MAY 13 2016

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

A

Permit Number
HS001259

Existing Home/New Shed with it's Own System

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 10200 W Denton Rd (no rural route) City Denton, NE Zip 68339

Legal Description SE (1/4) 16 (1/4 Section) 9N (Township) 5E (Range) ____ (Subdivison) ____ (Addition) 9 (Block) ____ (Lot)

PID 03-16-400-005-000

B. Owner

Name John Sullivan Signature [signature]

Address 10200 W Denton Rd City/State/Zip Denton, NE 68339

Home Phone 402-499-8826 Work Phone ____

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 ____ Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 104

Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Shed with Bathroom Design flow in gallons per day <200

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
Site visits ____ Date rec'd ____ ACTION ☐ Approved ☐ Disapproved
Date frwd ____ Signature ____
Comments ____

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

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

Installation Final Written Approval
By ____
Date ____

Business Office Use Only
Date Received 5-17-16 Amount Paid $385.00
Received By SP Cash/Check No. 8899

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

Form A Updated: 1/13

B

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

Permit Number: HSD01259

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 10200 W Denton Rd (no rural route) City Denton NE, Zip 68339

Owner John Sullivan Address Same

Date of Tests 3/24/16 to 3/25/16 Weather: Precipitation 0 Temperature 40°

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	25	3/24	10:30a	3/24	2:30p	3/25	4:30p	6	3/25	5:00p	30	1-1/4	24
2	26	"	"	"	"	"	"	6	"	"	"	2	15
3	29	"	"	"	"	"	"	6	"	"	"	7/8	34
4	24	"	"	"	"	"	"	6	"	"	"	2	15
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

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

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 88

Average of Rates: 22

Rate Used for Calculation: 34 (20 mpi variance)

Soil type (NRCS Maps/Other) Mayberry Silty Clay Loam

Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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

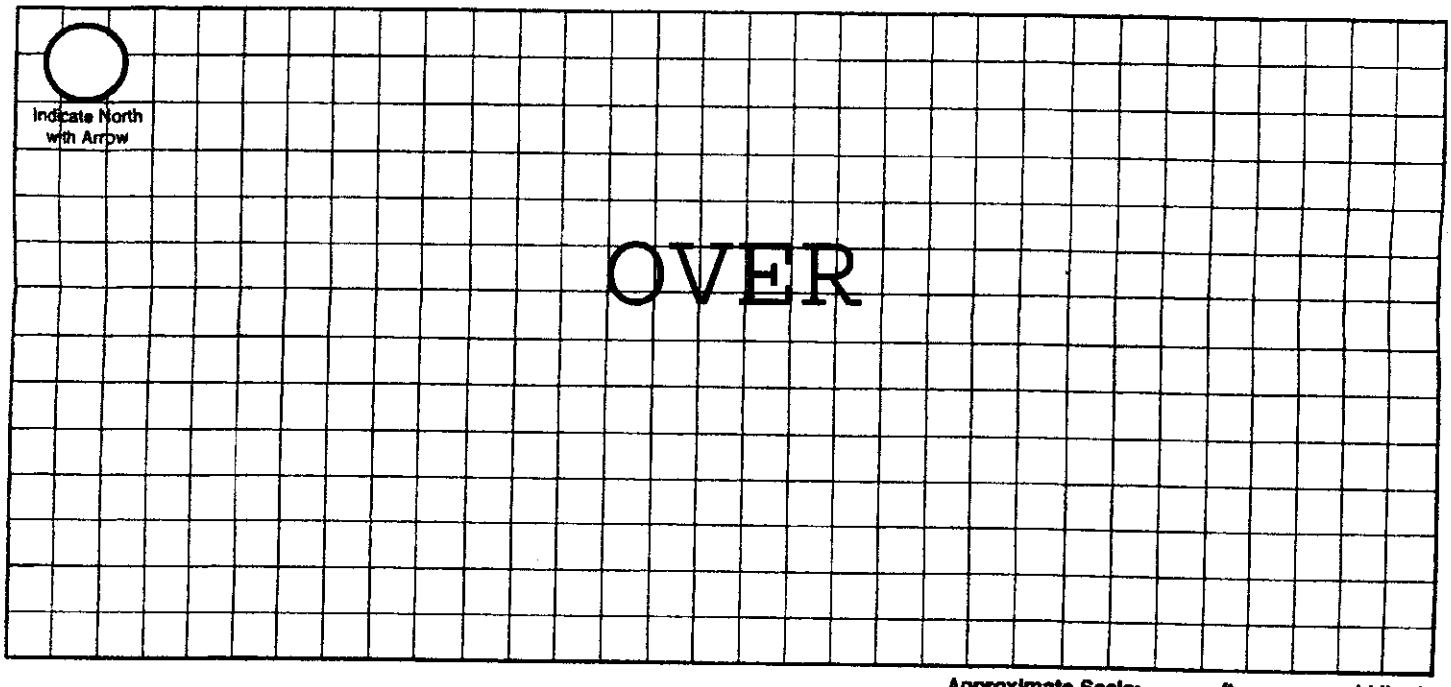
C

Permit Number: HS001259

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) 10200 W Denton Rd City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 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

Shed with Bathroom

Percolation Rate 22 (min/inch = mpi) No. of Bedrooms N/A Soil Type Mayberry Silty Clay Loam Land Slope 3-6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 362 sq.ft.

