JUN 17 2016

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

A

Permit Number HS001289

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 10700 Yankee Hill Rd (no rural route) City Lincoln, NE Zip 68526

Legal Description SE 24 9N 7E

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

PID 16-24-400-003-000

B. Owner

Name DANIEL GRIEPENTROG Signature [signature]

Address 10700 Yankee Hill Rd City/State/Zip

Home Phone 402-540-3369 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 10.04

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 Date rec'd ACTION ☐ Approved ☐ Disapproved
Date fwd Signature
Comments

2. **Supt. Bldg. Insp. or Village Clerk**
Comments Date rec'd ACTION ☐ Approved ☐ Disapproved
Date fwd Signature

3. **City or County Engineer**
Comments Date rec'd ACTION ☐ Approved ☐ Disapproved
Date fwd Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-17-16 Amount Paid $385
Received By SB Cash/Check No. 8930

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

Form A Modified 1-13

HS001289

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

B

10700 Yankee Hill FILE NO. 1633

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

OWNER:_____

Address:_____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30"	11/27	10:00	11/28	10:00	11/28	11:30	6	12:00	4½	30	1½"	20
2	"	"	"	"	"	"	"	"	"	5	"	1"	30
3	"	"	"	"	"	"	"	"	"	5½	"	½	60
4	"	"	"	"	"	"	"	"	"	5	"	1"	30
5	"	"	"	"	"	"	"	"	"	4 3/4	"	¼"	24
6	"	"	"	"	"	"	"	"	"	4	"	2"	15

Signature of Person Conducting Test

Sum of Percolation Rates: 179
Average of Rates: 30
Mean of Rates: 40

Address_____ Phone_____

20 min variance

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Wymore with alluvium fill
Date: January 10, 1980

Approved Percolation Rate (a)
A. 25 min./inch
B._____min./inch
C._____min./inch

Gerrold C. Hood
Signature of Reviewing Official

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

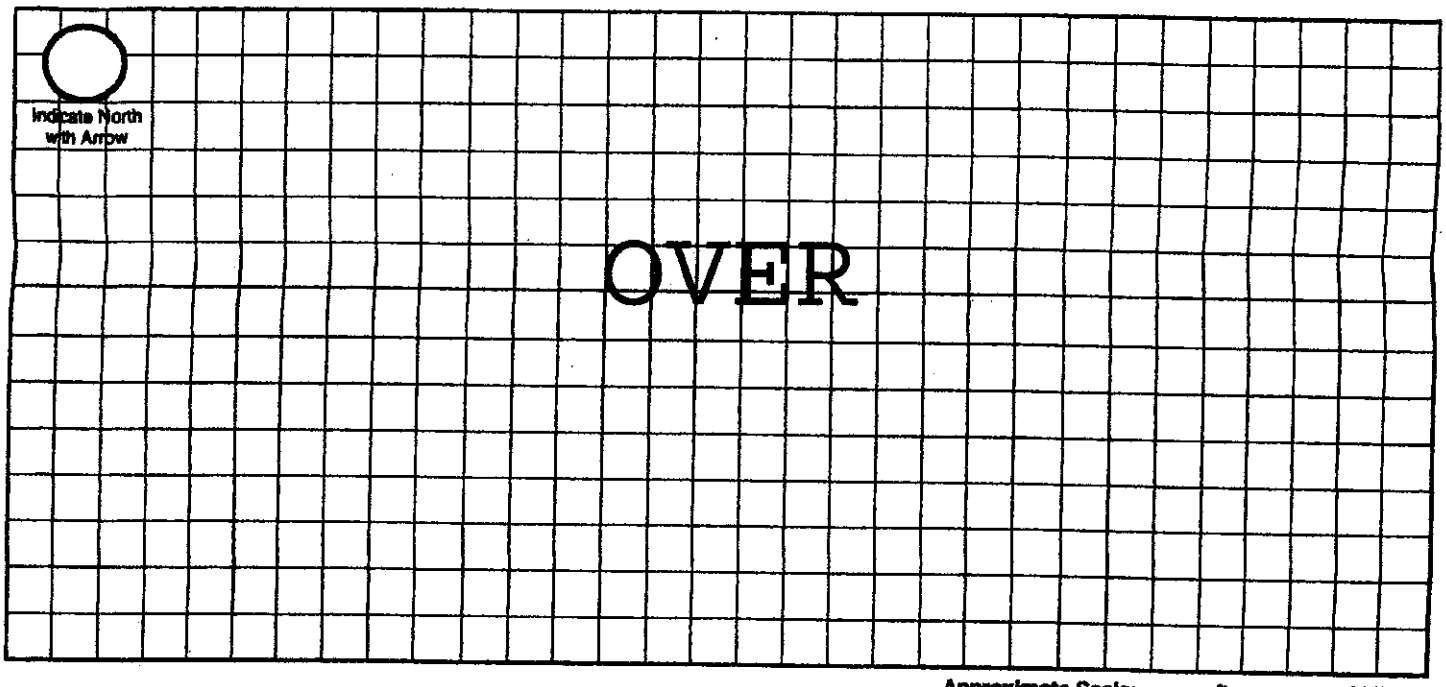
C

Permit Number: 1450012B9

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) 10700 Yankee Hill Rd City Lincoln NE, Zip 68526

B. Proposed Septic Tank/s

Septic Tank Cap. 2,000 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 5 Soil Type Pawnee Clay Loam Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 2,115 sq.ft.

