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

A

Permit Number
HS001207

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 6355 South 114th (no rural route) City lincoln NE Zip 68461

Legal Description 18 9 8

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

Geographical Location (if known): Lat/Long: 40 49 49 N 96 31 02 W PID 22-18-204-001-000 SB

B. Owner BK Custom Homes

Name Troy Burkey Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Blain Johnson Signature

Address 9533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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
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 3-8-16
Date frwd 3-8-16
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 3-8-16 Amount Paid $385.00
Received By SB Cash/Check No. 1767

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

Form A Updated: 5/10

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

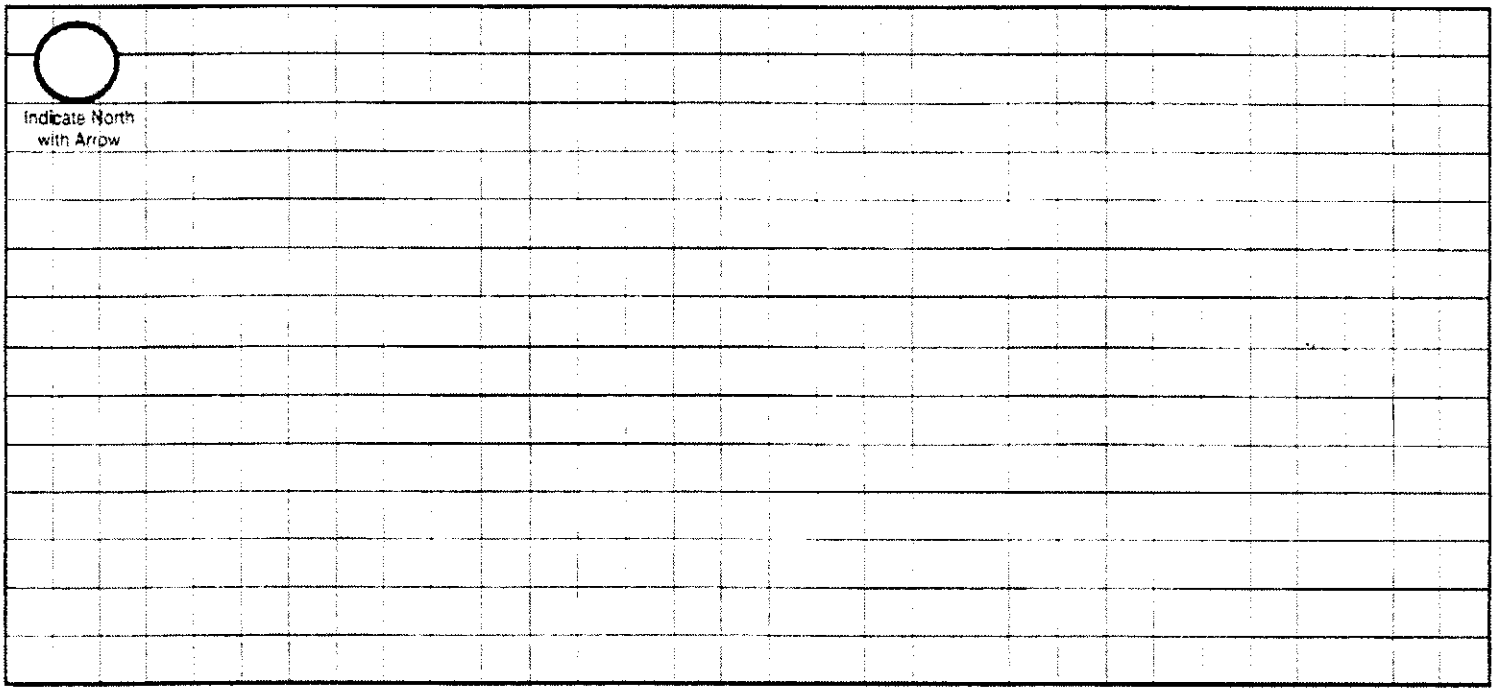
C

Permit Number: HS001207

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) 6355 South 114th City Lincoln NE. Zip _____

