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

MAY 24 2016

A

Permit Number
HS001264

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 13141 W. Rokeby Rd. (no rural route) City Denton, NE Zip 68339

Legal Description 31 9 5 N½ 14

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

PID 6th Principal Meridian 03-31-100-014-000 SB

B. Owner

Name Danielle Urban and Blake Hauser Signature

Address 2601 W. Claire Ave. City/State/Zip Lincoln, Ne, 68523

Home Phone (402) 540-0018 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

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 20

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 ❑ Municipal Code 24.38 ❑ County Resolution No. 02-30

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 5-24-16 Amount Paid $385.00
Received By SB Cash/Check No. 8214

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

MAY 24 2016

B

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

Permit Number: HS001264

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 13131 Rokeby Rd (no rural route) City Denton NE, Zip 68339

Owner Danielle Urban Address 2601 w claire Ave lincoln NE

Date of Tests 3-13-16 to 3-14-16 Weather: Precipitation 0 Temperature 70°

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	36	3-13	10:AM	3-14	7:AM	3-14	7-AM	6	3-14	7:30	30	½	60
2	36	"	"	"	"	"	"	6	"	"	"	½	60
3	35	"	"	"	"	"	"	6	"	"	"	1½	20
4	34	"	"	"	"	"	"	6	"	"	"	1	30
5	36	"	"	"	"	"	"	6	"	"	"	1	30
6	36	"	"	"	"	"	"	6	"	"	"	½	60
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 w claire Ave
lincoln NE 68523

Sum of Percolation Rates: 260
Average of Rates: 43.3
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) 7617 Steinauer loam 11-30 % slope

Groundwater Depth Over 12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

MAY 24 2016

C

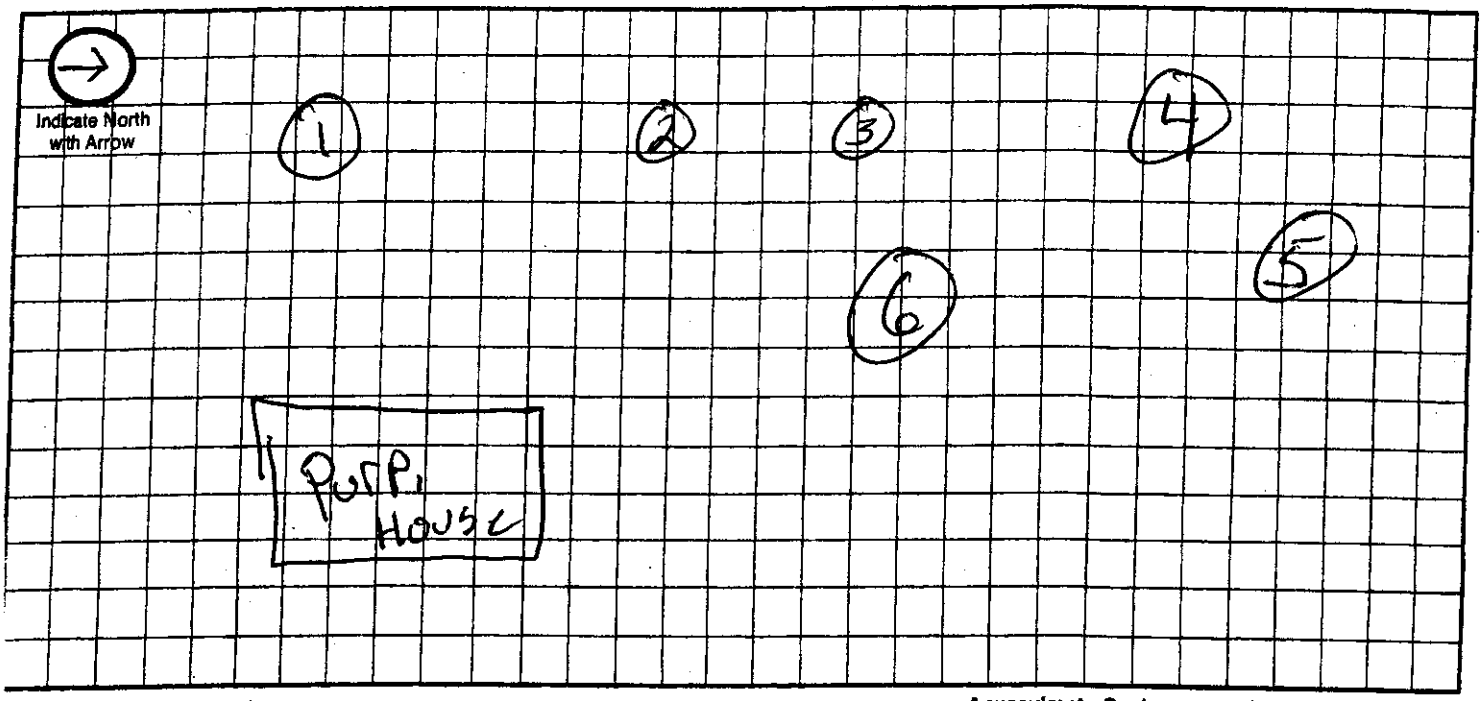
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS0012647

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) 13131 Rokeby Rd City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type 1617 Steinauer loam Land Slope 11-30%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1750 sq.ft.

