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

**A**

Permit Number HS00 1306

# 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* 7390 W. Middle Rd City RAYMOND, NE Zip 68428
(no rural route)

Legal Description 35 12 5 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 06-35-200-002-000 *Approx. Address (If to be determined)

**B. Owner**

Name JOE GYHRA Signature Joe Gyhra
Address 7390 W MIDDLE RD City/State/Zip RAYMOND NE.
Home Phone 402 580-9509 Work Phone 402 580-9509

**C. Certified Installer**

Name: Justyn L. Peterson Signature
Address P.O. Box H City/State/Zip Milford, NE 68405
Work Phone 402-641-6174

**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
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**

**1. Health Department**
Site visits
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature
Comments

**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 7-13-16 Amount Paid $285
Received By SB Cash/Check No. 16898

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

Form A Updated: 4/15

HS001306

1

# SOIL ABSORPTION TEST DATA REPORT

**Location:** Precinct _____ Section _____ **Owner:** Joel & Laura Gyhra
Township _____ Range _____ Address: 7390 W. Middle Road
1/4 Section _____

**Property Dimensions:** _____ acres

**Soil Type:** Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

**Dates of Tests:** 7/9/16 to 7/10/16 **Weather:** Precip. Ø Temp. 90's

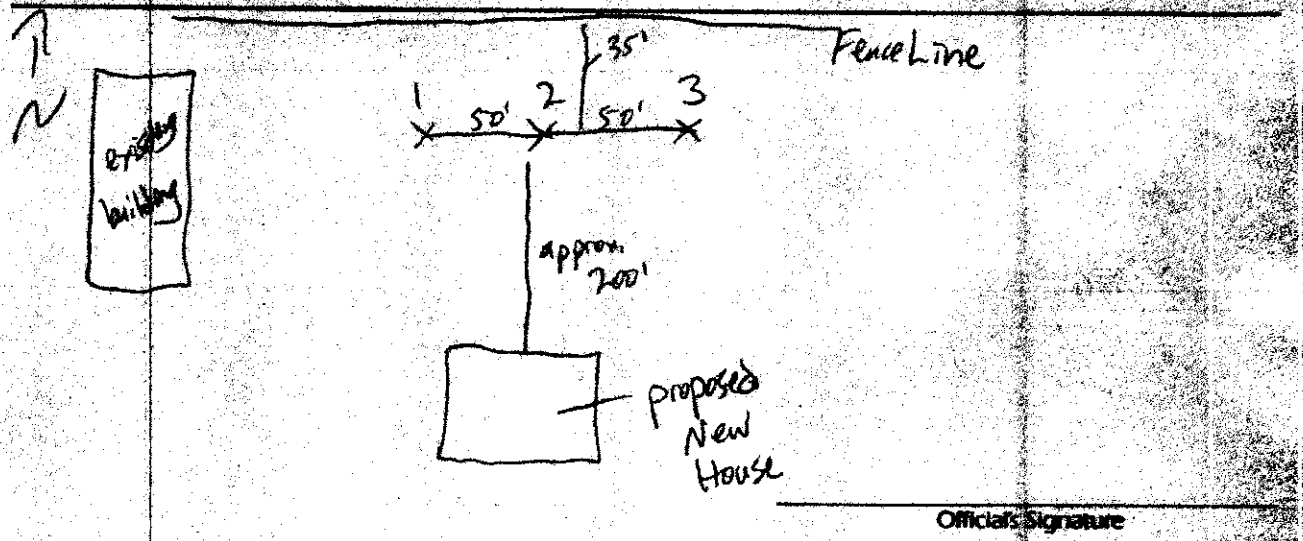
| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | Results | |
| | | Start | | End | | Start | | | End | | | Water |
| Hole No. | Hole Depth (in.) | Date (Mo. Day) | Time (Hr. Min.) | Date (Mo. Day) | Time (Hr. Min.) | Date (Mo. Day) | Time (Hr. Min.) | Water Level (in.) | Time (Hr. Min.) | Water Level (in.) | Elapsed Time (Min.) | Level Drop (in.) |
| 1 | 36 | 7/9 | 11:00am | 7/9 | 3:00pm | 7/10 | 12:00pm | 6 | 12:30pm | 5¾ | 30 | ¾ |
| 2 | 36 | 7/9 | 11:00am | 7/9 | 3:00pm | 7/10 | 12:00pm | 6 | 12:30pm | 5¾ | 30 | ¾ |
| 3 | 36 | 7/9 | 11:00am | 7/9 | 3:00pm | 7/10 | 12:00pm | 6 | 12:30pm | 5 | 30 | 1 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Sum of Water Level Drops (in.) [Column m]: 2¾
Average of Water Level Drops (in.) [Column m]: .93
Inches per Minute: 36.15 MPI

