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

A

Permit Number
HS001263

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 16880 NW 70th St (no rural route) City Raymond, NE Zip 68428

Legal Description 25 12 5 Lot 15 SW

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

Geographical Location (if known): Lat/Long: _____ PID 06-25-300-007-000

B. Owner

Name Michael Anderson Signature NA

Address 5301 Quarry Ledge Rd City/State/Zip Roca, Ne, 68430

Home Phone 402-580-4657 Work Phone _____

C. Certified Installer

Name: Kurt Virgil Signature _____

Address 4620 W Mary Louise Ln City/State/Zip Lincoln, Ne, 68528

Work Phone 402-525-6601

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.61

☐ 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 5-24-16 Amount Paid $385.00
Received By SB Cash/Check No. 1220

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

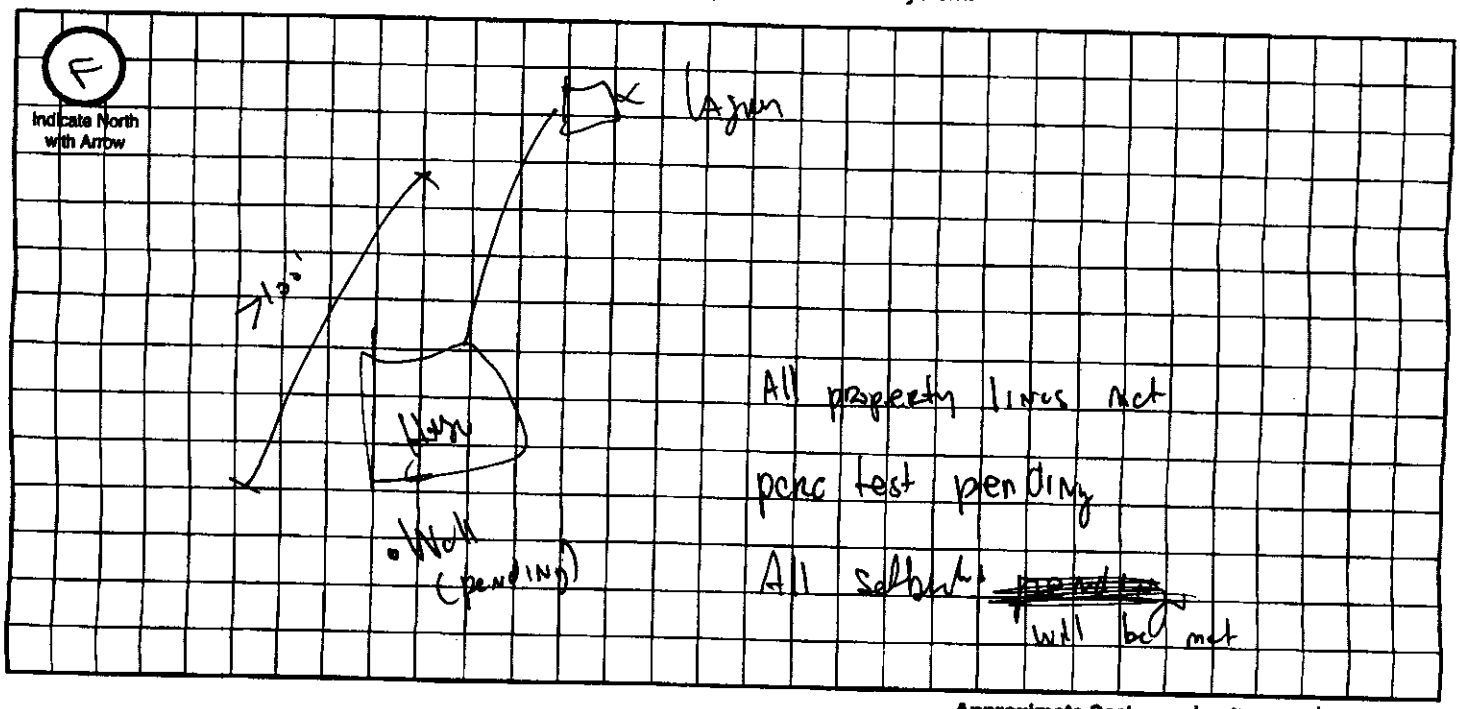
C

Permit Number: HS001263

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: 1 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 16080 NW 70th St City Raymond 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 (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ 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 5-17-16

