Lincoln-Lancaster County Health Department **JUN 09 2016**
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS001874

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 ~~NE~~ 10950 W Haines circle City Denton, NE Zip 68339
(no rural route)

Legal Description _____

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

PID 03-28-101-003-000

B. Owner

Name Mark and Heather Weinrich Signature Mark Weinrich

Address 3200 Wilderness Hills City/State/Zip Lincoln, Ne 68516

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brian Pribyl Signature Brian Pribyl

Address 135 E 23rd City/State/Zip Crete Ne 68333

Work Phone _____

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 3
Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 500

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 6-9-16 Amount Paid $385.00
Received By SB Cash/Check No. 1524

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

Form A Updated: 1/13

1Ke Beacol.com

JUN 09 2016 OFFICE

B

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

Permit Number: HS001274

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 10950 W Haines Sr. (no rural route) City Denton NE, Zip _____

Owner Markd Heather Wersich Address _____

Date of Tests 3-30-16 to 3-31-16 Weather: Precipitation 0 Temperature 60°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 30 mins of 1 hr						Results	
		Start		End		Start		Initial	End		Elapsed	Water	
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)	Time Interval	Level Drop (in)	Percolation Rate (Min/in = mpi)
1	36	3-30	8 Am	3-31	2:00	3-31	2:00	6	3-31	2:30	30	½	60
2	"	"	"	"	"	"	"	6	"	"	"	⅝	48
3	"	"	"	"	"	"	"	6	"	"	"	½	60
4	"	"	"	"	"	"	"	6	"	"	"	½	60
5	"	"	"	"	"	"	"	6	"	"	"	½	60
6	"	"	"	"	"	"	"	6	"	"	"	⅝	48
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address: 4810 W Claire Ave
Lincoln NE 68523

Soil type (NRCS Maps/Other) 7666 Mayberry silty clay loam
Groundwater Depth over 12

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

JUN 0 9 2016

C

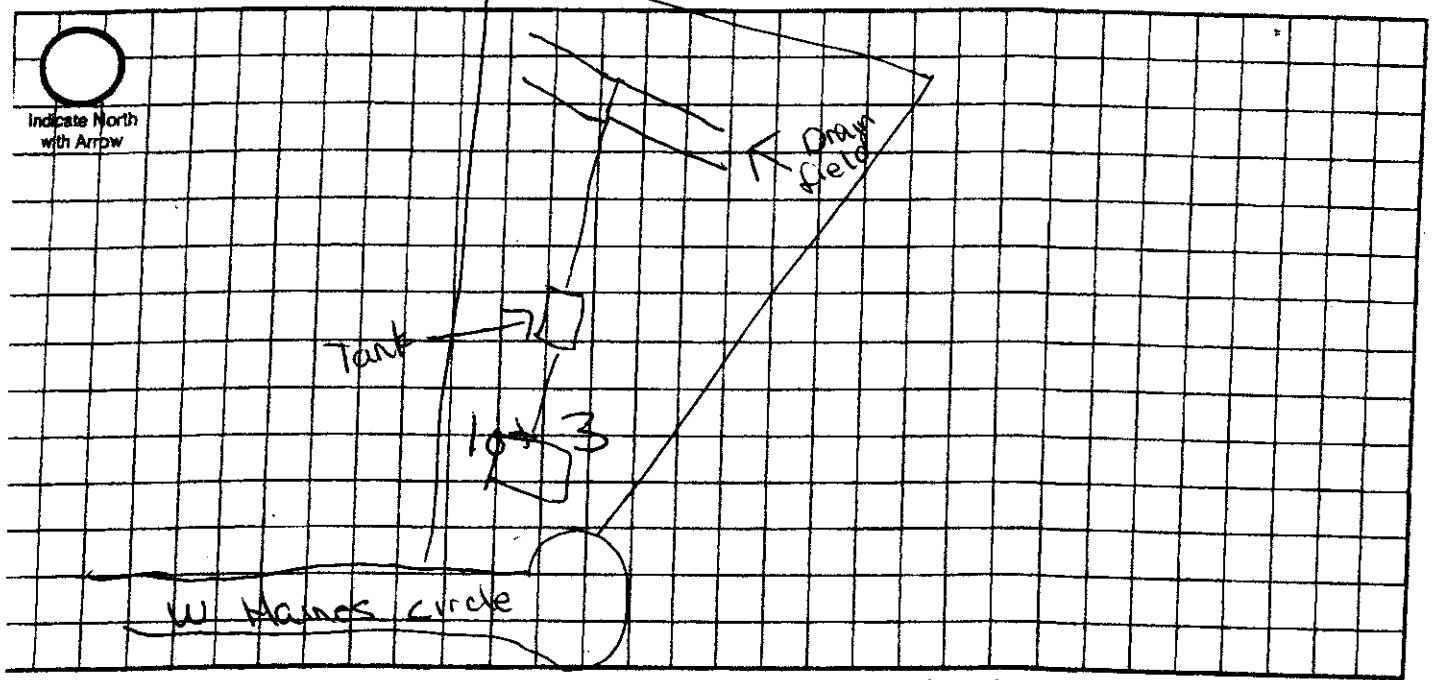
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 1T500127 4

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) 10950 W Haines Circle City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 4 Soil Type 7666 Mayberry Land Slope_____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1400 sq.ft.

Total length of laterals 416' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 4 Width 40.5" No. of drop boxes_____ Distrubtion Box 1

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 Mike Pe. builder Date 6/7/16

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. HS001274

System Type: Standard

Situs: 10950 W HAINES CIR, RURAL, NE

Issued: 6/14/2016

Expires: 6/14/2017

Description: WEST YANKEE HILL ACRES, Lot 3

Owner: WEINRICH, MARK & HEATHER
3200 WILDERNESS HILLS BLVD # 8-108
LINCOLN, NE 68516

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

MICHAEL POE
340 W BENTON ST
LINCOLN, NE

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

OK 12/20/16 gv

Exhibit 5

Permit Number: H5001274

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/15/16 Legal Description ¼ ¼ 28 / 9 / 5 Lot 3
Section/Township/Range

Onsite System Location

Address (no rural route) 10950 W. Halna Circle 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 1,400 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 416' Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 Equa 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 _____

Lateral #1 N/A

Lateral #2 _____

Lateral #3 _____

Lateral #4 _____

Inspections prior to Final Approval
Initial _____ Date mid-November

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Dawn Amen
Date 12/15/16

Comments:

Field Note Drawing (See Reverse Side):

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

JUN 09 2016

SCANNED

A

Permit Number HS001274

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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PLEASE PRINT OR TYPE

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Legal Description 28 9 5 West Yankee Hill Acres 3

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

PID 03-28-101-003-000

B. Owner

Name Mark and Heather Weinrich Signature Mark Weinrich

Address 3200 Wilderness Hills City/State/Zip Lincoln, Ne 68516

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brian Pribyl Signature Brian Pribyl

Address 135 E 23rd City/State/Zip Crete Ne 68333

Work Phone _____

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 3

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 500

Type of Wastewater ☐ Domestic ☐ Non-Domestic

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1. Health Department
Site visits _____
Comments _____
Date rec'd 6/14/16
Date frwd 6/14/16
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 6-14-16
Date frwd 6-14-16
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 6-14-16
Date frwd 6-14-16
ACTION ☑ Approved ☐ Disapproved
Signature Jim Plouzek

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

Business Office Use Only
Date Received 6-9-16 Amount Paid $385.00
Received By SB Cash/Check No. 1527

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

Form A Updated: 1/13