Total length of laterals 100' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 40" No. of drop boxes 1 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 5-3-16

Installer _____ Date 5/9/16

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. HS001259

System Type: Standard

Situs: 10200 W DENTON RD, RURAL, NE

Issued: 5/20/2016

Expires: 5/20/2017

Description: S16, T9, R5, 6th Principal Meridian, LOT 9 SE

Owner: SULLIVAN, JOHN L &
KRAL-SULLIVAN, BARBARA L
REVOCABLE TRUST
10200 W DENTON 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
13800 NW 70TH ST
RAYMOND, NE 68428

Exhibit 5

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

OK 6/13/16

Permit Number: H500/259

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/13/16 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10300 W. Denton Rd 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 363 Sq. Ft. Tank Size 1000 gals

Total length of laterals 100' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

_____

No. of Absorption Laterals 1 Width 3' 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_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

NAD

Inspections prior to Final Approval
Initial DPH Date 6/14/16

Follow-Up_____ Date _____

Follow-Up_____ Date _____

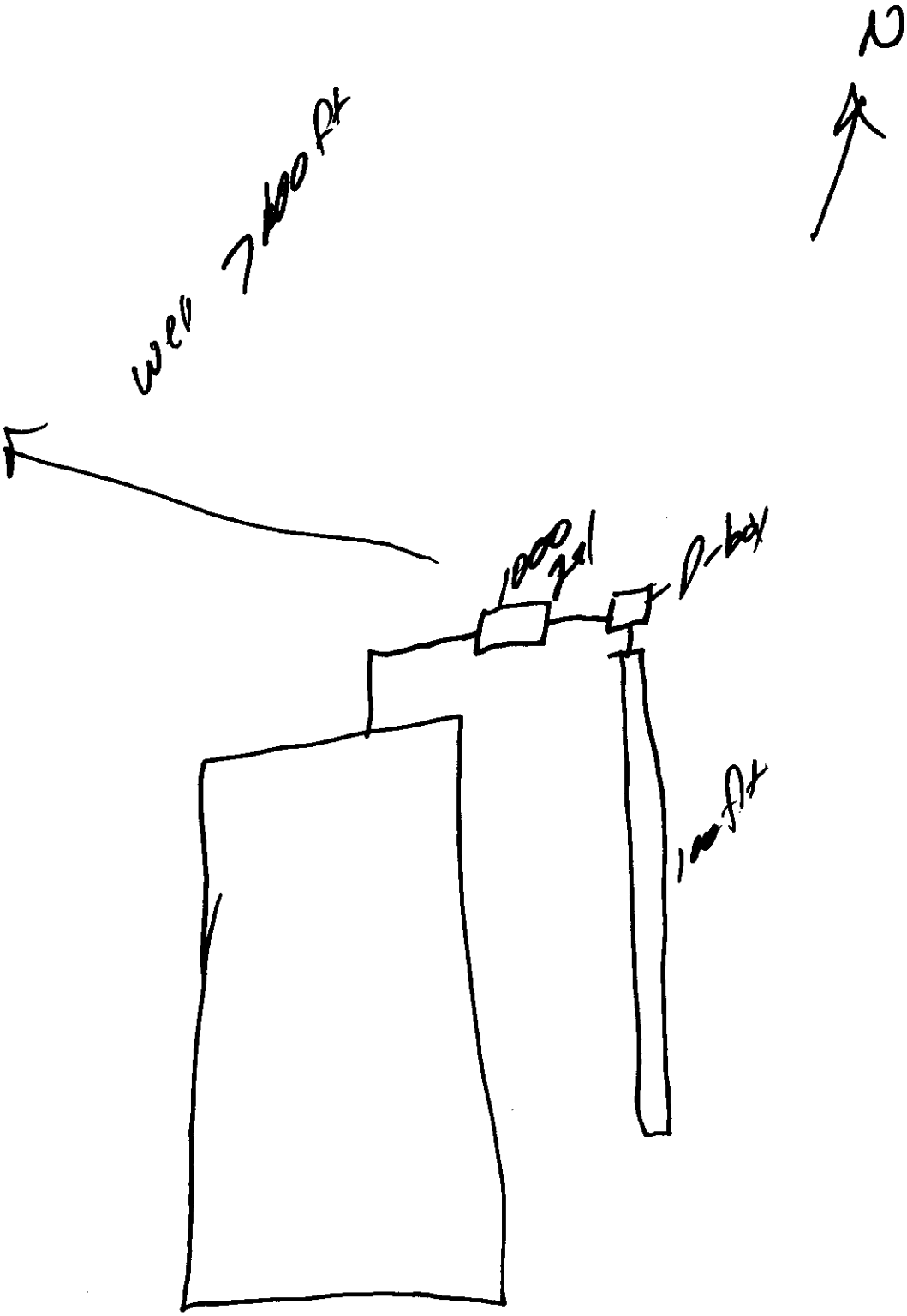
Installation Final Written Approval
By _____

Date 6/13/16

Comments:

Bathroom in a barn.

Field Note Drawing (See Reverse Side):


N
well 7000 ft
1000 gal
D-box
100 ft

SCANNED

MAY 13 2016

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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Date frwd 5/20/16 Signature [signature]

Comments _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

Date frwd _____ Signature _____

3. City or County Engineer

Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

Date frwd _____ Signature _____

Installation Final Written Approval

By [signature]

Date 6/13/16

Business Office Use Only
Date Received 5-17-16 Amount Paid $385.00
Received By SP Cash/Check No. 8899

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

Form A Updated: 1/13