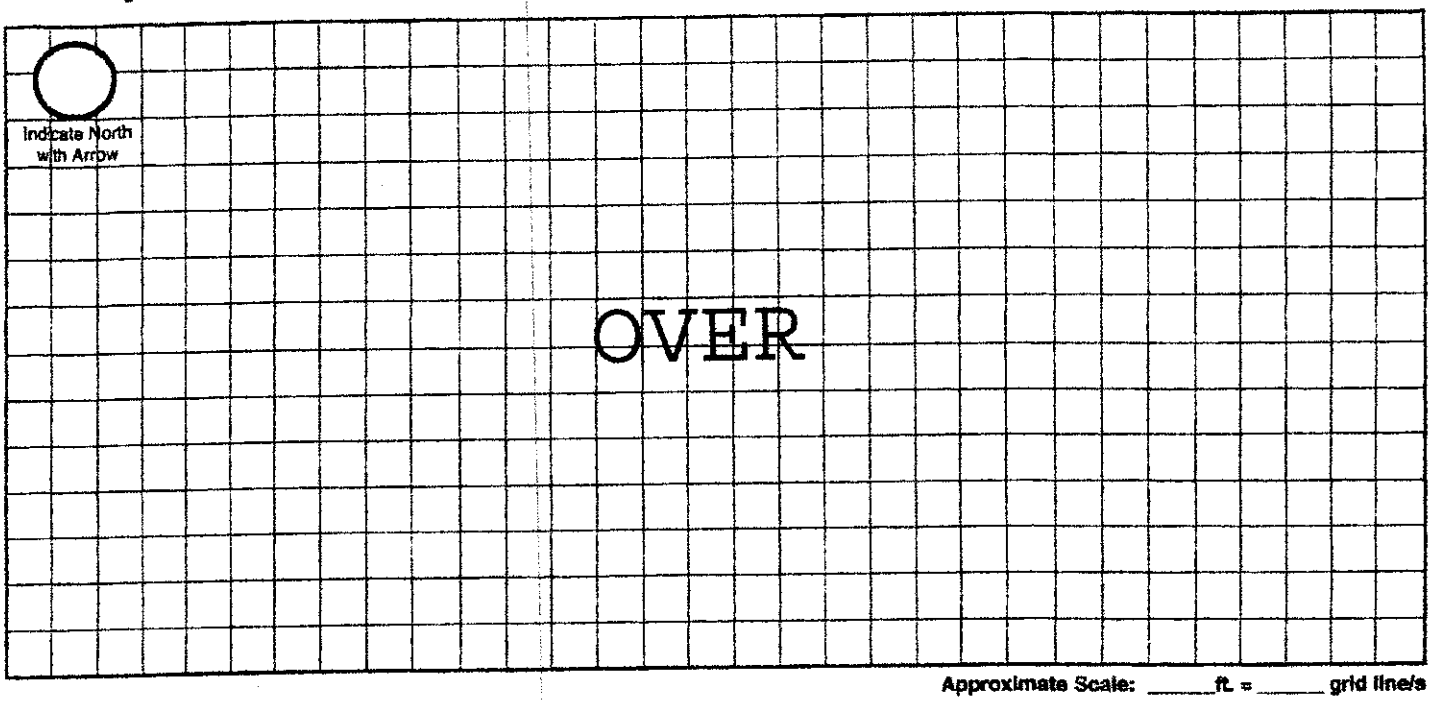
C

Permit Number:

# 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) 11110 W Haines Cir City Denton NE, Zip 68339

## 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 2-15-16

Installer _____ Date 2/15/16

**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. HS001195**

**System Type:** Lagoon

**Situs:** 11110 W HAINES CIR, RURAL, NE

Issued: 2/18/2016

Expires: 2/18/2017

**Description:** WEST YANKEE HILL ACRES, Lot 1

**Owner:** KRAUS, STEVE & DIANE
12897 W SALTILLO RD
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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

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

Exhibit 5

Permit Number: H5001195

# Onsite Wastewater Treatment System

## Inspection Sheet

Lot 1

Date 7/7/16 7/13/16 Legal Description ____ ¼ ¼ 28/9/15 Section/Township/Range

### Onsite System Location

Address (no rural route) 11140 W. Haines Circle 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 1,406.5 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 388' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 5 Width 3.625 Yacon No. of Drop Boxes ____ Distribution Box 2

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 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

**Comments:**

Inspections prior to Final Approval
Initial ____ Date ____

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By [signature]

Date 7/13/16

**Field Note Drawing (See Reverse Side):**

SCANNED

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

A

Permit Number
HS001195

# 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 11110 W Haines Cir (no rural route) City Denton, NE Zip 68339

Legal Description NW (1/4) 28 (1/4 Section) 9N (Township) 5E (Range) West Yankee Hill Acres (Subdivison) 1 (Addition) (Block) (Lot)

