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

**A**

Permit Number
HS001273

Replacement 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 2000 Green Acre Blvd (no rural route) City Lincoln SB NE Zip 68522

Legal Description 33 10 6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: 40 47 12 N 96 45 01 W PID 10-33-303-003-000

## B. Owner

Name Don Finney Signature

Address 2000 Green Acre Blvd City/State/Zip Lincoln NE

Home Phone Work Phone 402 440 6209

## C. Certified Installer

Name: Blain Johnson Signature

Address 9533 East St. Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

## 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 2 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3+

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

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 6-7-16 Amount Paid $385.00
Received By SB Cash/Check No. DISCOVER

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

Form A Updated 5

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

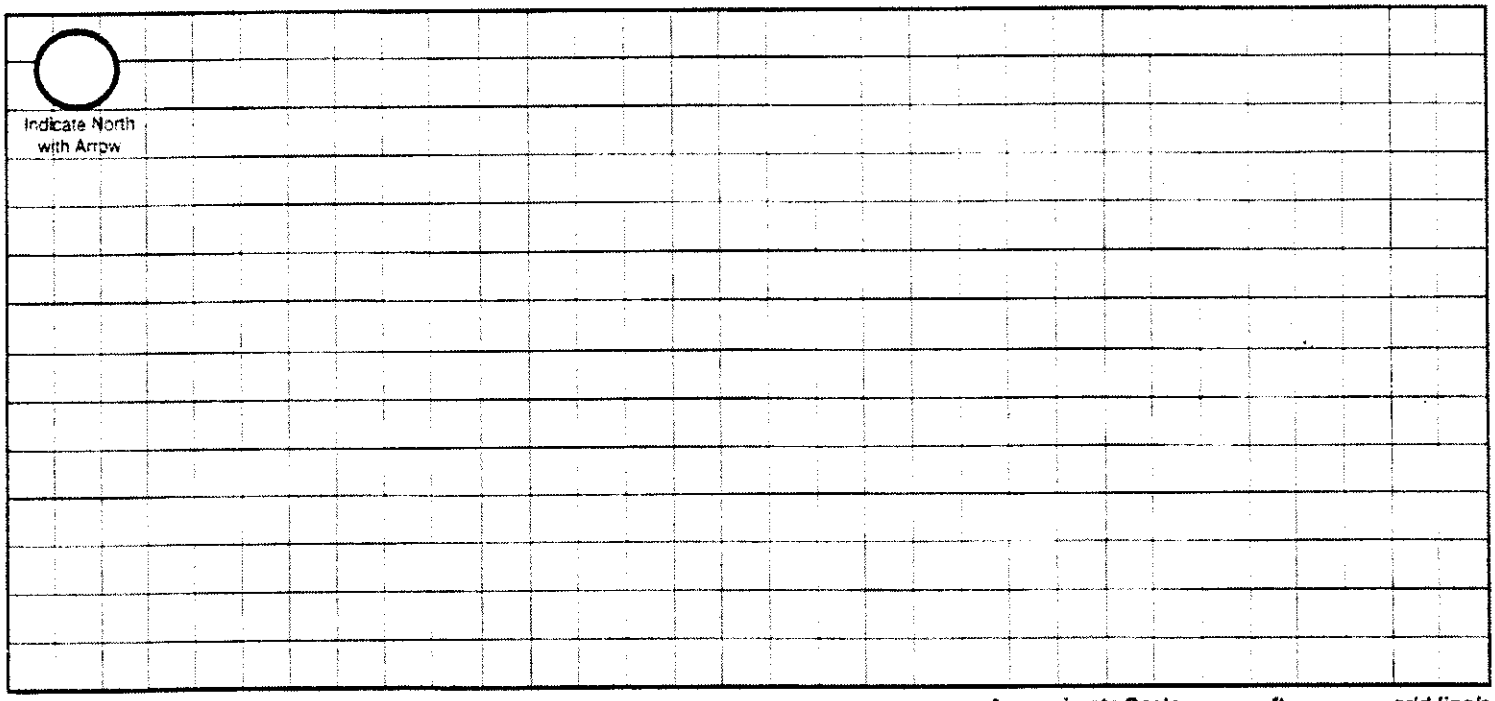
C

Permit Number: HS001273

# 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) 2000 Green Acre Blvd City Lincoln NE. Zip 68522

## B. Proposed Septic Tank/s

Septic Tank Cap. 1000 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 26 (min/inch = mpi) No. of Bedrooms 2 Soil Type Sharpsburg Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 500 sq.ft.