**PERSON CONDUCTING TEST:**
Name: Justyn Peterson
Address: 322 - 238th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: 225

**SKETCH SHOWING HOLE LOCATION:**




Official's Signature

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

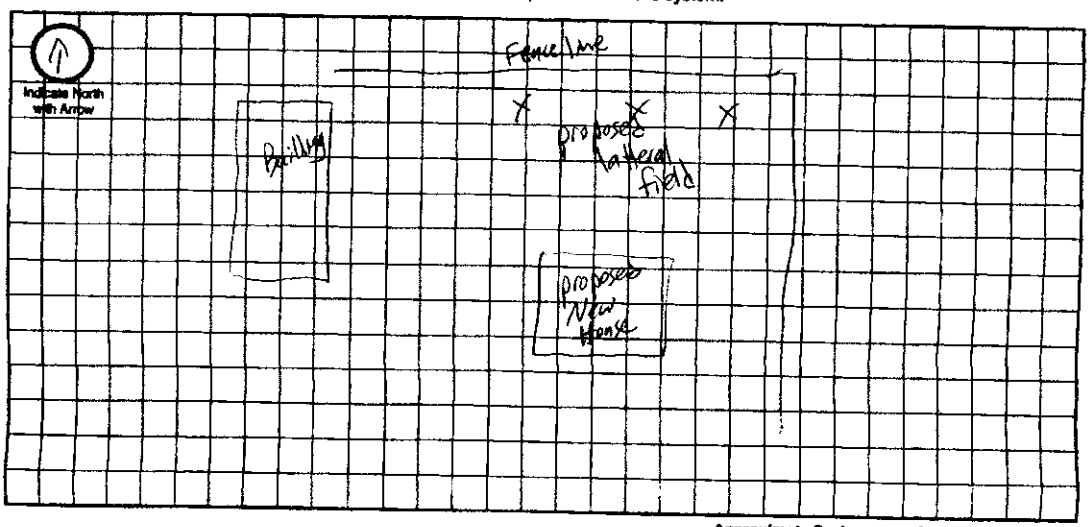
C

Permit Number 17S001306

# 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) 7390 W. Middle Rd City _____ NE, Zip _____

### 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 36|5 (min/inch = mpi) No. of Bedrooms 4 Soil Type Clay Loam Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1100 sq.ft.

Total length of laterals 326' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 36" No. of drop boxes 1 Distrubition 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

[redacted] Date _____

Installer _____ Date 7/13/16

Onsite Form C 12-06

**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. HS001306**

**System Type:** Standard

**Situs:** 7390 W MIDDLE RD, RURAL, NE

Issued: 7/19/2016

Expires: 7/19/2017

**Description:** S35, T12, R5, 6th Principal Meridian, LOT 5 NE

**Owner:** GYHRA, JOSEPH D & LAURA S
7390 W MIDDLE RD
RAYMOND, NE 68428

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

KUHLMAN CONSTRUCTION INC
2054 HOLDREGE RD
PLEASANT DALE, NE 68423

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

OK gr 11/11/16

Exhibit 5

Permit Number: HS001306

# Onsite Wastewater Treatment System

## Inspection Sheet

Date _____ Legal Description ___35-12-5___
¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 739 W. Middle Rd. 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 _____ Sq. Ft. Tank Size _____ gals

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

_____

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

**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:** System Card prior to inspection - DH

Inspections prior to Final Approval
Initial _____ Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 11/11/16

**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

D Exhibit 4

Permit Number:

# Onsite Wastewater Treatment System
## As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

**Onsite Wastewater System Location**

Address or Legal Description or Parcel identification Number (PID) 7390 W. Middle Rd

Owner: Joe & Laura Gyhra Address Same

**A. Wastewater Piping**

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 103 ft.

**B. Septic Tank**

1. Material Concrete Accurite Precast
2. Capacity: 2000 gal.
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well 200+ ft.
   Pressure line 150+ ft
   Property Line 100+ ft.
   Foundation 100+ ft.