PID 03-28-101-001-000

## B. Owner

Name Greg Gerlach Signature

Address 8531 Lexington Ave, #102B City/State/Zip Lincoln, NE 68508

Home Phone 402-610-1238 Work Phone 402-610-1238

## C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

## 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 3.72

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** ACTION ☒ Approved ☐ Disapproved

Site visits Date rec'd Signature

Date frwd

Comments

**2. Supt. Bldg. Insp. or Village Clerk** ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

**3. City or County Engineer** ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd 2-18-2016 Signature Kenneth D. Schroeder

Date frwd 2-18-2016

**Installation Final Written Approval**

By Doug Ariel

Date 7/7/16

***Business Office Use Only***
Date Received 2-18-16 Amount Paid $385.00
Received By SD Cash/Check No. VISA 0287

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

**B**

Permit Number:

# Onsite Wastewater Treatment System
## Soil Evaluation Report

**PLEASE PRINT OR TYPE**

### Onsite System Location

Address 11100 W Hares CR. (no rural route) City Denton NE, Zip 68339

Owner Doug Gard Address

Date of Tests 6-9-16 to 6-10-16 Weather: Precipitation ☁ Temperature 95°

### 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 | | Initial | End | | | | |
| Hole No. | Hole Depth (in) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Water Lev (in.) | Date (Mo/Da) | Time (Hr/Min) | Elapsed Time Interval | Water Level Drop (in) | Percolation Rates (Min/in = mpi) |
| 1 | 36 | 6-9 | 7:AM | 6-10 | 11:00 | 6-10 | 11:00 | 6 | 6-10 | 11:30 | 30 | 3/4 | 40 |
| 2 | " | " | " | " | " | " | " | 6 | " | " | " | 1 | 30 |
| 3 | " | " | " | " | " | " | " | 6 | " | " | " | 3/4 | 40 |
| 4 | " | " | " | " | " | " | " | 6 | " | " | " | 1 | 30 |
| 5 | " | " | " | " | " | " | " | 6 | " | " | " | 1/2 | 60 |
| 6 | " | " | " | " | " | " | " | 6 | " | " | " | 3/4 | 40 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 310 9160
Address 4910 W Clark Ave
Lincoln NE 68523

Soil type (NRCS Maps/Other)

