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

A

Permit Number
HS001232

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 7233 Bronco Hills Dr (no rural route) City Denton, NE Zip 68339

Legal Description Lot 1 Block 1 2nd Addition T9N R5E Sec 24 SB / /
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-24-206-001-000 SB *Approx. Address (If to be determined)

B. Owner

Name Igor Korol Signature

Address 5523 S 31st #3 City/State/Zip Lincoln NE 68516

Home Phone 402-770-7103 Work Phone

C. Certified Installer

Name: Scott Subbert Signature

Address 1012 Co Rd M City/State/Zip Mead Ne 68041

Work Phone

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.9
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

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
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

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. HS001232

System Type: Lagoon

Situs: 7233 BRONCO HILLS DR, RURAL, NE

Issued: 4/19/2016

Expires: 4/19/2017

Description: BRONCO HILLS ESTATES 2ND ADDITION, BLOCK 1, Lot 1

Owner: KOROL, IGOR P
5523 S 31 ST UNIT 3
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

SCOTT SUBBERT
1012 CO RD M
MEAD, NE 68041

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

SCANNED

A

Permit Number
HS001232

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 7233 Bronco Hills Dr (no rural route) City Denton, NE Zip 68339

Legal Description Lot 1 Block 1 2nd Addition T9N R5E Sec 24 SB / /

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

PID 02-24-206-001-000 SB *Approx. Address (If to be determined)

B. Owner

Name Igor Korol Signature

Address 5523 S 31st #3 City/State/Zip Lincoln NE 68516

Home Phone 402-770-7103 Work Phone

C. Certified Installer

Name: Scott Subbert Signature

Address 1012 Co Rd M City/State/Zip Mead NE 68041

Work Phone

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.9

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

1. Health Department

Site visits tank only - 12/29/16 DC 2,000 gallon tank

Comments +5 ft freeboard

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 7/24/17

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: 4/15

+ Bank fillers w/ Gravel — PH

After Note

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 7233 Bronco Hills Drive (no rural route) City Denton NE, Zip 68339

Owner Igor Kolog Address 5523 S 31st #3 Lincoln Ne 68516

Date of Tests 4/14/16 to 4/15/16 Weather: Precipitation 0 Temperature 50s

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.
		Start		End		Start			End			Results	
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	24	4/14	4.30	4/15	5.00	4/15	5.30	6	4/15	6.00	.30	.50	60
2	20	"	"	"	"	"	"	6	"	"	"	.50	60
3	24	"	"	"	"	"	"	6	"	"	"	.65	50
4	22	"	"	"	"	"	"	6	"	"	"	.65	50
5	30	"	"	"	"	"	"	6	"	"	"	.50	60
6	23	"	"	"	"	"	"	6	"	"	"	.50	60
								6					
								6					

Person Conducting Percolation Test

Name: Scott Subbert
Phone: 402-432 6549
Address 1012 Co Rd M
Mead Ne 68041

Sum of Percolation Rates: 340
Average of Rates: 56.66
Rate Used for Calculation: 57

Soil type (NRCS Maps/Other)

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 12_05

Attention: NATE

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

dkgr 8/3/17

D Exhibit 4

Permit Number:

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) _____

Owner: _____ Address _____

A. Wastewater Piping

1. Material: Plastic Diameter: 4 in.
2. Distance between dwelling and septic tank: 43 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 73 ft.
   Pressure line 30 ft
   Property Line 50 ft.
   Foundation 43 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless.
   ADS 32"
2. Number of Laterals: 20
3. Length of each lataral (linear): ft. 5 ft. _____ ft. _____ ft. _____
4. Drainfield size: 1750 sq. ft.
5. Distance to:
   Well 101 ft.
   Pressure line 60 ft.
   Property line 60 ft.
   Depth of Groundwater 20

1750 SFT trenches

NH

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.

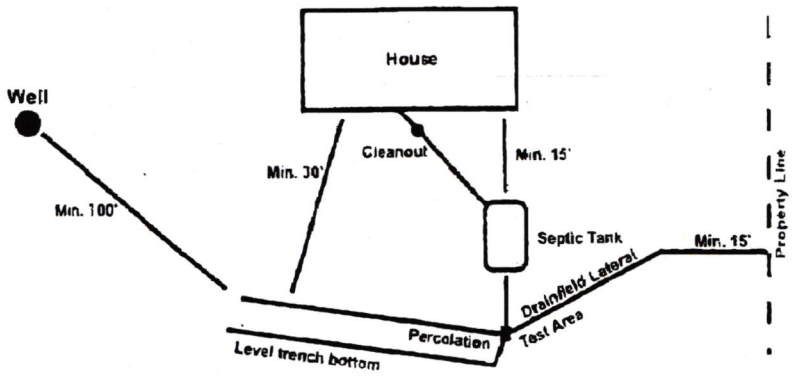
Certified Professional Signature: Scott Sutton Date: 7/24/17