**C Distribution Box or Drop Box** Did not use

Distance and Direction from septic tank: ____ ft. ____

**D. Drainfield/Absorption Field**

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard 27"
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 112' ft. 108' ft. 106' ft. ____
4. Drainfield size: 1107 sq. ft.
5. Distance to:
   Well 200+ ft.
   Pressure line 100+ ft.
   Property line 30+ ft.
   Depth of Groundwater 40'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

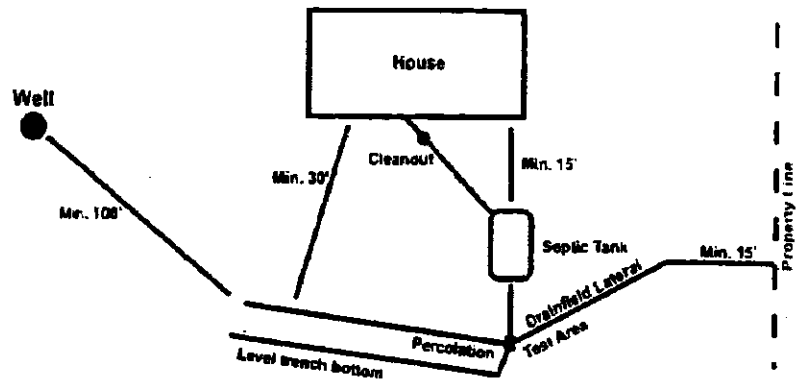
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 11/1/16

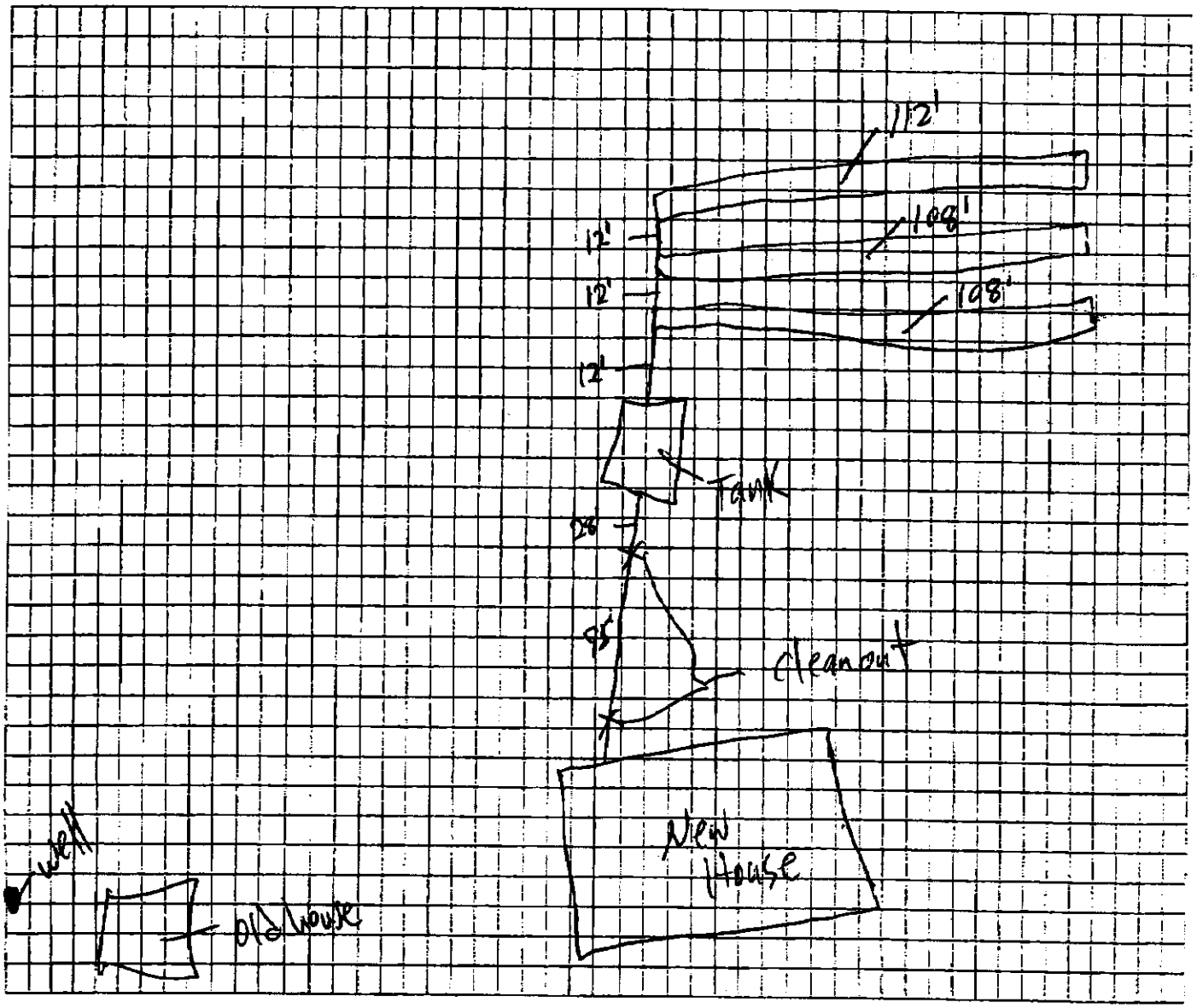
**Complete As-Built drawing on the back of this form.**