Total length of laterals 483 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_____

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. HS001264

System Type: Standard

Situs: No Site Address Specified

Issued: 5/25/2016

Expires: 5/25/2017

Description: S31, T9, R5, 6th Principal Meridian, LOT 14 N1/2

Owner: URBAN, DANIELLE & HAUSER, BLAKE
2601 W CLAIRE AVE
LINCOLN, NE 68523

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

GAGNER CONSTRUCTION COMPANY
4810 W CLAIRE AVE
LINCOLN, NE 68523

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

Exhibit 5

Permit Number: HS001264

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/15/16 Legal Description ¼ ¼ 31/9/5 Lot 14

Onsite System Location

Address (no rural route) 13141 W. Rokeb, 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 1,750 Sq. Ft. Tank Size 2 – 1,000 gals

Total length of laterals 483' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 4 Width 3.625 Each No. of Drop Boxes 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 N/A

Lateral #1

Lateral #2

Lateral #3

Lateral #4

Comments:

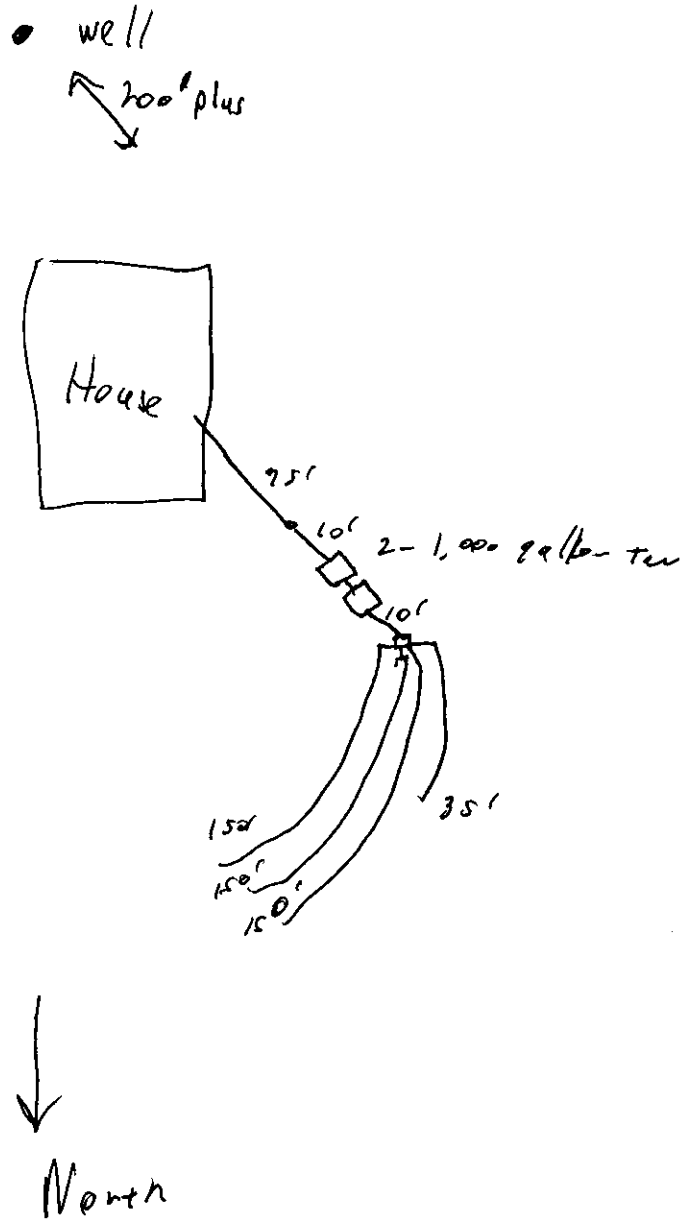
Inspections prior to Final Approval
Initial RC Date 11/14/16

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thun
Date 12/15/16

Field Note Drawing (See Reverse Side):


well
200' plus
House
95'
10'
2- 1,000 gallon tank
10'
150'
150'
150'
35'
North

SCANNED

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

MAY 24 2016

A

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

PID 6th Principal meridian 03-31-100-014-000 SB

B. Owner

Name Darienne Urban and Blake Hauser Signature Darienne Urban

Address 2001 W. Claire Ave. City/State/Zip Lincoln, Ne, 68523

Home Phone (402) 540-0018 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

D. Engineer

❑ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

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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 Kenneth D. Schroeder

Installation Final Written Approval
By
Date 12/15/16

Business Office Use Only
Date Received 5-24-16 Amount Paid $385.00
Received By SB Cash/Check No. 8214

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

Form A Updated: 1/13