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

A

Permit Number
HS001283

Existing Home

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 5900 N 7th St (no rural route) City Lincoln, NE Zip 68521

Legal Description NE (1/4) 2 (1/4 Section) 10N (Township) 6E (Range) Grovepark (Subdivison) 12 (Block) (Lot)

PID 11-02-201-017-000

B. Owner

Name Kevin & Chris Anderson Signature

Address 5900 N 7th St City/State/Zip Lincoln, NE 68521

Home Phone 402-580-1916 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc 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 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.92

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 6/14/16 Amount Paid $385.00
Received By SB Cash/Check No. VISA

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

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

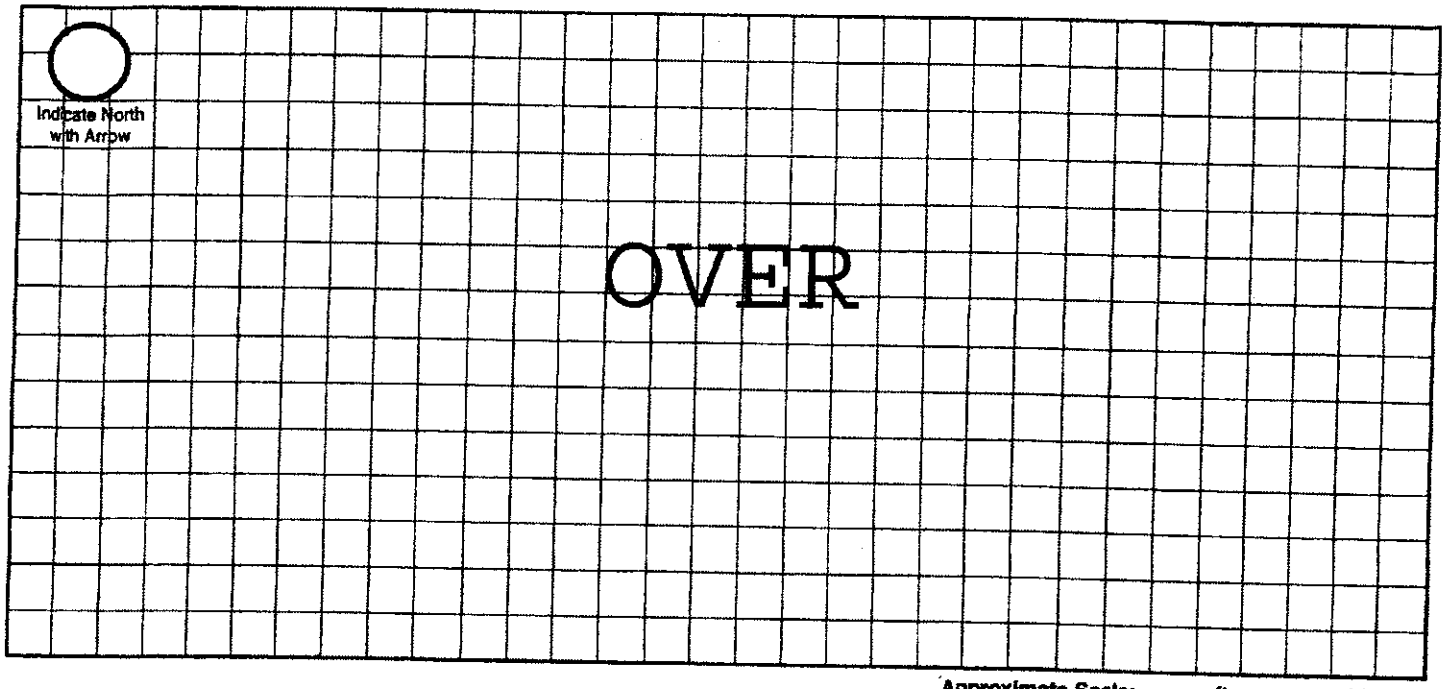
C

Permit Number: HS001283

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) 5900 N 7th St City Lincoln NE, Zip 68521

B. Proposed Septic Tank/s

Septic Tank Cap. Add 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

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type Aksarben SCL Land Slope 6-11 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,051 sq.ft.