Total length of laterals 470 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches 4 Width 40" No. of drop boxes 1 Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

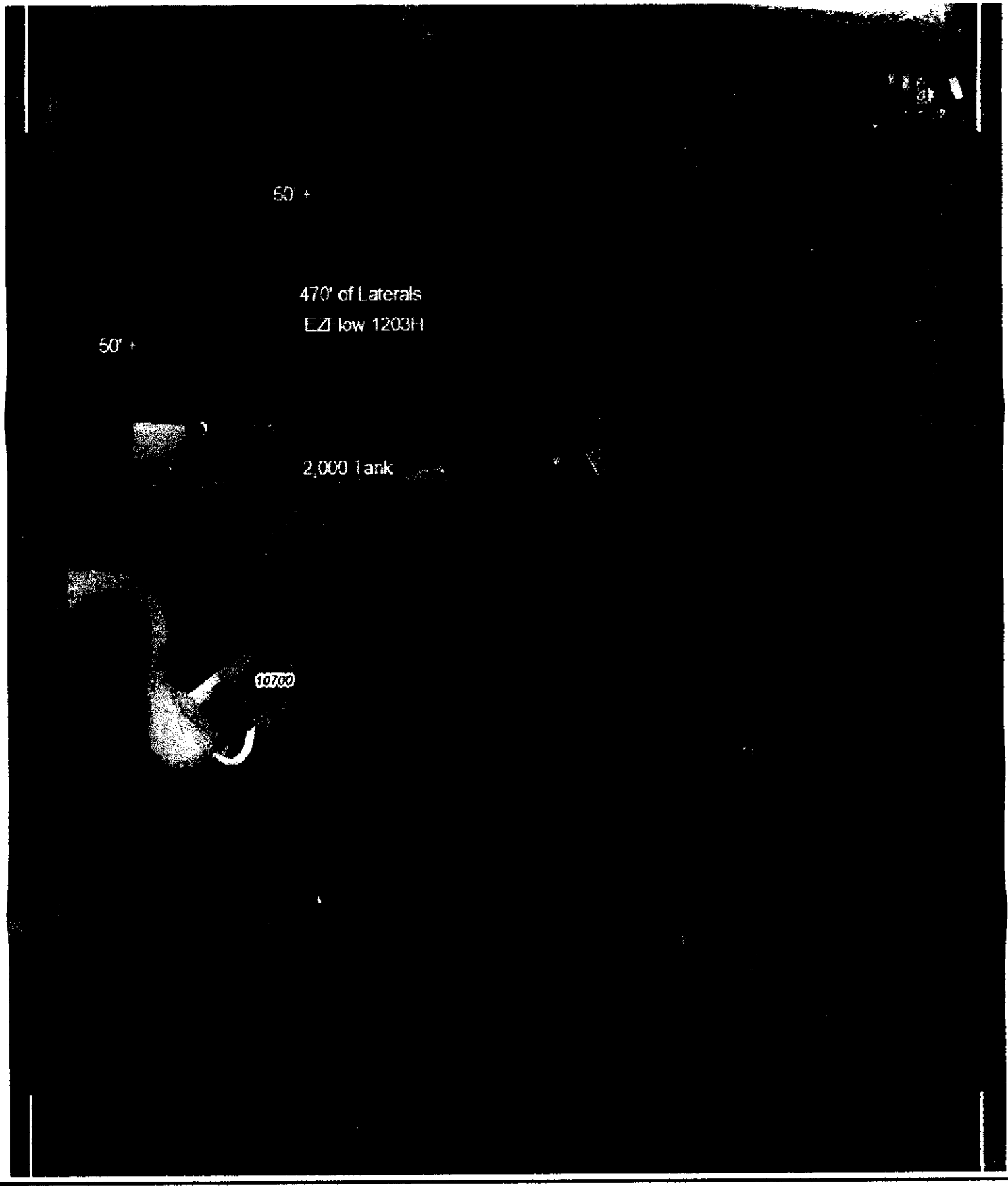
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied Using EZFlow 1203H Bundles

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 Rissi L Johnson Date 6/15/11



Lancaster County/City of Lincoln GIS Map

N
W E
S

Daniel Griepentrog 10700 Yankee Hill Rd, Lincoln, NE 68526 402-540-3369

Printed: Jun 15, 2016

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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. HS001289

System Type: Standard

Situs: 10700 YANKEE HILL RD, RURAL, NE

Issued: 6/20/2016

Expires: 6/20/2017

Description: S24, T9, R7, 6th Principal Meridian, S1/2 N1/2 E1/2 W1/2 SE

Owner: GRIEPENTROG, DANIEL
10700 YANKEE HILL RD
LINCOLN, NE 68526

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
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

Exhibit 5

Permit Number: H5001289

6/16 7/16/16

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/30/16 Legal Description ¼ ¼ 24/9/7 Section/Township/Range

Onsite System Location

Address (no rural route) 10700 Yankee Hill Rd. City Lincoln

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 2,115 Sq. Ft. (1,750 required) Tank Size 2,000 gals

Total length of laterals 470' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 4 Width E2 flow 4.5 Facets No. of Drop Boxes 2 (switching box) Distribution Box 9150

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 DC Date 8/30/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ames
Date 8/30/16

Field Note Drawing (See Reverse Side):