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. HS001263

System Type: Lagoon

Situs: 16880 NW 70 ST, RURAL, NE

Issued: 5/25/2016

Expires: 5/25/2017

Description: S25, T12, R5, 6th Principal Meridian, LOT 15 SW

Owner: ANDERSON, MICHAEL W & DIANE R
5301 QUARRY LEDGE RD
ROCA, NE 68430

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

KURT VIRGIL EXCAVATING INC
4620 W MARY LOUISE LN
LINCOLN, NE 68528

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

Exhibit 5

8/16/16

Permit Number: 15001263

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/15/16 Legal Description 1/4 1/4 16 80 NW 7 10 Section/Township/Range

Onsite System Location

Address (no rural route) 16880 NW 70 City Raymond

Owner _____ Address 06-25-300.007-000

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 754 Sq. Ft. Tank Size 1500 gals

Total length of laterals 208 Type of Distribution: ~~Chamber~~ ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 2 Distribution Box 0

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_____

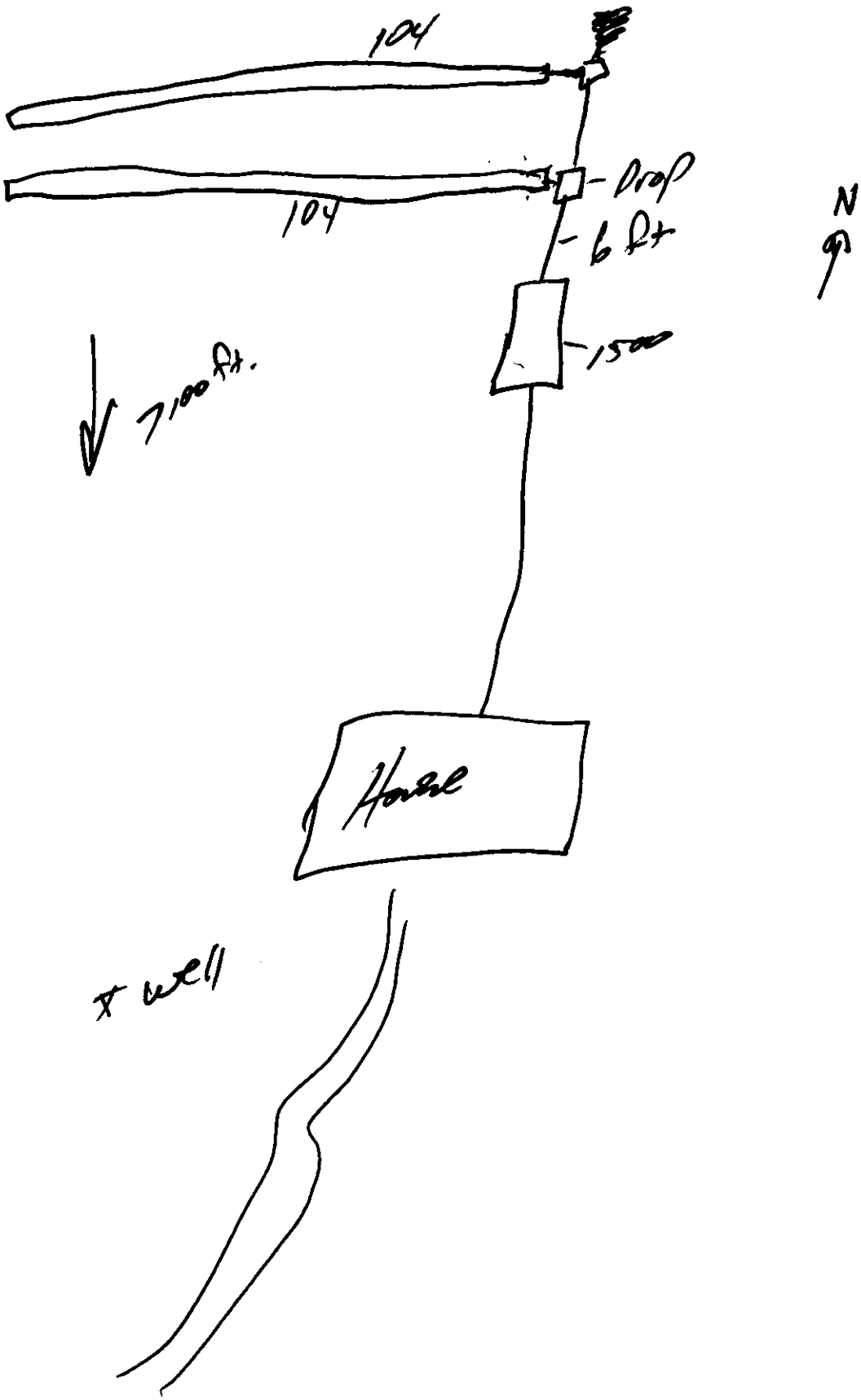
Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial 8/16/16 Date 8/16/16
Follow-Up_____ Date_____
Follow-Up_____ Date_____
~~Installation Final Written Approval~~
By _____
Date 8/15/16

