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

A

Permit Number #S001231

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 21045 NW 70th ST (no rural route) City Agnew, NE Zip 68428

Legal Description SW 12 12N 5E

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

Geographical Location (if known): Lat/Long: 06-12-301-002-000 SB PID

B. Owner

Name Greg + Nicole Proscski Signature [signature]

Address 21045 NW 70th ST City/State/Zip Agnew Ne

Home Phone 402 432-5541 Work Phone

C. Certified Installer

Name: Henton Trenching Inc Signature [signature]

Address 13092 US Hwy 30 City/State/Zip Bee Ne 68314

Work Phone 402 426 9580

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 2 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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4-15-16 Amount Paid $385.00
Received By SB Cash/Check No. VISA

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

Form A Updated, 5/10

NEBRASKA DEO

Onsite Wastewater Treatment System HS001231
Soil Percolation Test Data Sheet

Owner Name Greg Prososki Phone 402 432 5541

Address 21040 NW 70th St Agnew Ne 68428
City State Zip

Location (Attach a sketch of the property showing test hole locations)

SW ¼ ¼ 12 Section 12N Township 5E Range Lancaster County

Lot # — Subdivision —

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ✓ Loamy Sand ____ Silty Clay ____

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date 4/8/16 to End Date 4/9/16, 20____

Weather Conditions

Precipitation none Avg. Temp 47 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period Start Date (Mo./Day)	Pre-saturation Period Start Time (Hr./Min)	Pre-saturation Period End Date (Mo./Day)	Pre-saturation Period End Time (Hr./Min)	Percolation Readings (last period) Start Date (Mo./Day)	Start Time (Hr./Min)	Start Water Level (inch)	End Time (Hr./Min)	End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (m ÷ I) (Minutes per inch)
1	47"	4/8	3:00	4/8	7:00	4/9	2:00	6"	6:00	3.25	30	3.25	10.8
2	47"	4/8	3:15	4/8	7:15	4/9	2:15	6"	6:45	2.25	30	3.50	11.66
3	48"	4/8	3:30	4/8	7:30	4/9	2:30	6"	6:30	5.75	30	5.25	17.5
4	46"	4/8	3:45	4/8	7:45	4/9	2:45	6"	6:45	3.75	30	3.75	12.5
5	46"	4/8	4:00	4/8	8:00	4/9	3:00	6"	7:00	5.00	30	5.00	16.6

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature

Certificate or License # C 1860

Address 13092 US Hwy 30

City Blair St Ne Zip 68008

Phone 402 426 7580

Sum of Percolation Rates = 69.0

Avg. of Percolation Rates* = 13.8
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