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

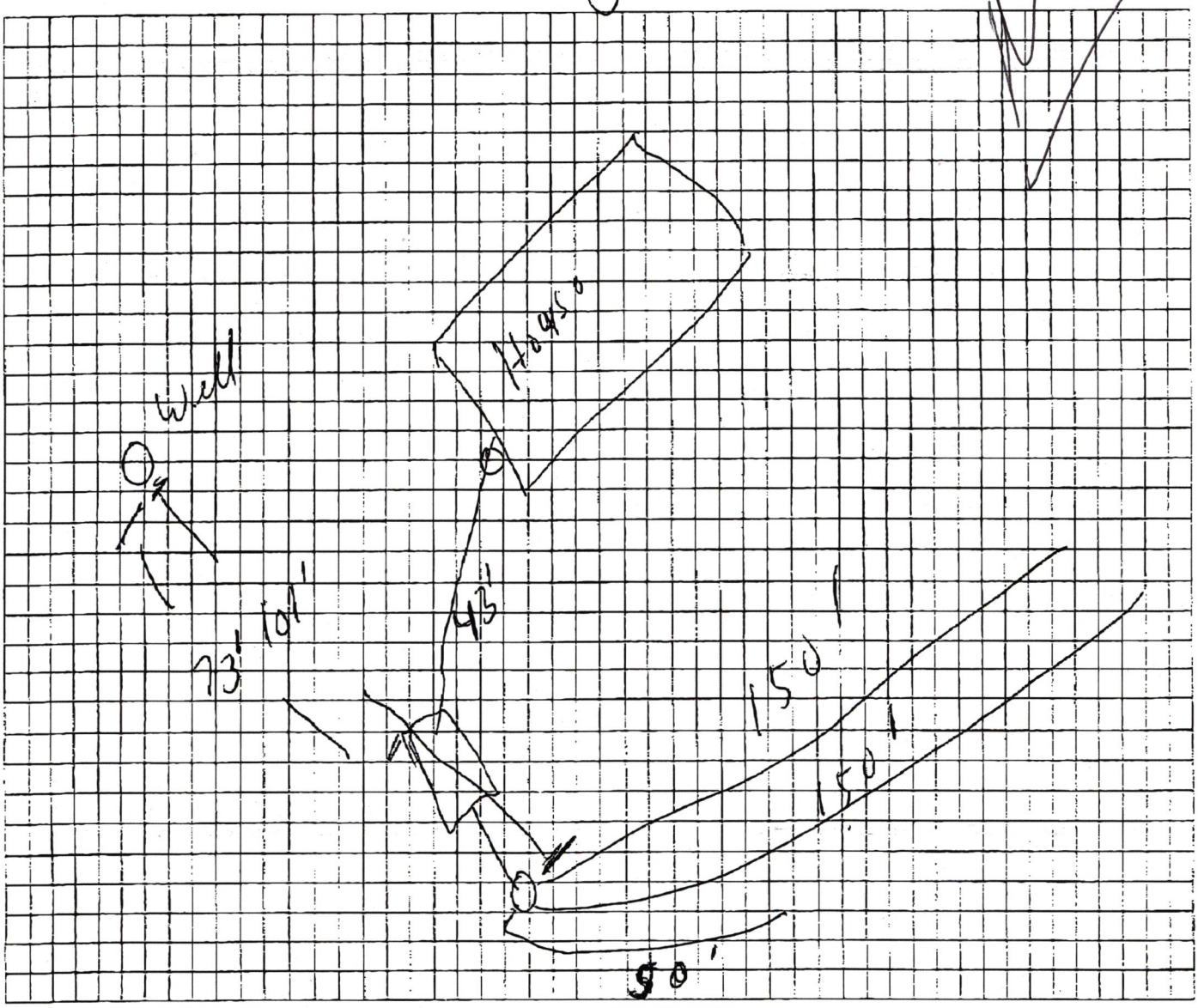
Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions



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

Exhibit 5

Permit Number: HS001232

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/24/17 Legal Description Bronco Hills Blk 1, Lot 1

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7733 Bronco Hills 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 _____ 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 _____ N/A

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 N/A

Lateral #2 _____ Lateral #4 _____

Comments: * Rolled tape once system was covered, appeared that septic may be closer than 100ft to well, Had contractor verify the distance - see D-sheet.

* System Covered prior to inspection

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial DH Date 7/18/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 7/24/17

Updated 4/15