Field Note Drawing (See Reverse Side):


104
104
drop
6 ft
1500
7,100 ft.
House
x well
N

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 16080 NW 70th St (no rural route) City Raymond NE, Zip 68428

Owner Mike Anderson Address Same

Date of Tests 5-20-16 to 5-21-16 Weather: Precipitation None Temperature 80°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. 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	36	5/20	300	5/20	700	5/21	1230	6	5/21	100	30	7/8	34
2	46							6				1	30
3	38							6				1	30
4	46							6				1 1/4	24
5	38							6				1 1/4	24
6	48							6				1 1/4	24
								6					
								6					

Person Conducting Percolation Test

Name: Kurt Virgil

Phone: 402-525-6681

Address 4620 W Mary Louise Ln Lincoln, Ne 68528

Soil type (NRCS Maps/Other) Aksarben / Yutan SCL

Groundwater Depth 7 8' day test hole

Sum of Percolation Rates: 166

Average of Rates: 28

Rate Used for Calculation: 28

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: 402-441-8643

SCANNED

A

Permit Number
HS001263

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 16880 NW 70th St (no rural route) City Raymond, NE Zip 68428

Legal Description ____ 25 12 5 Lot 15 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: ____ PID 06-25-300-007-000

B. Owner

Name Michael Anderson Signature NA

Address 5301 Quarry Ledge Rd City/State/Zip Roca, Ne, 68430

Home Phone 402-580-4657 Work Phone ____

C. Certified Installer

Name: Kurt Virgil Signature ____

Address 4620 W Mary Louise Ln City/State/Zip Lincoln, Ne, 68528

Work Phone 402-525-6601

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.61

☐ 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 5/25/16
Date frwd 5/25/16
ACTION ☒ Approved ☐ Disapproved
Signature ____

2. Supt. Bldg. Insp. or Village Clerk
Comments ____
Date rec'd 5-25-16
Date frwd 5-25-16
ACTION ☒ Approved ☐ Disapproved
Signature ____

3. City or County Engineer
Comments ____
Date rec'd 5-25-2016
Date frwd 5-25-2016
ACTION ☐ Approved ☐ Disapproved
Signature ____

Installation Final Written Approval
By ____
Date 8/15/16

Business Office Use Only
Date Received 5-24-16 Amount Paid $385.00
Received By SB Cash/Check No. 1230