Total length of laterals 290' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 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 Existing Home Date _____

Installer _____ Date 6/14/16

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. HS001283

System Type: Standard

Situs: 5900 N 7 ST, RURAL, NE

Issued: 6/15/2016

Expires: 6/15/2017

Description: GROVE PARK SUBDIVISION, Lot 12, EX N17' & EX W7' S350' N367'

Owner: ANDERSON, KEVIN J & CHRISTINE M
5900 N 7 ST
LINCOLN, NE 68521

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 INC
13800 NW 70TH ST
RAYMOND, NE 68428

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

6/15/16

Exhibit 5

Permit Number: HS001283

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/15/16 Legal Description ¼ ¼ 2 / 10 / 6E Section/Township/Range

Onsite System Location

Address (no rural route) 5900 N 7th ST City Lincoln, NE 6852

Owner Kevin & Chris Anderson Address 5900 N 7th ST

Mark One: X Dwelling ☐ Non-dwelling

X New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

X Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 668.75 105.25 Sq. Ft. Tank Size 1500 gals

Total length of laterals 280 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 4 Width _____ 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 na

Lateral #1 na Lateral #3 na

Lateral #2 na Lateral #4 na

Comments:

Inspections prior to Final Approval
Initial _____ Date 6/15/16

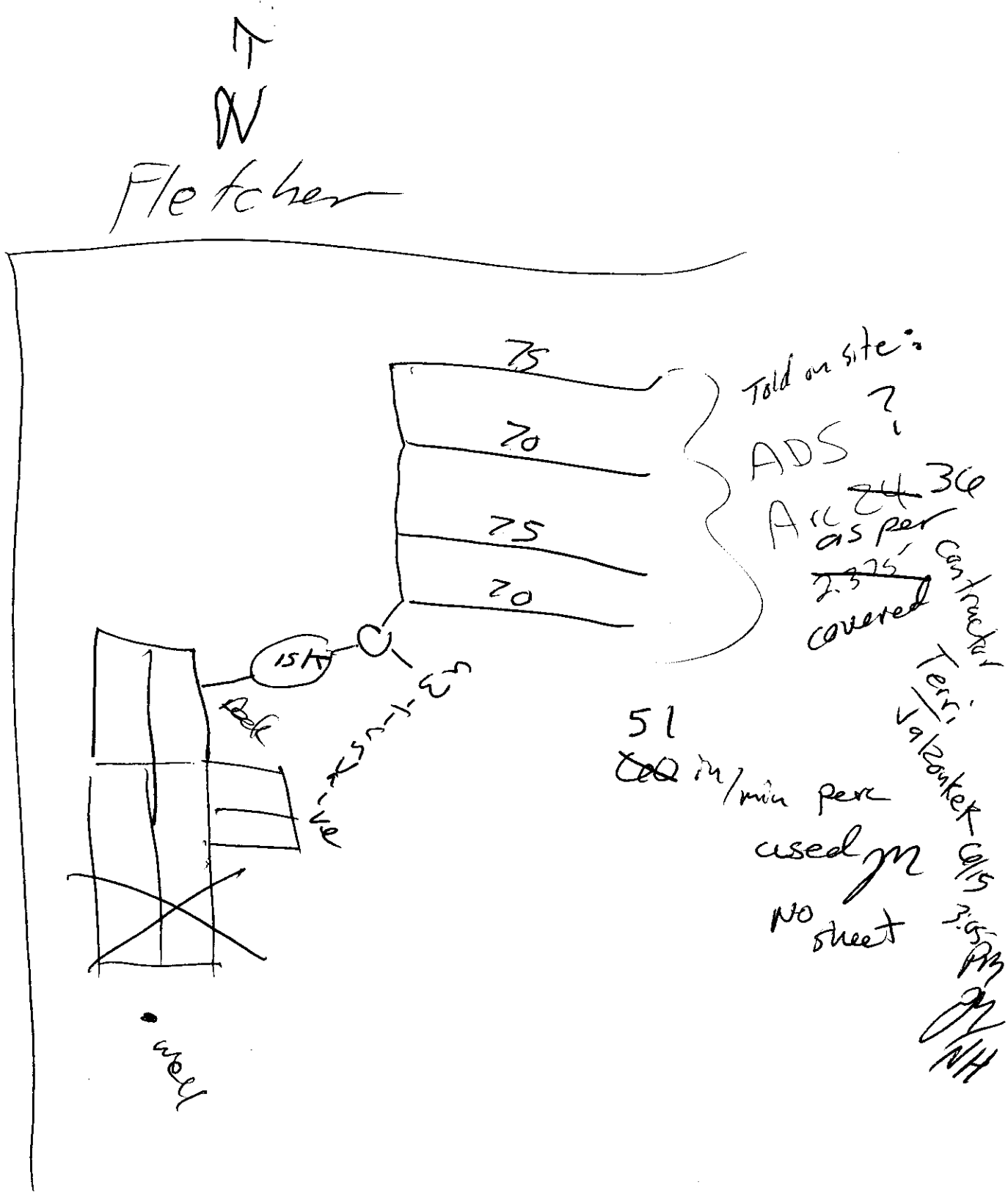
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 6/15/16