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

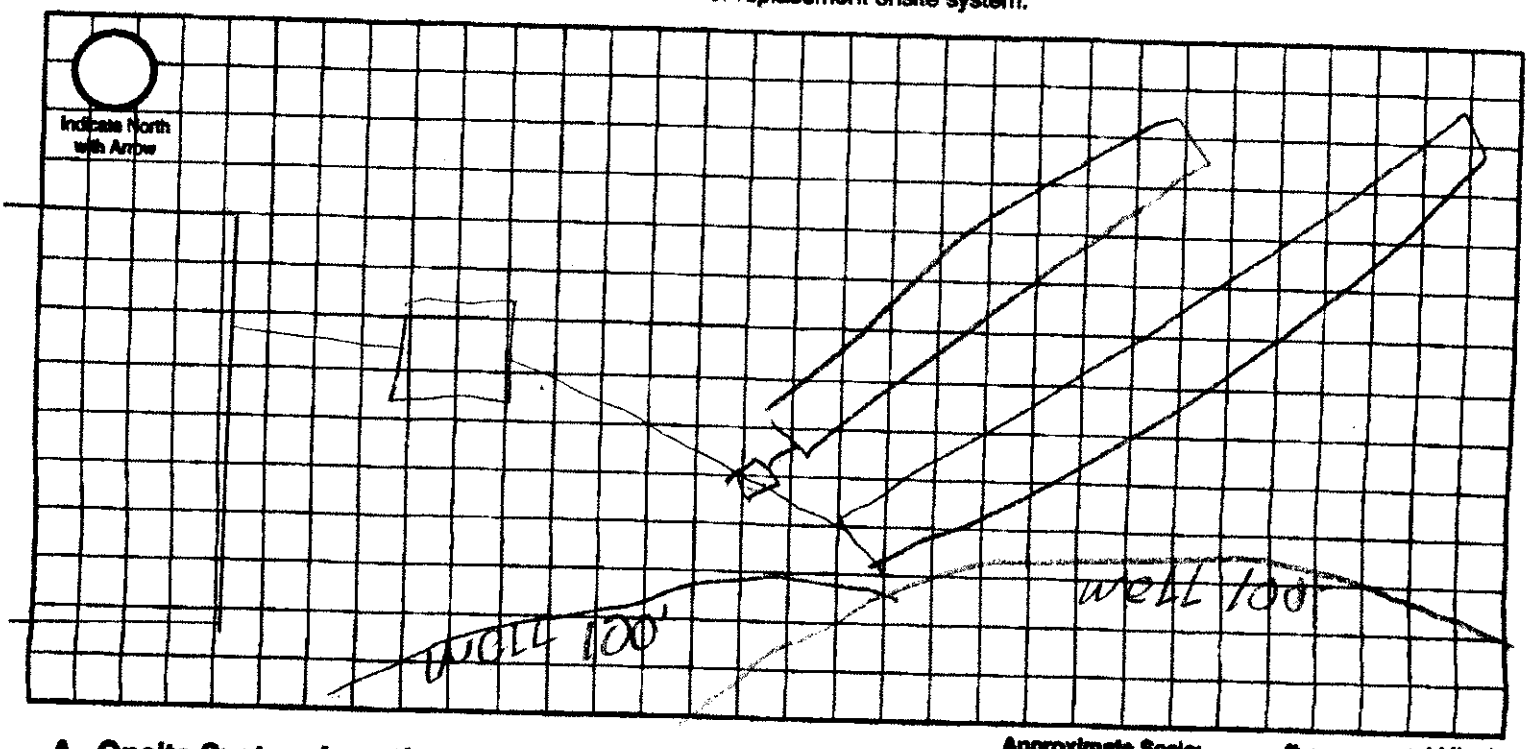
C

Permit Number: HS001231

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) 21045 NW 70th St City Agnes NE, Zip 68428

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 (percolaetion test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 13.8 (min/inch = mpi) No. of Bedrooms 2 Soil Type sandy clay Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 630 sq.ft.

Total length of laterals 126 Type of distribution: ☐ Perforated pipe ☒ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 2 Width 60' 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 4/13/16

Installer Norton Trenching _____ Date 4/13/16

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. HS001231

System Type: Standard

Situs: 21040 NW 70 ST, RURAL, NE

Issued: 4/19/2016

Expires: 4/19/2017

Description: AGNEW, BLOCK 1, Lot 6, S16' & ALL LOTS 7, 8 & 9 & N1/2 VAC GEORGE ST ADJ LOT 8 & 9 & ALL VAC ALL ADJ & S1/2 VAC ALL ADJ N OF LOT 9 (INSTR#05-10404)

Owner: PROSOSKI, GREGORY L & NICOLE E
21040 NW 70 ST
AGNEW, NE 68428

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

HENTON TRENCHING INC
13092 US HWY 30
BLAIR, NE 68008

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

5/17/16 dr

Exhibit 5

Permit Number: HS001251

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/18/16 Legal Description 12 – 12 – 5

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 21040 NW 70th 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 650 Sq. Ft. Tank Size 1500 gals

Total length of laterals ~~130~~ 130 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 5' No. of Drop Boxes 0 Distribution Box 1

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

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 N/O Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments: Poked tape from closest wall + 7100 ft.