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

Form A Updated: 5/10

SCANNED

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

B

Permit Number: HS001263

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 16000 NW 70th St (no rural route) City Raymond NE, Zip 68428

Owner Mike Anderson Address Same

Date of Tests 5-20-16 to 5-21-16 Weather: Precipitation None Temperature 80°

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	36	5/20	300	5/20	700	5/21	1230	6	5/21	100	30	7/8	34
2	46	"	"	"	"	"	"	6	"	"	"	1	30
3	38	"	"	"	"	"	"	6	"	"	"	1	30
4	46	"	"	"	"	"	"	6	"	"	"	1 1/4	24
5	38	"	"	"	"	"	"	6	"	"	"	1 1/4	24
6	48	"	"	"	"	"	"	6	"	"	"	1 1/4	24
								6					
								6					

Person Conducting Percolation Test

Name: Kurt Virgil
Phone: 402-525-6681
Address 4620 W Mary Louise LN
Lincoln, Ne 68528

Soil type (NRCS Maps/Other) Aksarben / Yutan SCL
Groundwater Depth 7 8' day test hole

Sum of Percolation Rates: 166
Average of Rates: 28
Rate Used for Calculation: 28

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 12_06

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

SCANNED

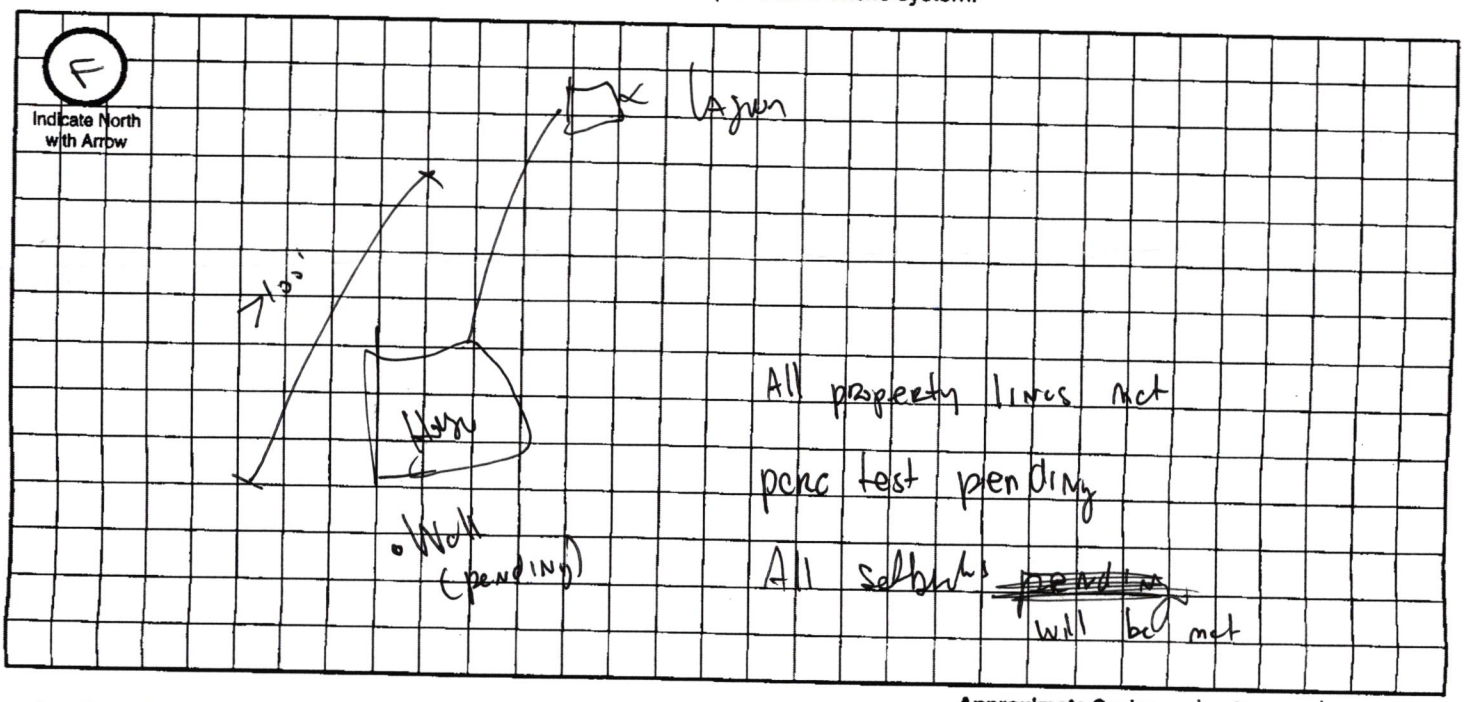
C

Permit Number: HS001263

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: 1 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 16880 NW 70th St City Raymond 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_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ 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 5-17-16

AUG 17 2016

