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

**A**

Permit Number
4 S001294

# Onsite Wastewater Treatment System Permit Application

**Include Form B and C. Submit correct fee with this Application**

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address* 6360 S 148th (no rural route) City Walton, NE Zip 68461

Legal Description SE NW S15 T9 R8 6th P.M.
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-15-100-004-000 *Approx. Address (If to be determined)

## B. Owner

Name Jason Miller Signature

Address PO Box 81823 City/State/Zip Lincoln, NE 68501

Home Phone Work Phone 402-890-5827

## C. Certified Installer

Name: Mel Gaguer Signature

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

Work Phone Mel Gaguer 402 432 5698

## 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

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☐ Domestic ☐ Non-Domestic

***DO NOT WRITE BELOW THIS LINE***

**Approval Process**

**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 6-23-16 Amount Paid $385.00
Received By SB Cash/Check No. 1090

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

Form A Updated: 4/15

**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. HS001294**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 6/30/2016

Expires: 6/30/2017

**Description:** S15, T9, R8, 6th Principal Meridian, SE NW

**Owner:** MILLER, JASON J & CYNTHIA R
PO BOX 81823
LINCOLN, NE 68501

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

JASON MILLER FAMILY PROPERTIES LLC
1600 CORNHUSKER HWY
LINCOLN, NE 68521

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

OK 3/13/17 gp

Exhibit 5

Permit Number: H5002194

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 3/10/17 Legal Description SE NW 15/9/8
¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 6360 S 148th 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 1755 Sq. Ft. Tank Size 2-1000 2000 gals

Total length of laterals 484' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 Infacto- No. of Drop Boxes — Distribution Box 2

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 DL Date 3/9/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Huser

Date 3/10/17

Field Note Drawing (See Reverse Side):

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

**B**

Permit Number: HS001294

# Onsite Wastewater Treatment System
## Soil Evaluation Report

**PLEASE PRINT OR TYPE**

### Onsite System Location

Address 6360 S 148th (no rural route) City Walton NE, Zip 68461

Owner Jason Miller Address PO Box 81615 Lincoln NE 68501

Date of Tests 6-23-16 to 6-24-16 Weather: Precipitation 0 Temperature 85°

### 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 | | | End | | | | |
| Hole No. | Hole Depth (in) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Initial Water Lev (in.) | Date (Mo/Da) | Time (Hr/Min) | Elapsed Time Interval | Water Level Drop (in) | Percolation Rates (Min/in = mpi) |
| 1 | 36 | 6-23 | 3:00 | 6-24 | 4:00 | 6-24 | 4:00 | 6 | 6-24 | 4:30 | 30 | 3/4 | 40 |
| 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 1 | 1 | 1 | 1/2 | 60 |
| 3 | 1 | | | | | | | 6 | | | | 1/2 | 60 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 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: 160
Average of Rates: 53.5
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other)

Groundwater Depth Over 12

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

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

Signature of Reviewing Official Date

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

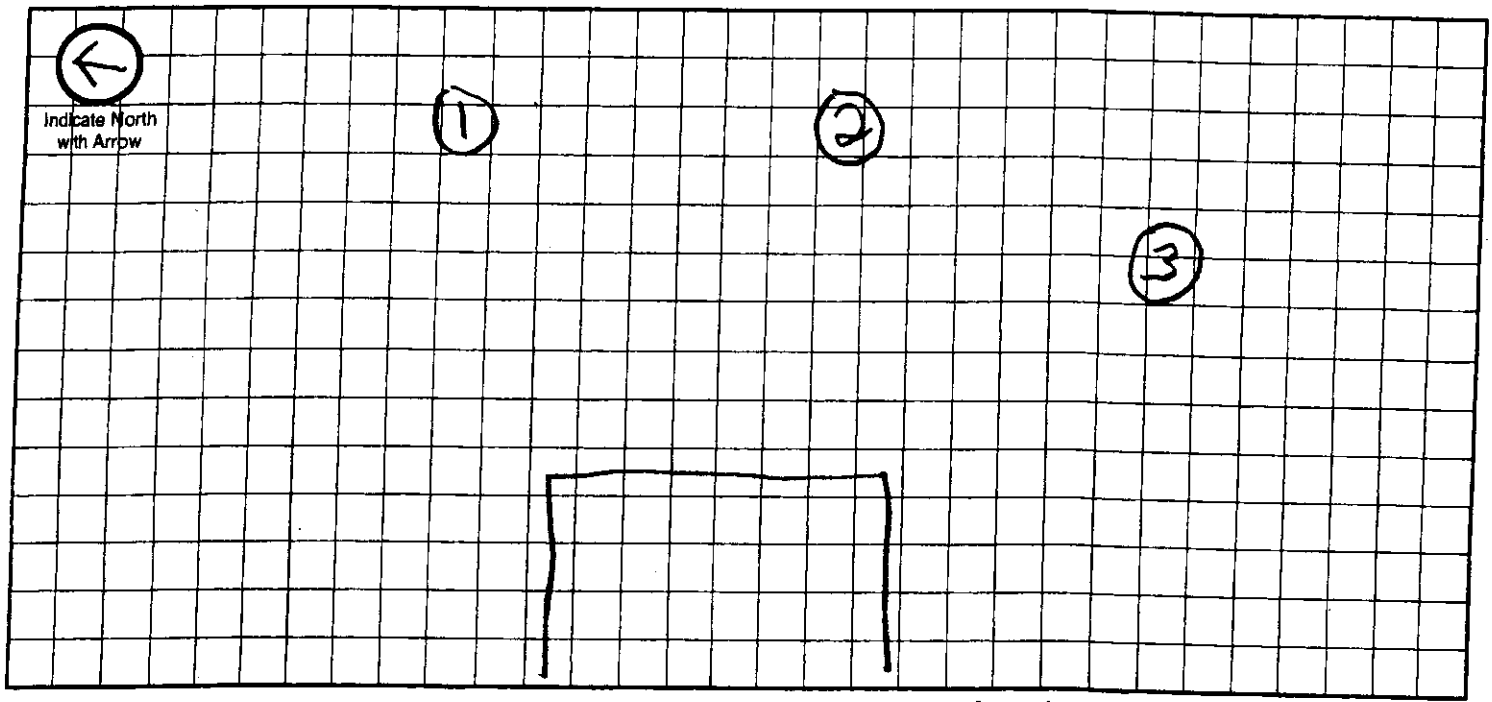
C

Permit Number: HS001294

# 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) 6830 S 148th City Walton NE, Zip 68461

## B. Proposed Septic Tank/s 2 - 1,000

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_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals 484 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 5 Width 36" 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_____ Date_____

Installer_____ Date_____