Field Note Drawing (See Reverse Side):

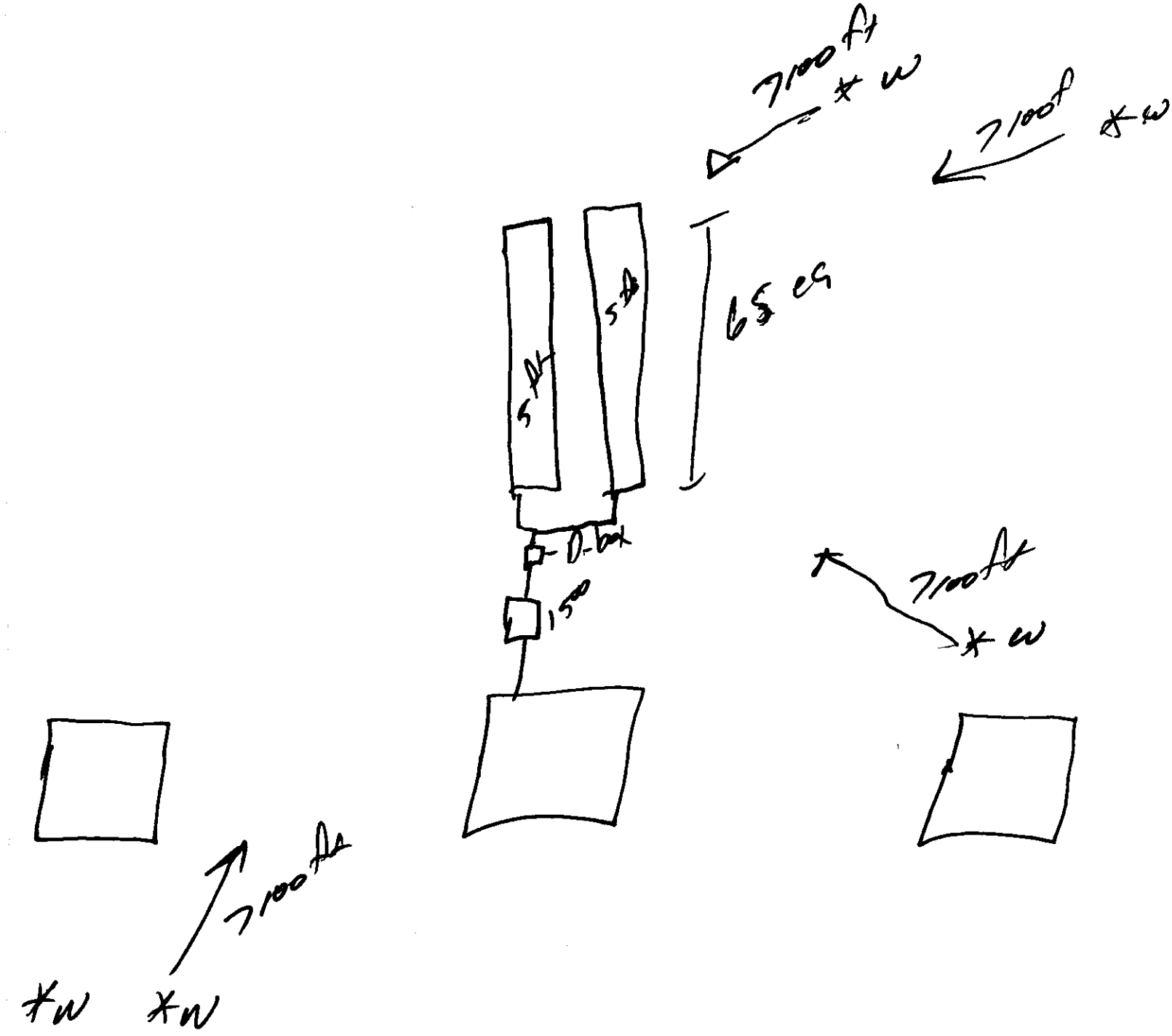
Inspections prior to Final Approval
Initial _____ Date 5/17/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 5/18/16