Field Note Drawing (See Reverse Side):

Updated 4/15


N
Fletcher
75
70
75
70
Told on site:
ADS
As per
covered
Contractor
Terri
Walcott
51
used
NO sheet
3:05 PM
NH

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009520

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-ADDING LATERALS TO
EXISTING SYSTEM

Permit # 06390085701

Issued 08/24/06
Expires 08/24/07
Revenue Code 3157

Establishment

MIKE SCOTT
T10N R6E SEC 2 QTR NE
5900 N 7 ST

FEES: $150.00

Permittee

MIKE SCOTT
5900 N 7 ST
LINCOLN NE 68521

TOTAL: $150.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0639008570|

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 10N Range 6E 1/4 NE 1/4 _____ Section 2
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 5900 N. 7th ST.

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** adding laterals to existing system

5. **Work to be done by:** ☐ owner ☒ contractor's name Loftus Septic Pumping

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Mike Scott Address 5900 N. 7th ST. Phone: 665-2320

Applicant Signature (owner or lessee) Bonnie Griffin

Please include the permit fee ($150) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 8/24/06 REVIEW: ☒ Approved ☐ Disapproved By: Jerold C. Hood

Site visits
Date 8/25/06 By J.C.Hood EW/OI
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 7/31/07 By Doug Ama

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 8/24/06 Amount $150.00 Check No. 6112 Initials MS

White - Division Copy Pink - Business Office Revised 9-05

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

B

Permit Number: 063900857

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5900 North 7th (no rural route) City Lincoln NE, Zip 1

Owner Mike Scott Addresss 5900 North 7th sTreet

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 8-14- to 8-15-06 Weather: Precipitation 0 ~~[illegible]~~ Temperature 80's

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	24	8-14	SAMEDAY			8-15	600	6	8-15	6:30 PM	30	5.5	60 - 1/2
2	24	8-14	SATURATION			8-15	6:05	6	8-15	6:35	30	5.5	60 - 1/2
3	24	8-14	4hr AT 12"			8-15	6:10	6	8-15	6:40	30	5.375	48 - 5/8
4	24	8-14			12"	8-15	6:15	6	8-15	6:45	30	5.375	48 - 5/8
5	24	8-14	EACH Hole			8-15	6:15	6	8-15	6:45	30	5.375	48 - 5/8
6	24	8-14				8-15	6:20	6	8-15	6:50	30	5.25	40 - 3/4

Sum of Percolation Rates: 304
Average of Rates: 50.66
Rate Used for Calculation: 51.

