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

A

Permit Number

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* 8201 Haley Lynn Ln. (no rural route) City Denton, NE Zip 68339

Legal Description 21 9N 5E High Meadow Add 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-21-402-002-000 SB *Approx. Address (If to be determined)

B. Owner

Name Larry Wilder Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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
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
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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 5-17-16 Amount Paid $385.00
Received By SB Cash/Check No. 9899

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

Engineering Surveying

6037 OAKCREST PLAZA, OMAHA, NEB. 68137 891-0854

SOIL ABSORPTION TEST DATA REPORT

Property Where Soil Tested:

Owner: Robert Larry Wilkes Address: 820 Haley Lyon Dr

Location: _____ Property Dimensions: _____ X _____ Lot Size: _____
(attach sketch of property showing hole location)

Soil Type:
Silty Clay ☐ Silty Clay Loam ☐ Sandy Loam ☐
Silty Loam ☐ Clay Loam ☐ Sandy Clay ☐

Dates of Test: 5-15-16 Weather: Precipitation NA Temperature 60's

PERCOLATION TEST DATA TABLE

A	B	C	D	E	F	G	H	I	J	K	L	M	N
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole #	Hole Depth (ins.)	Date	Time	Date	Time	Date	Time	Water Level	Time	Water Level	Elapsed Time (min.)	Water Level Drop (in.)	Perc. Rate
1	36	5-15	9A	5-15	1 pm	5-15	1p	18"	1:30p	19"	30	1	30
2	36	5-15	9a	"	1 pm	"	1p	18"	1:30p	18 3/4"	30	3/4	40
3	36	5-15	9A	"	1 pm		1p	16"	1:30p	16 3/4	30	3/4	40
4	36	5-15	9A	"	1pm		1p	17"	1:30p	18"	30	1	30
5	36	5-15	9a	"	1 pm		1p	17"	1:30p	17 3/4	30	3/4	40
6	36	5-15	9A	"	1pm		1p	18"	1:30p	19	30	1	30

Sum of Percolation Rates 210

Average of Rates _____

Inches Per Minute 35

Signature of Person Conducting Test

PE/LS, Inc. 6037 Oakcrest Plaza, Omaha, Ne. 68137

(402) 891-0854

DO NOT WRITE BELOW THIS LINE

Remarks: _____

Reviewing Action

Approved Perc. Rate: _____

Signature of Reviewing Offial Date

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. HS001256

System Type: Standard

Situs: 8201 HALEY LYNN LN, RURAL, NE

Issued: 5/20/2016

Expires: 5/20/2017

Description: HIGH MEADOW ADDITION, BLOCK 2, Lot 2

Owner: WILDER, LARRY
8201 HALEY LYNN LN
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

MUELLER TRENCHING INC
1345 N 26TH RD
SYRACUSE, NE 68446

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

OKg 6/13/16

Exhibit 5

Permit Number: H5001256

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/1/16 Legal Description High Meadow Add. Blk 2, Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 8201 Haley Lynn Ln. 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 1,377 Sq. Ft. Tacta 2.625 Tank Size 2,000 gals

Total length of laterals 380' 400 required Type of Distribution: ☑ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width _____ 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 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval

Initial 5/31/16 Date OC

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval

By Doug Rouse

Date 6/1/16

Field Note Drawing (See Reverse Side):

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

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HS001256

Onsite Wastewater Treatment System Permit Application

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Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller Signature Scott Mueller

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Work Phone 402-430-2946

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Designer Name Firm Work Phone

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Date rec'd 5/20/16
Date frwd 5/20/16

ACTION ☑ Approved ❑ Disapproved
Signature

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Comments

Date rec'd
Date frwd

ACTION ☒ Approved ❑ Disapproved
Signature

3. City or County Engineer
Comments

Date rec'd
Date frwd

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Signature

Installation Final Written Approval
By
Date 6/1/16

Business Office Use Only
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White - Health Department Yellow - Engineer Pink - Building & Safety

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Comments
Date rec'd 5-18-16
Date frwd 5-18-16
ACTION ☒ Approved ☐ Disapproved
Signature Chastell Jhl

3. City or County Engineer
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Form A Updated 4/1

5
6