Indicate North
w/ Arrow Here:

**Onsite Wastewater System Design (Example)**




*Note-If Lagoon, show all applicable dimensions



# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave  Lincoln, NE 68502-3785  (402) 441-8000

NON TRANSFERABLE

## PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390040501

Issued 07/28/94
Expires 01/28/95
Revenue Code 18754

Establishment
DAVID GYHRA
T12N R5E SEC 35
7200 W MIDDLE ROAD

FEES: $50.00

TOTAL $50.00

Permittee
DAVID GYHRA
RR0001
BOX 0029A
RAYMOND NE 68428

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

9439004O5

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☑

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7-20-94

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☑, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 12N ; Range 5E ; Section 35 NE ¼ ;
Block _____ ; Lot _____ ; Addition _____
Street Address 7260 W. Middle Rd.

2. Property Use: Residential ☑ ☐ ; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Description of proposed alteration, extension or repair: Add 100' of Ground tile lateral

5. Work to be done by: Owner ☐ ; or Contractor ☑ , Buresh Bldg
Contractor's Name

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | 500 |
| b. Labor | $ | 500 |
| c. Other | $ | |
| TOTAL | $ | 1000 |

David L Gyhra
Signature of Applicant (owner or lessee)

Rt-1 Box 29A Raymond NE
Address

(Do not write below this line)