Person Conducting Percolation Tests

Name: Doug Loftus - Loftus Septic
Phone: 402-944-7636
Address 410 CO RD C
Ashland Nebr 68003

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

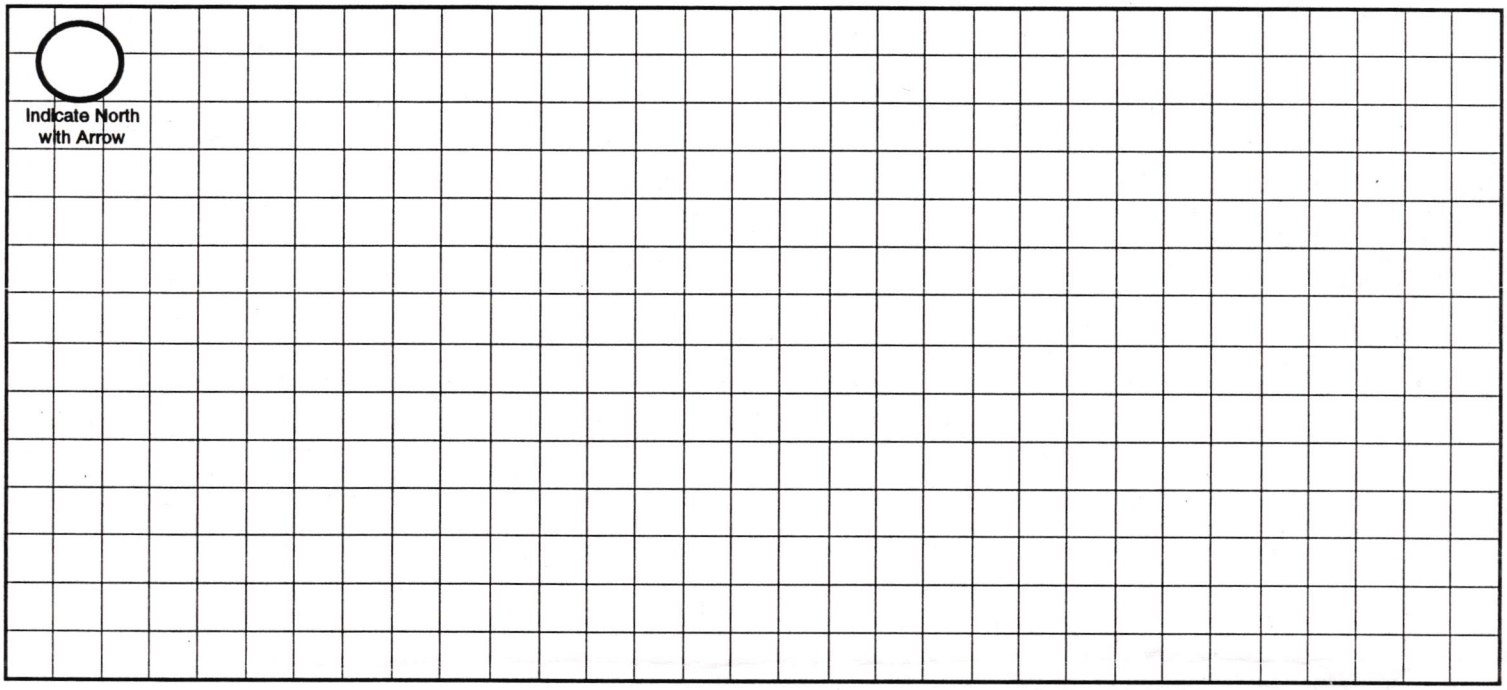
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063900857

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5900 N 7th City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other The Scotts Have A 1000 Concrete Tank

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 50.66 (min. per inch) Soil Type: Clay Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 700 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrators - Plastic

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 60-60-56

Total Length of Laterals 175 ft. Number of Trenches 3 Trench Width 4

D. 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 ☑	☐

E. Required Signatures

Home Building Contractor Owner? Marlin P Scott Date _____

Installer Lofton Septic - Doug Lofton Date 8-22-06

FORM 23-102 10-96

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

D

Permit Number: 063900857

Sewage Disposal System

As Built Plans & Specifications

Date 8-22-06

System Location (Indicate correct number and street)

Address 5900 N 7th street (no rural route) City Lincoln NE, Zip 68

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: concrete (They have) 1000
   Number of compartments: 1 or 2
2. Capacity: 1000 / 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 2 Foot in.
8. Distances to: Well or suction line 100 ft.
   Stream None ft.
   Pressure line None ft.
   Property line 80 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 7 Hole
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 20 FT ft.