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 Silty Clay Loam 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 _____

Installer _____ Date 3-4-16

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. HS001207

System Type: Lagoon

Situs: 11212 ASPEN CANYON RD, RURAL, NE

Issued: 3/9/2016

Expires: 3/9/2017

Description: WHISPERING CREEK ADDITION, BLOCK 4, Lot 1

Owner: BURKEY, TROY L & LINDSAY R
7710 YANKEE WOODS BLVD
LINCOLN, NE 68516

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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301

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

DK 11/30/16 DK

Exhibit 5

Permit Number: 1K001207

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/30/16 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6255 S. 14th 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 _____ Sq. Ft. Tank Size 1000 gals

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

_____

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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:
System caused prior to inspection,

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up_____ Date _____

Follow-Up_____ Date _____

~~Installation Final Written Approval~~
By _____

Date 11/30/16

Updated 4/15

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

SCANNED

A

Permit Number
HS001207

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 6355 South 114th (no rural route) City Lincoln, NE Zip 68461

Legal Description 18 9 8

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

Geographical Location (if known): Lat/Long: 40 41 49 N 96 34 02 W PID 22-18-204-001-000 SB

B. Owner BK Custom Homes

Name Tray Burkey Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Blain Johnson Signature

Address 9533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.42 NA

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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 3/9/16
Date frwd 3/9/16
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3-9-16
Date frwd 3-9-16
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 3-8-16
Date frwd 3-8-16
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By
Date 11/30/16

Business Office Use Only
Date Received 3-8-16 Amount Paid $ 385.00
Received By SB Cash/Check No. 1767

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6355 South 114th (no rural route) City Lincoln NE, Zip

Owner Troy Burkey Address

Date of Tests 29 June to 30 June Weather: Precipitation none Temperature 90's

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	30"	6/29	8A	6/30	12P	6/30	4:00P	6	4:30	6/30	30	2 1/2	12
2								6				1/2	60
3								6				1/4	120
4								6				1 5/16	19.46
5								6				3/8	81.08
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blain Johnson
Phone: 402 410 2270
Address 8533 E State Hwy 41
Adams NE 68301

Sum of Percolation Rates: 291.54
Average of Rates: 58.30
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other)

Groundwater Depth 191

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

SCANNED

C

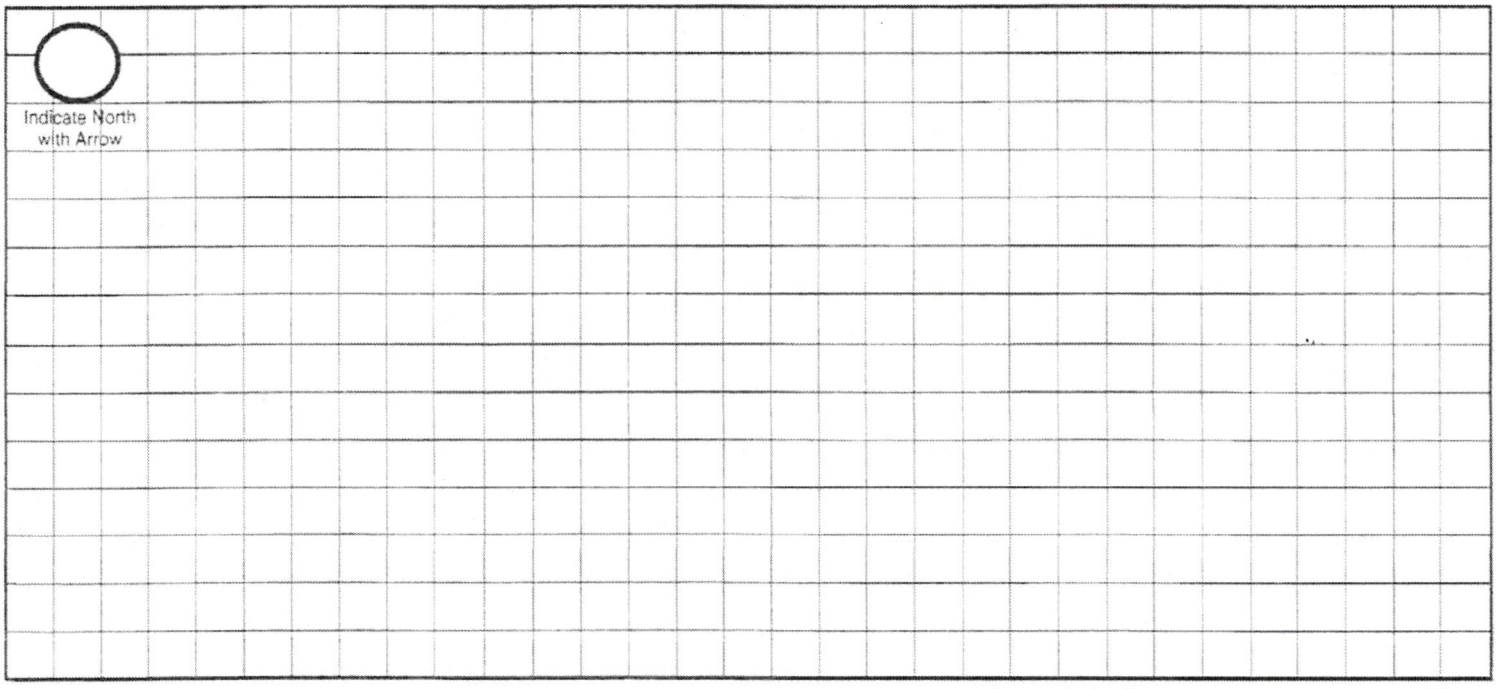
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS001207