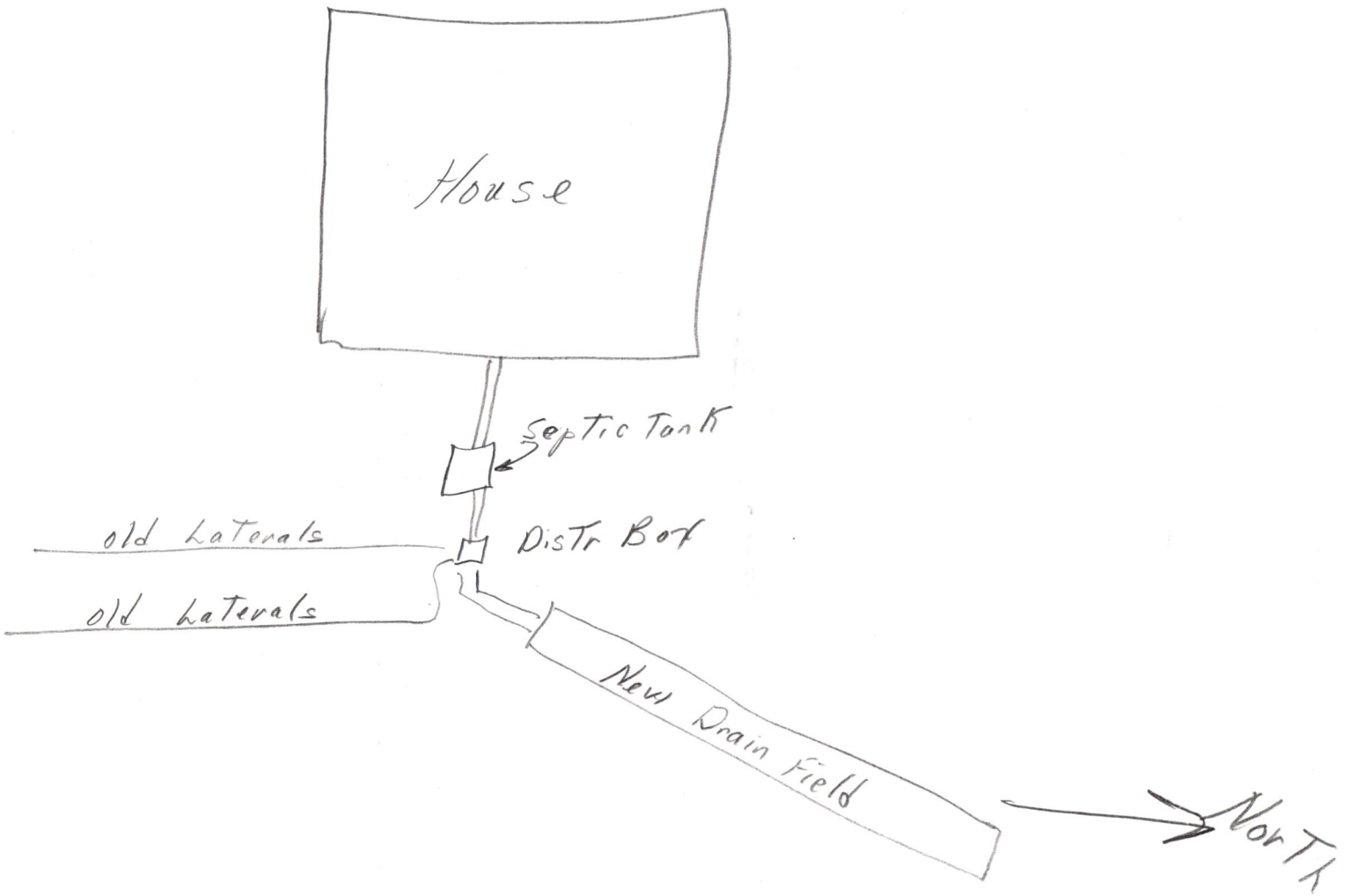
REVIEWING ACTION

1. Date Rec'd: 7-20-94
Filing Fee: $ 50.00

2. Site Visits:
Date: 7-20-94 by: rm Covered without inspection
Date: 12-17-97 by: rm No visible malfunction
Date: _____ by: _____

3. Date: Approved ☐ ; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-17-97 by: Ron Mogensen


House
Septic Tank
old Laterals
Distr Box
old Laterals
New Drain Field
North

7200 W MIDDLE RD
No. SIDE SIDE
1ST HOUSE W OF N.W. 70TH
4D HYDRANT
ALSO HOUSE HYDRANTS NORTH + So. SIDE.

SEPTIC EAST SIDE OF HOUSE
ABOUT 45'-50' FROM HOUSE.

WELL LOCATED ON WEST SIDE OF
HOUSE APPROX 80'-100' NEXT
TO BIG ROCK

WELL INSTALLED ABOUT 1982 EARLY 80's

SEPTIC INSTALLED 1945
PUMPED LAST 15 YEARS+

6-14-94 Sewage violation SE of house

# Lincoln-Lancaster County Health Department

**2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022**

**REAL ESTATE TRANSFER/LOA[illegible]**

**ORIGINAL LOAN APPROVAL FILE**
**PREVIOUS HISTORY UNKNOWN**

This form must be completed and returned to re[illegible]

**MAKE CHECK PAYABLE TO:** Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 7200 W Middle road

Twp 12 Range 5 Section 35 1/4 NE 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well West of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | David L. Gyhra | Rt1 Box 29A/7200 W Middle Rd | 783-3561 wk 466-7437 |
| Tenant/Buyer: | Nicholas L. Gyhra | Rt1 Box 34E Roca, Ne 68430 | 421-7791 |
| Return to: | ___ | ___ | ___ |

Signature of Applicant ___ Address ___ Date ___/___/___ 483-7795

---

**HEALTH DEPARTMENT USE ONLY**

Date Received 6/13/94 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Ron Marquart **DATE:** 6/14/94

| **WATER SYSTEM:** | Approved | Disapproved | **SEWAGE SYSTEM** | **Additional Site Visits** |
|---|---|---|---|---|
| Construction | ☒ | ☐ | Approved ☐ | Date 7/20/94 by rm |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml | Provisional ☒ Correction | Date ___/___/___ by ___ |
| Nitrate | ☒ 7.3 ppm | ☐ ___ ppm | Disapproved ☒ Violation | Date ___/___/___ by ___ |

**Comments:** Recommend checking every 2 to 3 years to see if septic tank needs pumping.

See Attached Letter ☐

**FINAL STATUS**

**WATER SYSTEM:** Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by Ron Marquart, RS Date 7/20/94

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

SCANNED

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

**A**

Permit Number H S00 1306

# 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* 7390 W. Middle Rd (no rural route) City RAYMOND, NE Zip 68428

Legal Description 35 12 5 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 06-35-200-002-000 *Approx. Address (If to be determined)

**B. Owner**

Name JOE GYHRA Signature Joe Gyhra

Address 7390 W MIDDLE RD City/State/Zip RAYMOND NE.

Home Phone 402 580-9509 Work Phone 402 580-9509

**C. Certified Installer**

Name: Justyn L Peterson Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

**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

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**

**1. Health Department**
Site visits
Comments
Date rec'd 2/9/16
Date frwd 2/9/16
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 11/1/16

***Business Office Use Only***
Date Received 1-13-16 Amount Paid $ 285
Received By SB Cash/Check No. 16898

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

Form A Updated: 4/15