7100 ft
* w
7100 ft
* w
5 ft
5 ft
65 ea
D-Box
150
7100 ft
* w
7100 ft
* w
* w

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

SCANNED

A

Permit Number
#S001231

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 21040 NW 70th St (no rural route) City Agnew, NE Zip 68428

Legal Description SW 12 12N 5E
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

Geographical Location (if known): Lat/Long: 06-12-301-002-000 SB PID

B. Owner

Name Greg + Nicole Prososki Signature Nicole Prososki

Address 21040 NW 70th St City/State/Zip Agnew Ne

Home Phone 402 432-5541 Work Phone

C. Certified Installer

Name: Henton Trenching Inc Signature

Address 13092 US Hwy 30 City/State/Zip Blair Ne 68008

Work Phone 402 426 9580

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 2 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. 82-30

1. Health Department
Site visits
Date rec'd 4/19/16
Date frwd 4/19/16
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 5/18/16

Business Office Use Only
Date Received 4-15-16 Amount Paid $385.00
Received By SB Cash/Check No. VISA

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

Form A Updated: 5/10

NEBRASKA DEO

Onsite Wastewater Treatment System HS001231
Soil Percolation Test Data Sheet

SCANNED

Owner Name Greg Prososki Phone 402 432 5541

Address 21040 NW 70th St Agnew Ne 68428
City State Zip

Location (Attach a sketch of the property showing test hole locations)

SW ¼ ¼ 12 Section 12N Township 5E Range Lancaster County

Lot # — Subdivision —

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ✓ Loamy Sand ____ Silty Clay ____

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date 4/8/16 to End Date 4/9/16, 20____

Weather Conditions

Precipitation none Avg. Temp 47 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ l) (Minutes per inch)
1	47"	4/8	3:00	4/8	7:00	4/9	2:00	6"	6:00	3.25	30	3.25	10.8
2	47"	4/8	3:15	4/8	7:15	4/9	2:15	6"	6:15	2.25	30	3.50	11.66
3	48"	4/8	3:30	4/8	7:30	4/9	2:30	6"	6:30	5.75	30	5.25	17.5
4	46"	4/8	3:45	4/8	7:45	4/9	2:45	6"	6:45	3.75	30	3.75	12.5
5	46"	4/8	4:00	4/8	8:00	4/9	3:00	6"	7:00	5.00	30	5.00	16.6