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) 6355 South 114th City Lincoln NE, Zip _____

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 Silty Clay Loam 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 _____

Installer _____ Date 3-4-16

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) 6355 South 114

Owner: _____ Address _____

A. Wastewater Piping

1. Material: Plastic Diameter: 4 in.
2. Distance between dwelling and septic tank: 104 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 3x 1000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line 35+ ft
   Property Line 35+ ft.
   Foundation 75+ ft.

C Distribution Box or Drop Box NA

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 Plus
2. Number of Laterals: ~~6~~ 4
3. Length of each lateral (linear): ft. 125 ft. 125 ft. 125 ft. 125
4. Drainfield size: 1000 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +35 ft.
   Property line +35 ft.
   Depth of Groundwater 87

PH

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: 28 NOV 16

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

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

DK 11/30/16 gv

Exhibit 5

Permit Number: 1K0001207

Onsite Wastewater Treatment System

Inspection Sheet

SCANNED

Date 11/30/16 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6255 S. 16th 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 _____ Sq. Ft. Tank Size 1000 gals

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

_____

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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: System covered prior to inspection,

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval

Initial _____ Date _____

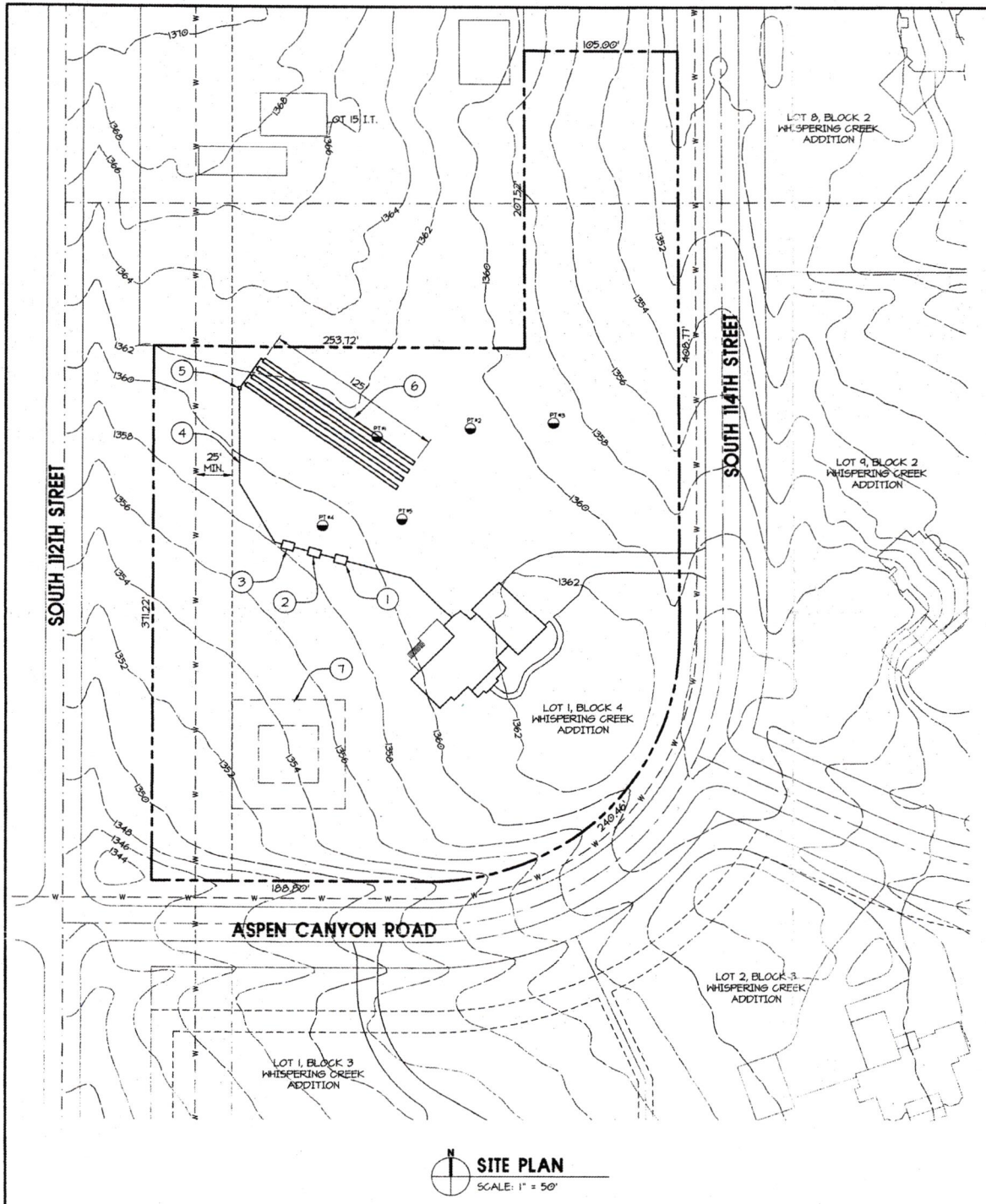
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 11/30/16



N

SITE PLAN

SCALE: 1" = 50'

DIAL BEFORE YOU DIG

DIAL BEFORE YOU DIG. CALL 1-800-331-5666 FOR LOCATION OF UNDERGROUND TELEPHONE, ELECTRIC, GAS MAINS, CABLE TELEVISION, AND CITY UTILITIES.

LEGAL DESCRIPTION:

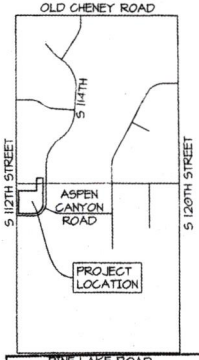
LOT 1, BLOCK 4
WHISPERING CREEK ADDITION
S 1/2 SECTION 18 T4N R8E
LINCOLN, LANCASTER COUNTY, NEBRASKA

ADDRESS:

6355 SOUTH 114TH STREET

SOIL TYPE:

SHARPSBURG SILTY CLAY LOAM (ShD)



Pollution Control Project
VICINITY MAP
NOT TO SCALE

APPROVED
Nebraska DEQ
11-2-16 Charles Duerschner PE

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10
STATE OF NEBRASKA
10-31-16