D. Absorption Field

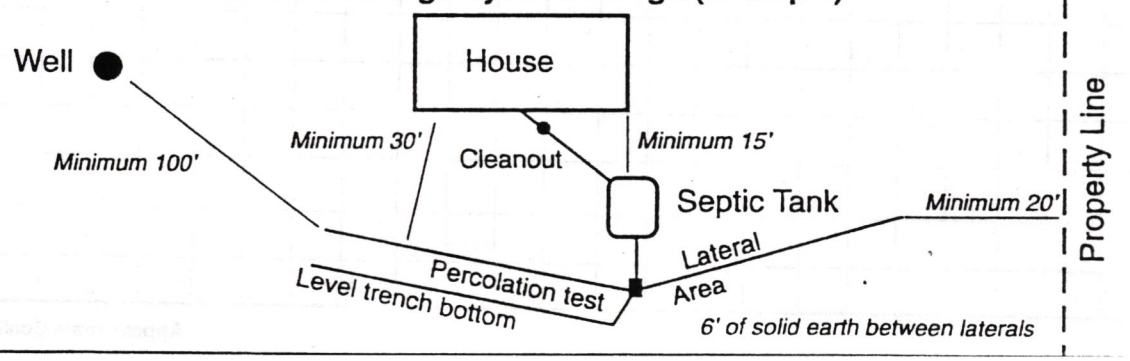
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrators
2. Lateral lines: Number _____
   Length of each line: 3 ft. 60 ft.
   60 ft. 56 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth 2 Foot in
4. Filter material: None
   Depth of material Gravelless in.
5. Distances to: Well or suction line 100 ft.
   Stream None ft.
   Pressure line None ft.
   Property line 80 ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

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

FEB 13 2009

Permit No. HW000513

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☐ Site Clearance and Permit to construct a new individual water well - ~~$170~~
- ☐ Bi-Annual Permit for an existing well - ~~$110~~
- ☒ Permit to repair or alter existing well involving opening of well - ~~$85~~ 90

1. Well Site Address 5900 N 7th Street City Lincoln, NE Zip 68521
(No Rural Route Please)
Township 10 N Range 6E Section 02 1/4 Section
Block Lot 12 Addition
Parcel ID 11 - 02 - 201 - 017 - 000 (i.e. 99-99-999-999-999)

2. Well use: ☒ Residential ☐ Commercial ☐ Other Describe

3. Distance to Public Water Supply >300' feet.

Signature of Owner Print Name
Current Address
Current Home Phone Work Phone

Signature of Contractor Michael P Dietze Print Name Michael P. Dietze
Address PO Box 116 Waverly NE 68462
Home Phone Work Phone 4027865620 Cellular Phone 402 560 2923

Sewage Permit Applied for: ☐ Yes ☐ No ☒ Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1.	Health Department	Date received / / Date forwarded / /	ACTION ☐ Approved ☐ Disapproved Signature:	
2.	Building & Safety	Date received / / Date forwarded / /	ACTION ☐ Approved ☐ Disapproved Signature:	
3.	City Engineer	Date received / / Date forwarded / /	ACTION ☐ Approved ☐ Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 2 / 19 / 09 By JM
Date: / / By
Date: / / By

Nitrate Level <.2 ppm mg/L
Chloride Level mg/L
Bacteriological Analysis Satisfactory ✓ Yes No
Other

Installation Final Written Approval
Date: 2 / 23 / 09 By JM

Business Office Use Only
Received: Date: 2/17/09 Amount $90.00 Check No. 26227 Initials

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector

NO3- P35998-99 < RL 2/23/09

QT P35998-50 % 2/23/09