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature

Certificate or License # C 1860

Address 13092 US Hwy 30

City Blair St. Ne Zip 68008

Phone 402 426 9580

Sum of Percolation Rates = 69.0

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 13.8

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

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

SCANNED

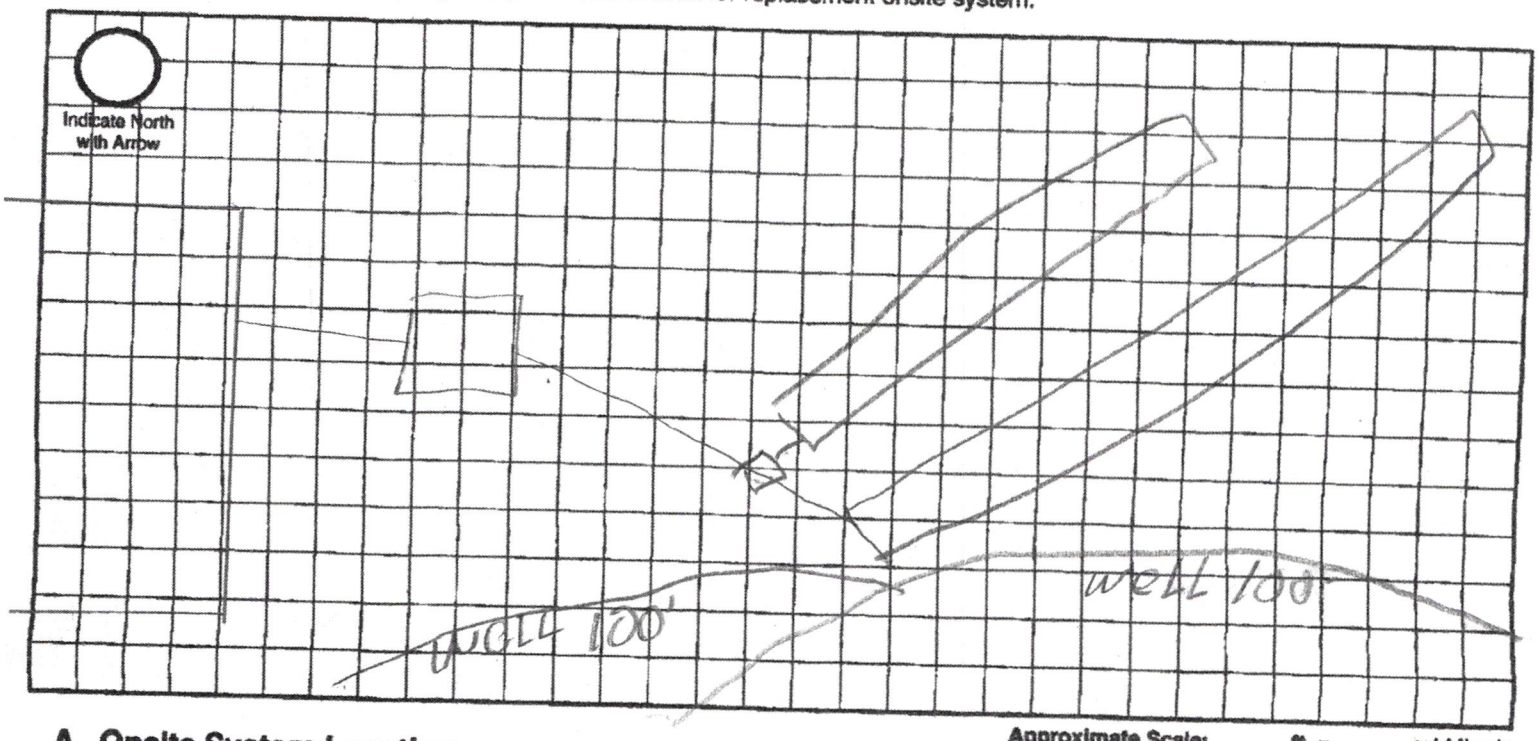
C

Permit Number: HS001231

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) 21045 NW 70th St City Agnew NE, Zip 68428

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 13.8 (min/inch = mpi) No. of Bedrooms 2 Soil Type Sandy clay Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 630 sq.ft.

Total length of laterals 126 Type of distribution: ☐ Perforated pipe ☒ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 2 Width 60" 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