Groundwater Depth Over 12

Sum of Percolation Rates: 240
Average of Rates: 40
Rate Used for Calculation: 60

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

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

Signature of Reviewing Official Date

SCANNED

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

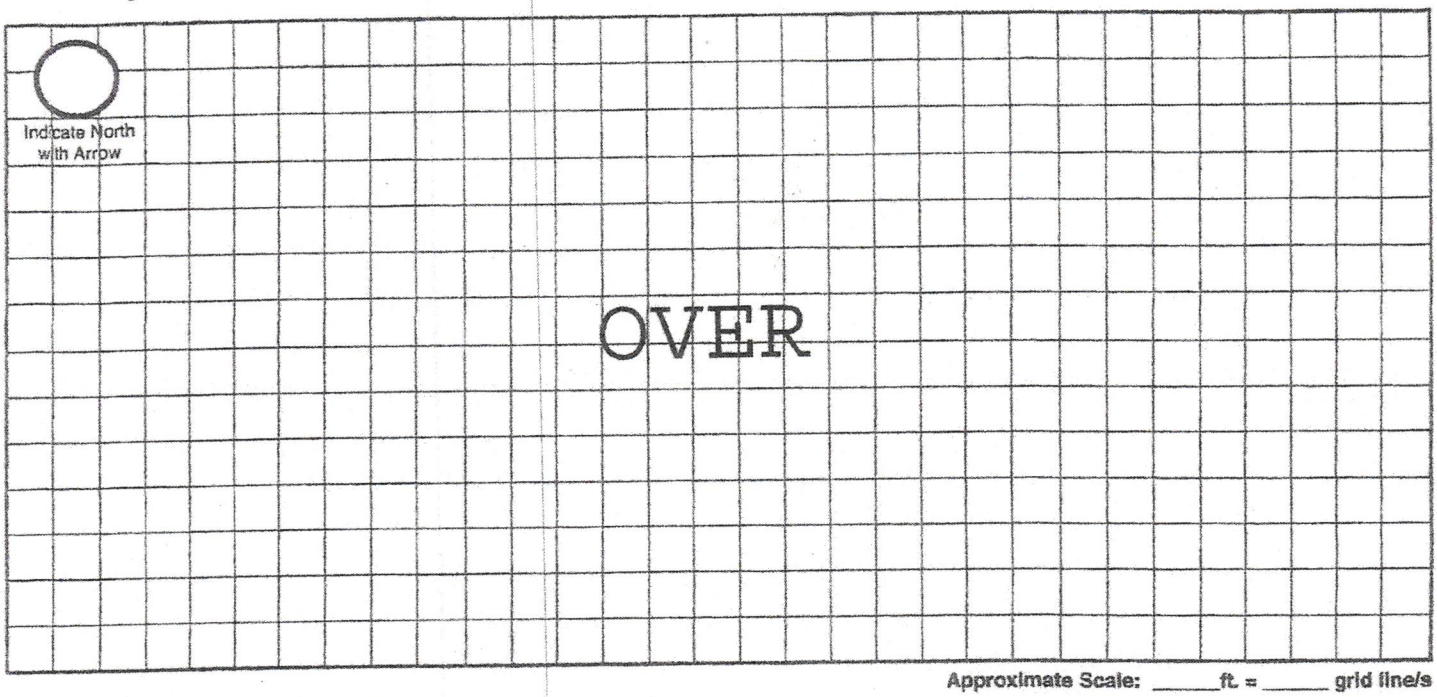
C

Permit Number:

# 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) 11110 W Haines Cir City Denton NE, Zip 68339

## 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 (percolation 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

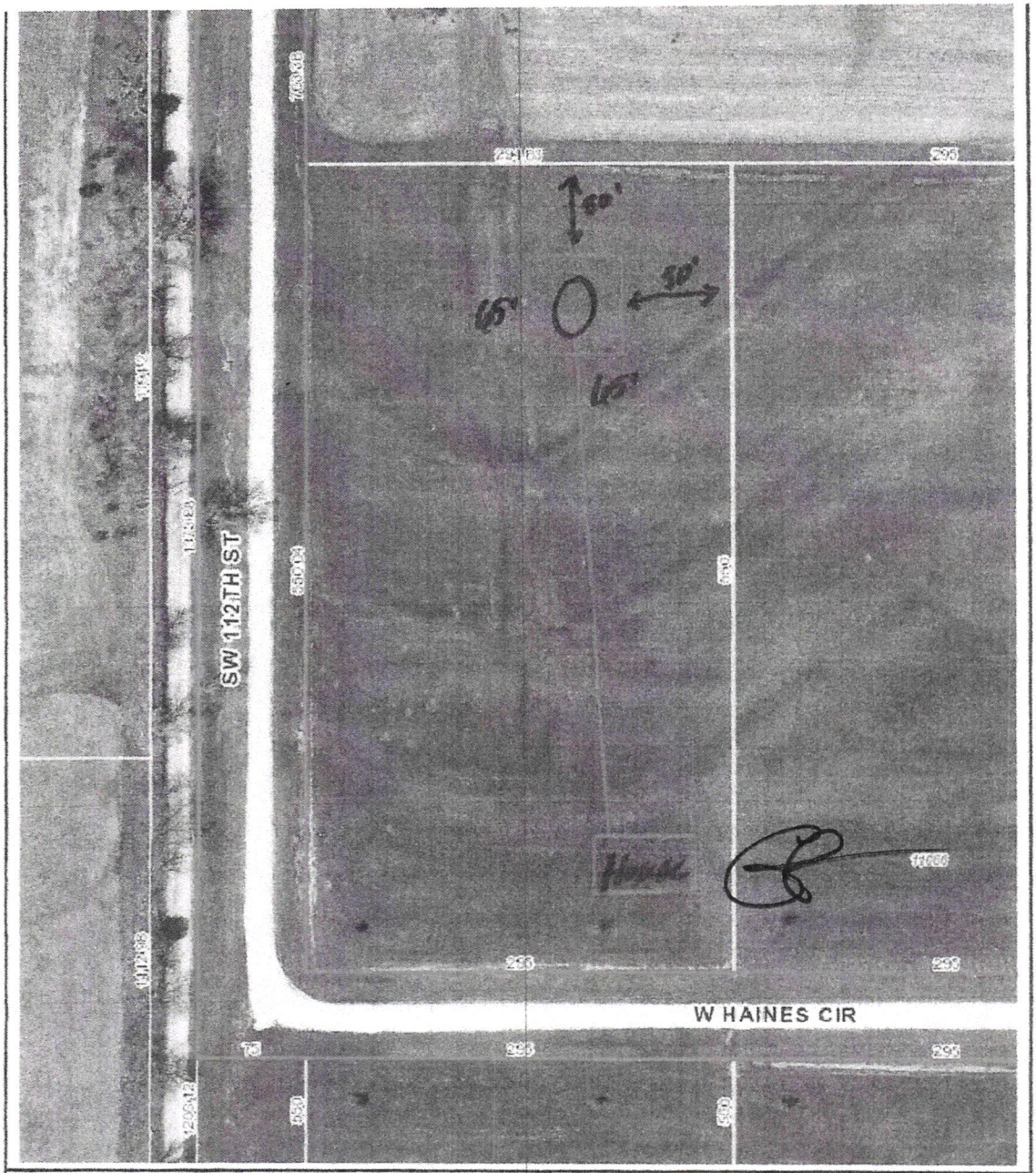
| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☐ | 500 ☐ | 50 ☐ | NA ☐ | 25 ☐ | 20 ☐ | 15 ☐ | 25 ☐ | ☐ |
| 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 2-15-12