CONSTRUCTION NOTES

1. 1,000 GALLON SETTLING TANK WITH EFFLUENT FILTER
2. 1,000 GALLON FIXED ACTIVATED SLUDGE TANK WITH MICRO-FAST 0.75 UNIT BY BIO-MICROBICS, SEE DETAIL SHEET C-2
3. 1,000 GALLON DOSING TANK WITH ZOELLER MODEL 266 PUMP SEE DETAIL SHEET C-2
4. 2" FORCE MAIN
5. DISTRIBUTION BOX
6. LATERAL FIELD: 4 @ 125' WITH INFILTRATOR QUICK 4 STANDARD CHAMBERS
7. BACKUP: RESERVE AREA FOR FUTURE POLISHING POND

GENERAL NOTES:

1. ALL WORK SHALL CONFORM TO TITLE 124 - NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY, RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS AND MAINTENANCE OF WASTEWATER ON-SITE WASTEWATER TREATMENT SYSTEMS.
2. THE ON-SITE WASTEWATER TREATMENT SYSTEM SHALL BE INSTALLED BY A CERTIFIED ON-SITE WASTEWATER PROFESSIONAL.
3. ALL GRAVITY DISTRIBUTION LINES SHALL BE 4" PVC, SCHEDULE 40 AND SHALL HAVE A GRADE OF NOT LESS THAN 1/8" PER FOOT. ALL LINES SHALL BE EQUIPPED WITH CLEAN-OUTS WITH TIGHT FITTING CAPS, AT EVERY SEVENTY-FIVE FEET OR LESS, OR WHERE ANGLES GREATER THAN 45 DEGREES ARE ENCOUNTERED.
4. ALL PRESSURE DISTRIBUTION LINES SHALL BE PVC, SDR-26 OR APPROVED EQUIVALENT.
5. DOSING PUMP SHALL BE A ZOELLER MODEL 266 OR APPROVED EQUIVALENT. PUMP SHALL BE RATED FOR 45 GPM AND 13.5 TOTAL DYNAMIC HEAD.
6. THE EFFLUENT FILTER IN THE SEPTIC TANK SHALL HAVE MAXIMUM OPENINGS OF ONE-SIXTEENTH INCH.
7. THE PUMP CONTROL PANEL SHALL INCLUDE EXTERNALLY MOUNTED VISIBLE AND AUDIBLE ALARMS.
8. THE PUMP ELECTRICAL POWER SHALL BE PROVIDED ON A SEPARATE ELECTRICAL CIRCUIT THAT THAT OF THE ALARM SYSTEM.
9. THE PUMP SHALL BE REMOVABLE, AND THE LEVEL CONTROL AND ALARM SWITCHES SHALL BE LOCATED WHERE THEY ARE VISIBLE FROM THE GROUND AND ACCESSIBLE FOR CLEANING AND ADJUSTMENT WITHOUT REQUIRING HUMAN ENTRY INTO THE DOSING TANK.
10. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR WATER USAGE AND ENSURE THAT NO MORE THAN 700 GALLONS PER DAY IS BEING USED.