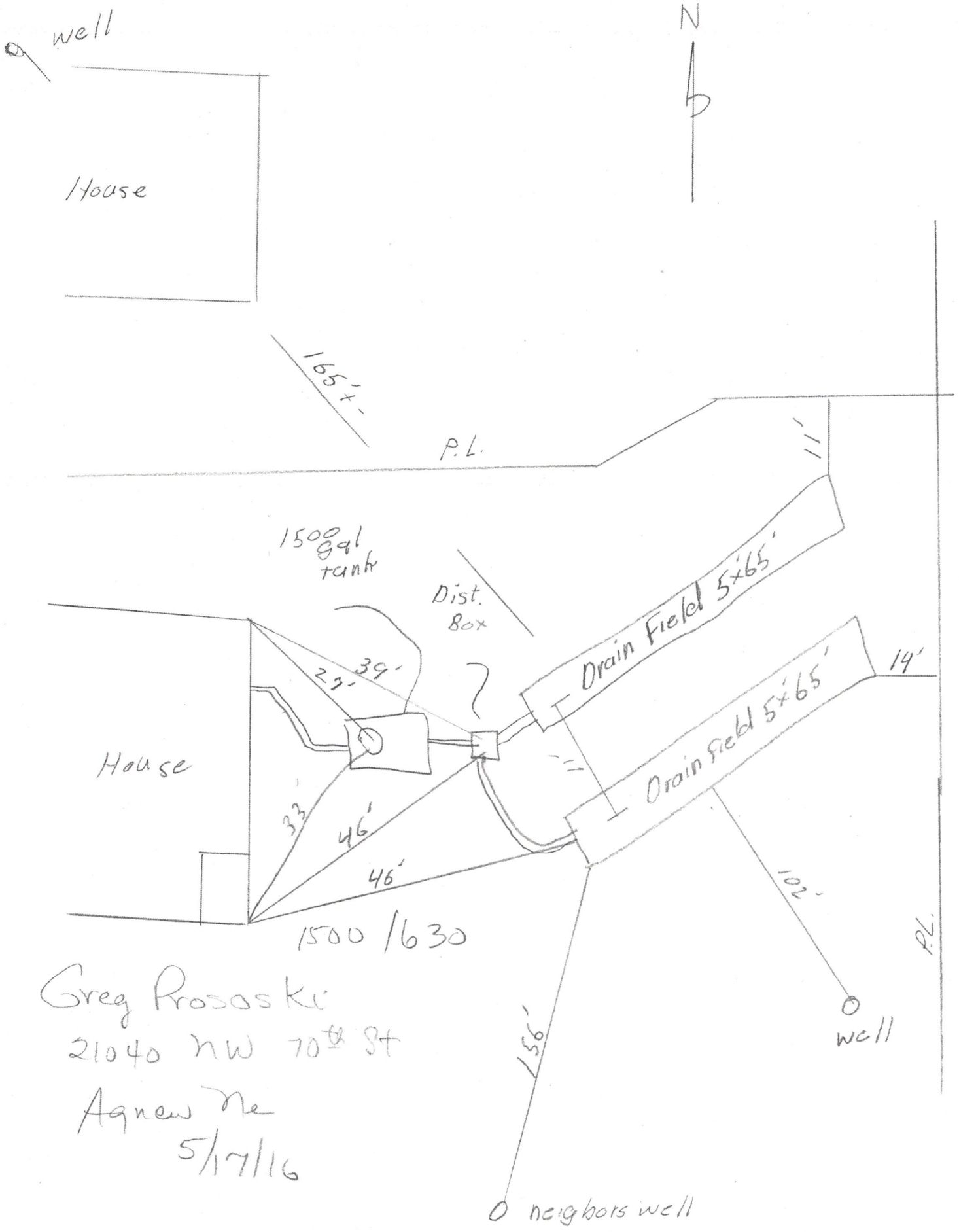
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☑
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

F. Required Signatures

Home Building Contractor _____ Date 4/13/16

Installer Heston Trenching Date 4/13/16

HS00 1231 T12, R5, Sec. 12



1500 / 1630

Greg Prososki
21040 NW 70th St
Agnew Ne
5/17/16

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

SCANNED 5/27/16 dr

Exhibit 5

Permit Number: HS001251

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/18/16 Legal Description 12 - 12 - 5
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 21040 NW 70th 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 650 Sq. Ft. Tank Size 1500 gals

Total length of laterals ~~130~~ 130 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 5' No. of Drop Boxes 0 Distribution Box 1

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 N/D Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:
Rolled tape from closest well
± 7100 ft.