12-5-25

D

SCANNED

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

Permit Number: 17S001263

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 8-11-16 Legal Description Lot 15 SW 25-12-5
(1/4 1/4 Section Township Range)

Onsite System Location

Address (no rural route) 16880 NW 70th St City Raymond NE, Zip 68428

Owner Mike Anderson Address Same

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 113 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line >100 ft.
   stream >50 ft.
   pressure line >25 ft.
   property line >20 ft.

B. Septic Tank

☑ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line >100 ft.
   Stream >50 ft.
   Pressure line >25 ft.
   Property line >20 ft.

C. ☑ Distribution Box ☑ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 6 & 15 ft.

D. Drainfield Absorption

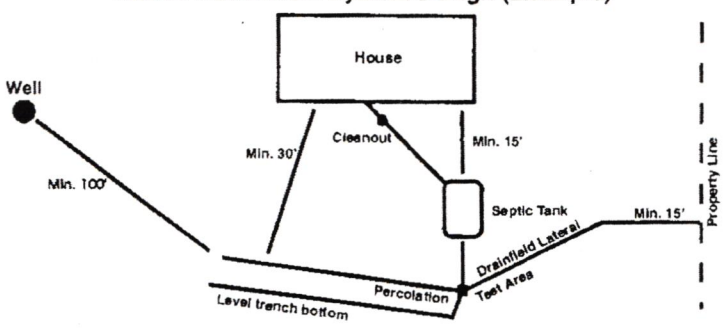
☑ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: 29"
   Number of distribution lines in bed 1
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 2
   Length of each line: 104 ft. 104 ft.
   ft. ft., ft.
3. Drainfield dimensions: Width 29 inches ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 38 in
4. Filter material: NA
   Depth of material — in.
5. Distances to: Well or suction line >100 ft.
   Pressure line >25 ft.
   Property line >20 ft.
   House or building 113 ft.
   Lake or Stream >50 ft.

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

Indicate North with Arrow

Onsite Wastewater System Design (Example)