14 SEP 2016
31 OCT 16

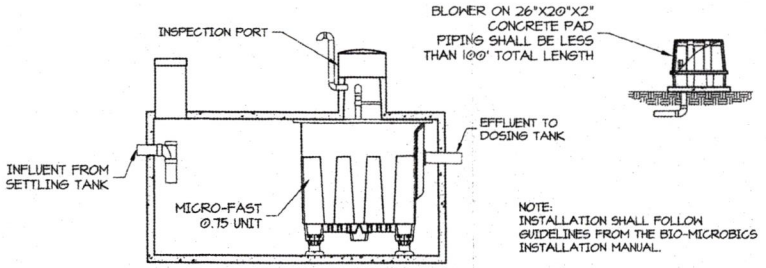
COPY

6355 SOUTH 114TH STREET
ON-SITE WASTEWATER TREATMENT SYSTEM
LINCOLN, NEBRASKA

SITE PLAN

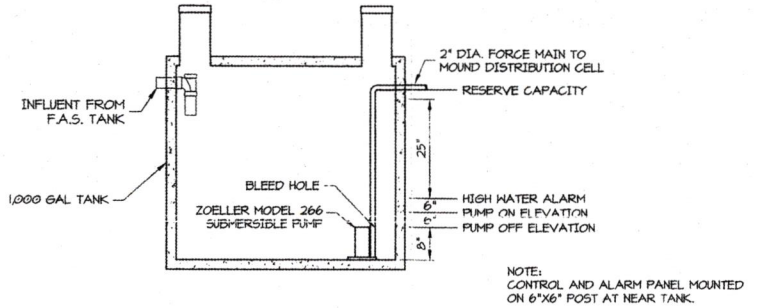
Design Associates of Lincoln, Inc.
ARCHITECTS • ENGINEERS • PLANNERS
PERSHING SQUARE, 1609 "N" STREET, LINCOLN NEBRASKA 68508
Voice 402-474-3000 office@DALincoln.com Fax 402-474-4045

C-1



FIXED ACTIVATED SLUDGE TANK

SCALE: 1" = 3'



DOSING TANK

SCALE: 1" = 3'

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10852
STATE OF NEBRASKA
10/31/16

31 OCT 2016

issued

6355 SOUTH 114TH STREET

ON-SITE WASTEWATER TREATMENT SYSTEM

LINCOLN, NEBRASKA

DETAILS

Design Associates of Lincoln, Inc.
ARCHITECTS • ENGINEERS • PLANNERS
PERSHING SQUARE, 1609 "N" STREET, LINCOLN, NEBRASKA 68508
Voice 402-474-3000 office@DesAssocLincoln.com Fax 402-474-4045

project no.

sheet no. C-2

COPY

Nebraska Department of Environmental Quality

Construction Permit No. 16OWT038

is hereby issued to

Troy Burkey

for the

700 Gallon per Day Onsite Wastewater Treatment Alternative Design System

Description:

The system shall be comprised of a 1000 gallon settling tank followed by a 1000 gallon Fixed Activated Sludge tank with Mirco-Fast 0.75 and nearby air pump. Next, a 1000 gallon dosing tank pumps through a 2-inch force main to a 5-hole distribution box and separate pipes to four, 125-foot long laterals containing quick 4 standard chambers. Control and visual/audio alarm panel will be mounted to a 6-inch post. A maintenance agreement with a certified and manufacturer authorized installer is required for the life of the system.

located at

6355 South 112th St
Sec. 18, T09, R08E
Lancaster County

Pursuant to a Delegation Memorandum dated August 22, 2016, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed November 1, 2016

Shelley Schneider

Shelley Schneider, Water Permits Division Administrator

20160062748

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186, Fax (402) 471-2909

Nebraska Department of Environmental Quality

Operating Permit No. 16OWT038

is hereby issued to

Troy Burkey

Based upon the notification of construction completion dated November 16, 2016 and received on April 18, 2017 from Jeremy Williams P.E. and the system registration (TS30613) submitted by Blain Johnson (2287)
for the

700 Gallon per Day Onsite Wastewater Treatment Alternative Design System

Description:

The system shall be comprised of a 1000 gallon settling tank followed by a 1000 gallon Fixed Activated Sludge tank with Mirco-Fast 0.75 and nearby air pump. Next, a 1000 gallon dosing tank pumps through a 2-inch force main to a 5-hole distribution box and separate pipes to four, 125-foot long laterals containing quick 4 standard chambers. Control and visual/audio alarm panel will be mounted to a 6-inch post. A maintenance agreement with a certified and manufacturer authorized installer is required for the life of the system.

located at

6355 South 112th St
Sec. 18, T09, R08E
Lancaster County

Pursuant to a Delegation Memorandum dated August 22, 2016, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed 4/19/17

Shelley Schneider

Shelley Schneider, Water Permits Division Administrator

Suite 400, The Atrium, 1200 "N" Street P,. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186, Fax (402) 471-2909, e-mail Pubinfo@mail.deq.state.ne.us

20170031747