Total length of laterals 140 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 36 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 _____

**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. HS001273**

**System Type:** Standard

**Situs:** 2000 GREEN ACRES BLVD, RURAL, NE

Issued: 6/14/2016

Expires: 6/14/2017

**Description:** GREEN ACRES, BLOCK 3, Lot 3

**Owner:** FINNEY, DONALD R
2000 GREEN ACRES BLVD
LINCOLN, NE 68522

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

BLAIN JOHNSON
8533 EAST ST HWY 41
ADAMS, NE 68301

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

ok Y 6/13/16

Exhibit 5

Permit Number: HS00823

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 6/13/16 Legal Description ____ ¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 2000 Green Acres 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 507 Sq. Ft. Tank Size 1000 gals 1250

Total length of laterals 140' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Laser - pumped uphill w/ pump tank

**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 ☒ | ☐ | 25 ☒ | 5 ☒ |

**Geographical Coordinates to 6 Decimals:**

Tank ____

Lateral #1 ____ N/A Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments: Farm neighbor's well both over 100 ft

Inspections prior to Final Approval
Initial 6/10/16 Date NA

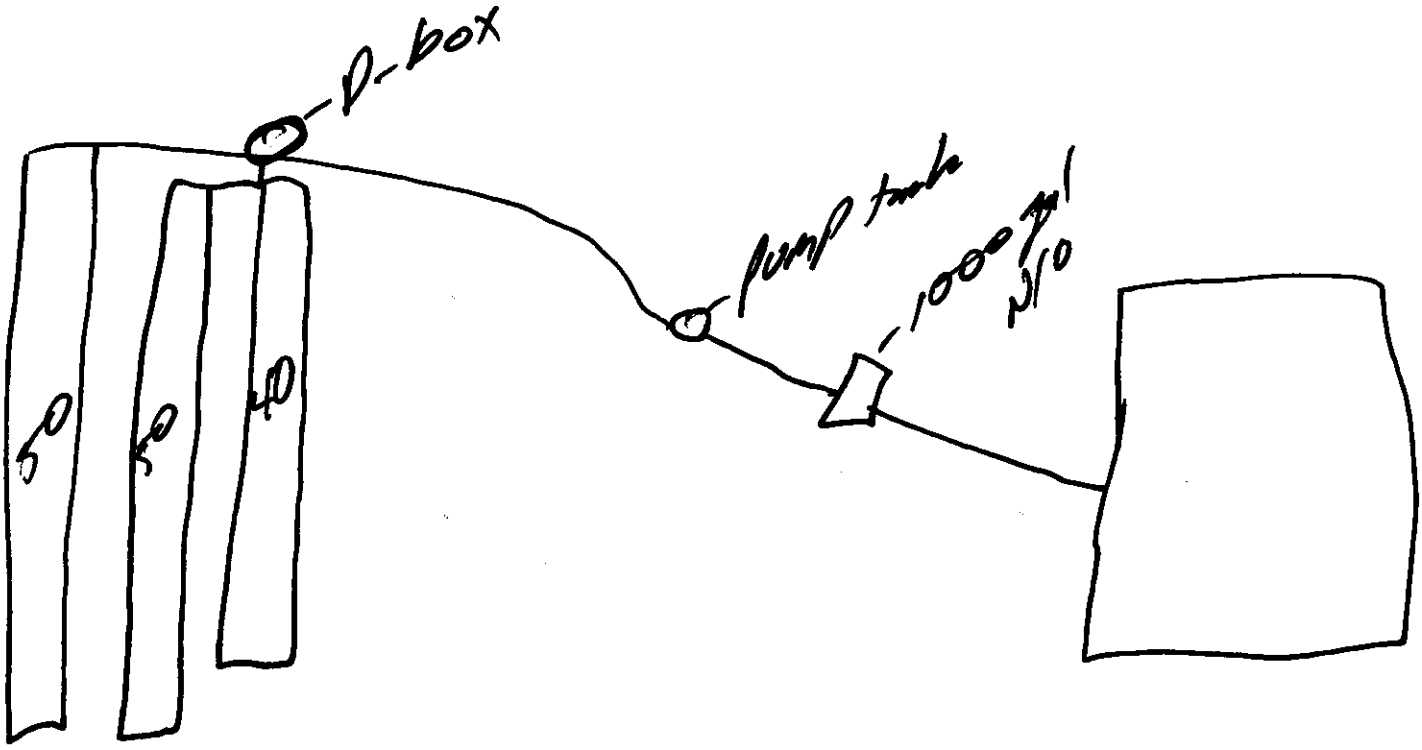
Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date 6/13/16

Field Note Drawing (See Reverse Side):


D-box
pump tank
1000 gal
50
40
40