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial 5/27/16 Date DH

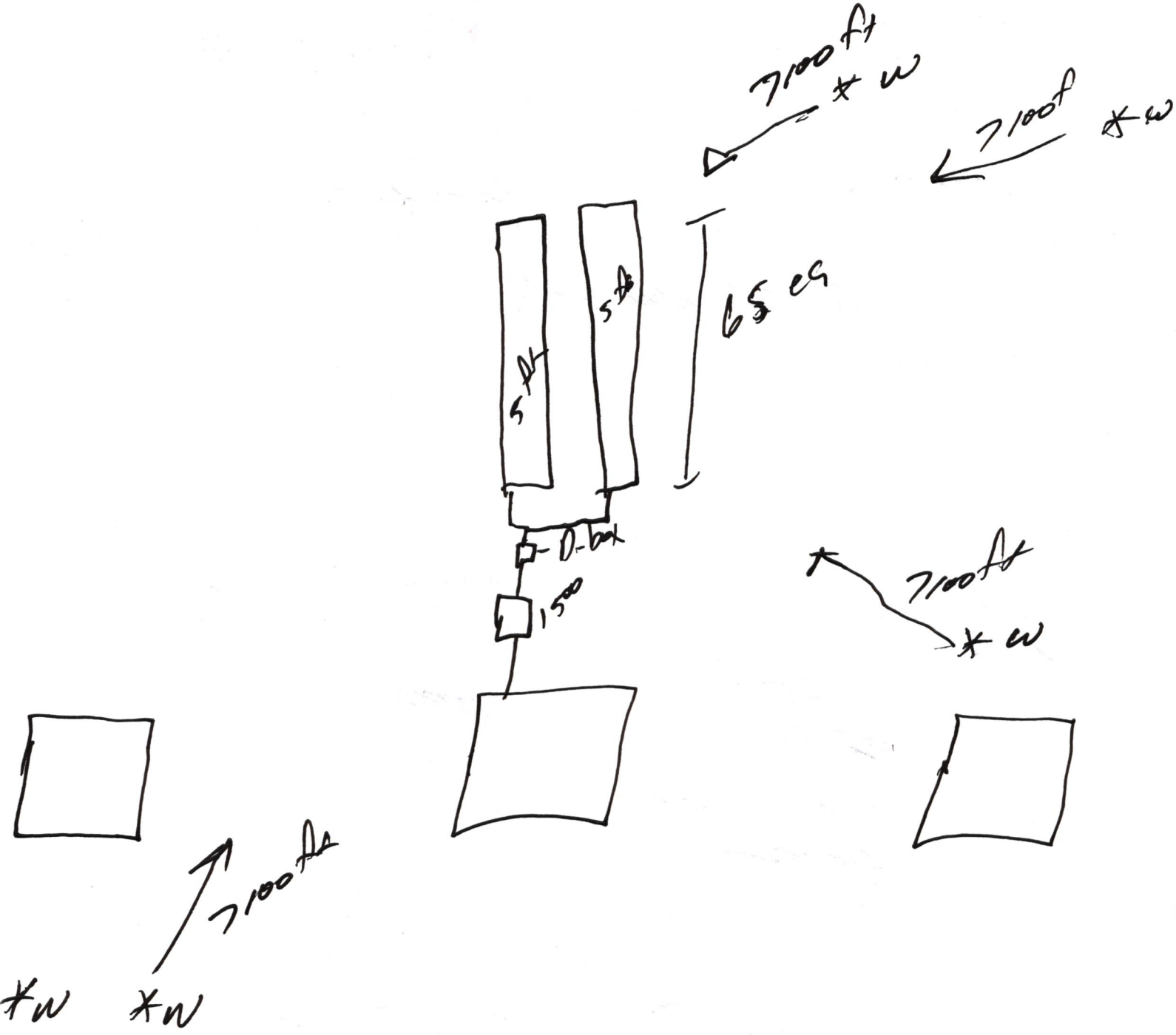
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 5/18/16

Updated 4/15


7100 ft
* w
7100 ft
* w
5 ft
5 ft
65 ft
D-box
150
7100 ft
* w
7100 ft
* w
* w