Installer _____ Date 2/15/12

SCANNED



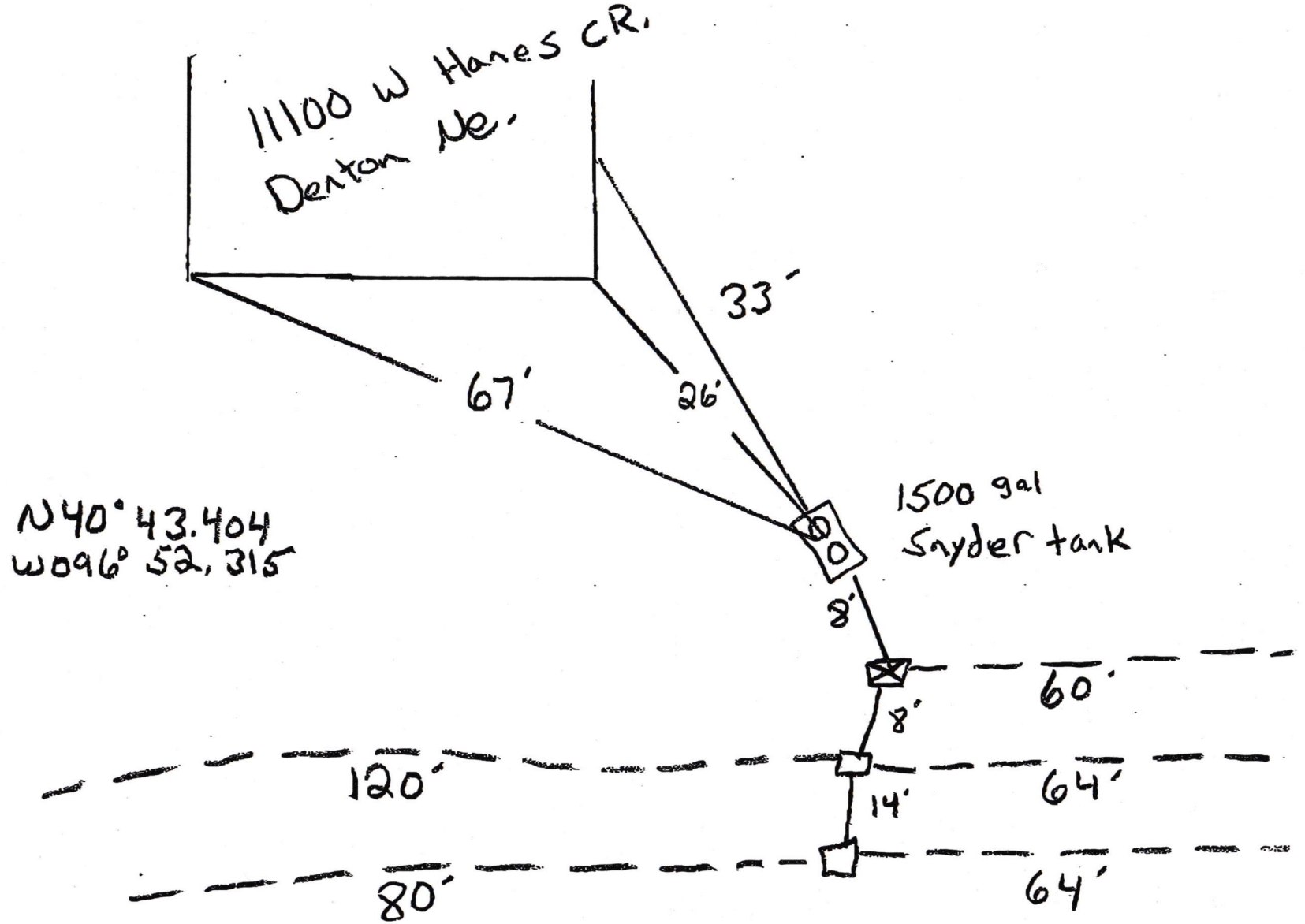

# Lancaster County/City of Lincoln GIS Map

**11110 W Haines Cir, Denton, NE 68339**

N
W E
S

Printed: Feb 15, 2016

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.


11100 W Hanes CR.
Denton Ne.
33'
67'
26'
1500 gal
Snyder tank
N40° 43.404
W096° 52.315
8'
8'
60'
120'
14'
64'
80'
64'