Onsite Form D 12_06

BL

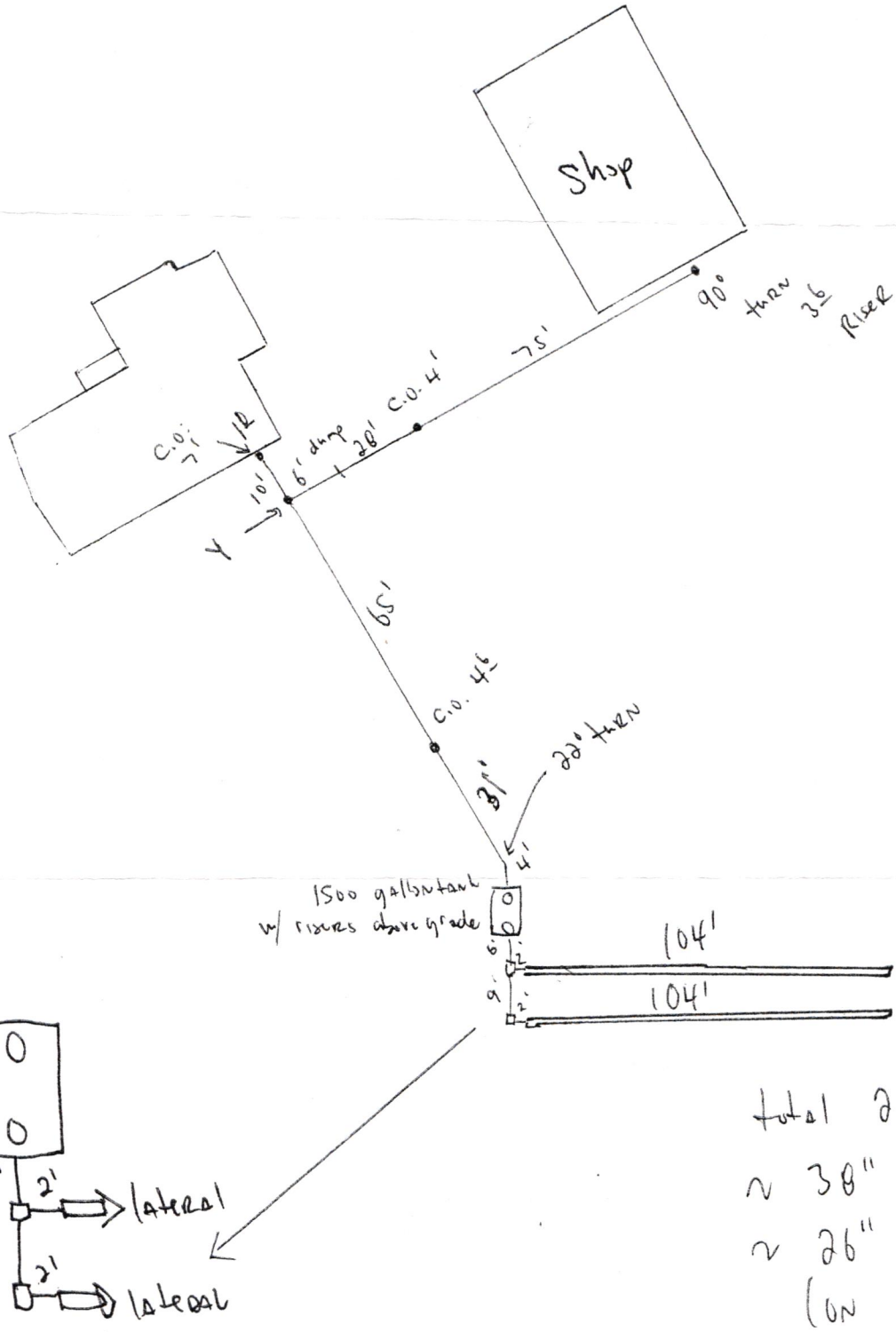
Mike Andersson
16880 NW 70th St
Raymond, Ne 68428

Septic Data
Completed 8-11-16

N

⊢⊣ = 10'

Well



total 208' lateral
~ 38" deep
~ 26" soil cover
(on average)

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

SCANNED SCANNED

8/16/16

Exhibit 5

Permit Number: 15001263

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/15/16 Legal Description 16880 NW 70th
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16880 NW 70 City Raymond

Owner _____ Address 06-25-300.007-000

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 754 Sq. Ft. Tank Size 1500 gals

Total length of laterals 208 Type of Distribution: ~~☒~~ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 2 Distribution Box 0

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 _____

Comments:

Inspections prior to Final Approval
Initial 8/16/16 Date NA

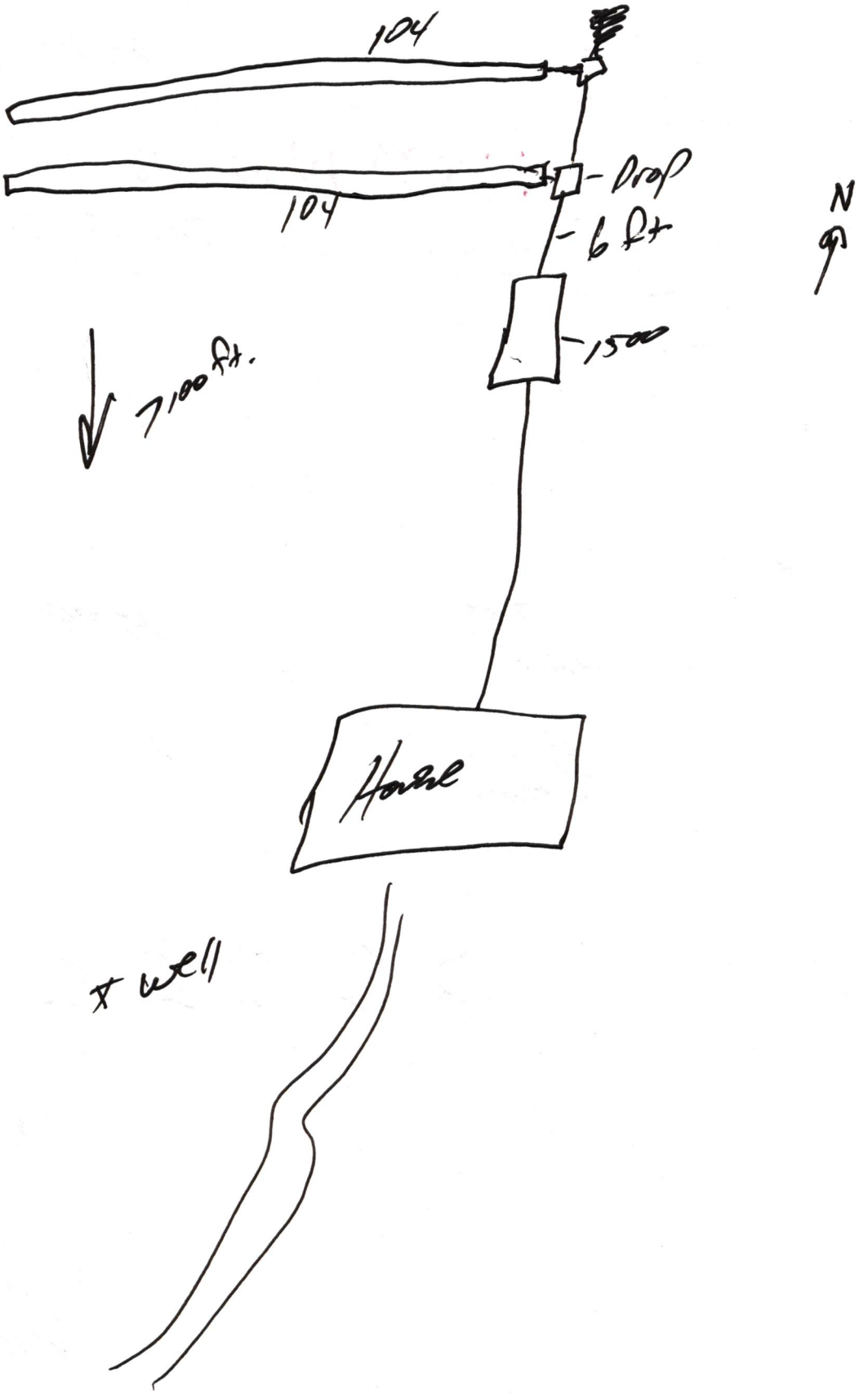
Follow-Up _____ Date _____

Follow-Up _____ Date _____

~~Installation Final Written Approval~~
By _____

Date 8/15/16

Field Note Drawing (See Reverse Side):


104
104
Drop
6 ft
1500
7,100 ft.
House
well
N