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

A

Permit Number HSC 0314

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* 23980 S 110th (no rural route) City Hickman, NE Zip 68344

Legal Description 18 7 8 SD 3

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

PID 28-18-100-001-000 *Approx. Address (If to be determined)

B. Owner

Name Brandon & Liz Satterthwaite Signature

Address 2001 Washington St. City/State/Zip Douglass Ne 68344

Home Phone Work Phone

C. Certified Installer

Name: Kelvin Eagleson Signature

Address City/State/Zip

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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3E.+

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

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

150 75d 1684 105 15

Business Office Use Only

Date Received 7-20-11 Amount Paid $385.00

Received By SB Cash/Check No. 5280

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

B

Permit Number: HS001314

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 23980 S 110th (no rural route) City Hickman NE, Zip 68344

Owner Brandon Satterwhite Address 200 Washington St. Douglass NE 68344

Date of Tests 6-3-16 to 6-4-16 Weather: Precipitation 0 Temperature 80

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	6-3	8:00	6-4	4:00	6-4	4:00	6	6-4	4:30	30	½	60
2	1	1	1	1	1	1	1	6	1	1	1	⅝	48
3	1	1	1	1	1	1	1	6	1	1	1	⅝	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: _____

Phone: _____

Address _____

_____

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

Sum of Percolation Rates: 156

Average of Rates: 52

Rate Used for Calculation: 60

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

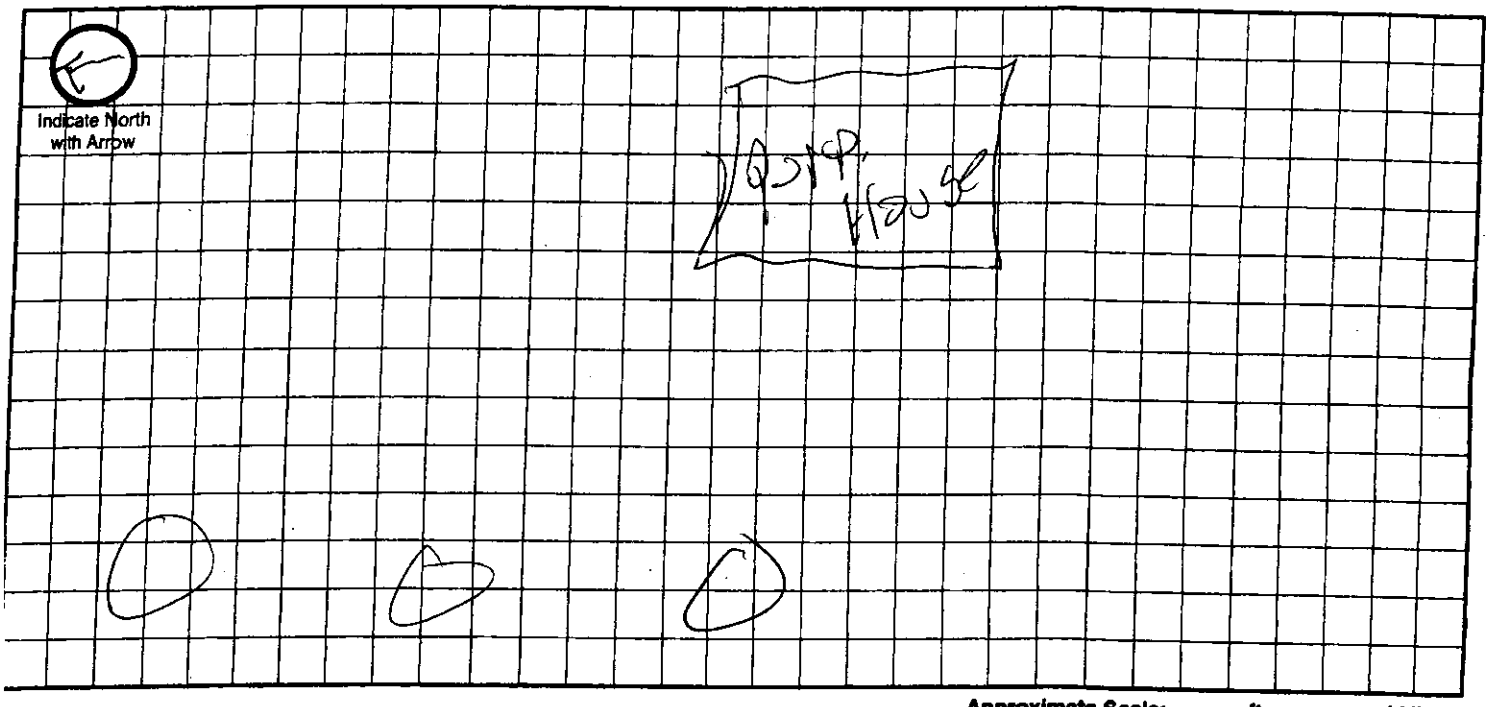
C

Permit Number: HS001314

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) 23980 S 10th City Hickman NE, Zip 68344

B. Proposed Septic Tank/s

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_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ 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

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. HS001314

System Type: Standard

Situs: 23980 S 110 ST, RURAL, NE

Issued: 8/5/2016

Expires: 8/5/2017

Description: S18, T7, R8, 6th Principal Meridian, LOT 3 NW

Owner: SATTERTHWAITE, BRANDON D &
ELIZABETH J & RAASCH, SCOTT L &
JONA S
200 WASHINGTON ST
DOUGLAS, NE 68344

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

GAGNER CONSTRUCTION COMPANY
LINCOLN, NE 68523-9324

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

OK 11/9/16 JL

Exhibit 5

Permit Number: HS001314

Onsite Wastewater Treatment System

Inspection Sheet

Lot 3

Date 11/4/16 Legal Description 18/7/8 (¼ ¼ Section/Township/Range)

Onsite System Location

Address (no rural route) 23980 S 110th 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 1,754 Sq. Ft. Tank Size 2,000 gals 2-1,000 in series

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

No. of Absorption Laterals 4 Width 3.625 Eacta 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 #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 11/2/16
Follow-Up DS Date 11/3/16
Follow-Up Date
Installation Final Written Approval
By Doug Ahrens
Date 11/4/16

Field Note Drawing (See Reverse Side):

Updated 4/15

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11-3-16 Legal Description N40° 34.684 W096° 34.265
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 23980 S 110th City Hickman NE, Zip 68344

Owner Brandon Satterbwaite Address " "

Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 70 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line over 100 ft.
   stream " ft.
   pressure line " ft.
   property line " ft.

Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Poly
   Number of compartments: 2
2. Capacity: _____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line over 100 ft.
   Stream " ft.
   Pressure line " ft.
   Property line " ft.

C. ☒ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 165 ft.

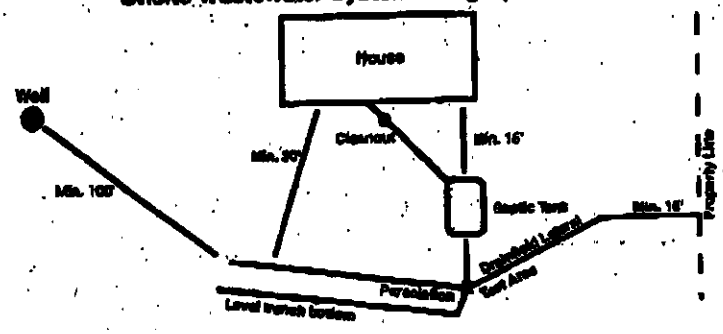
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

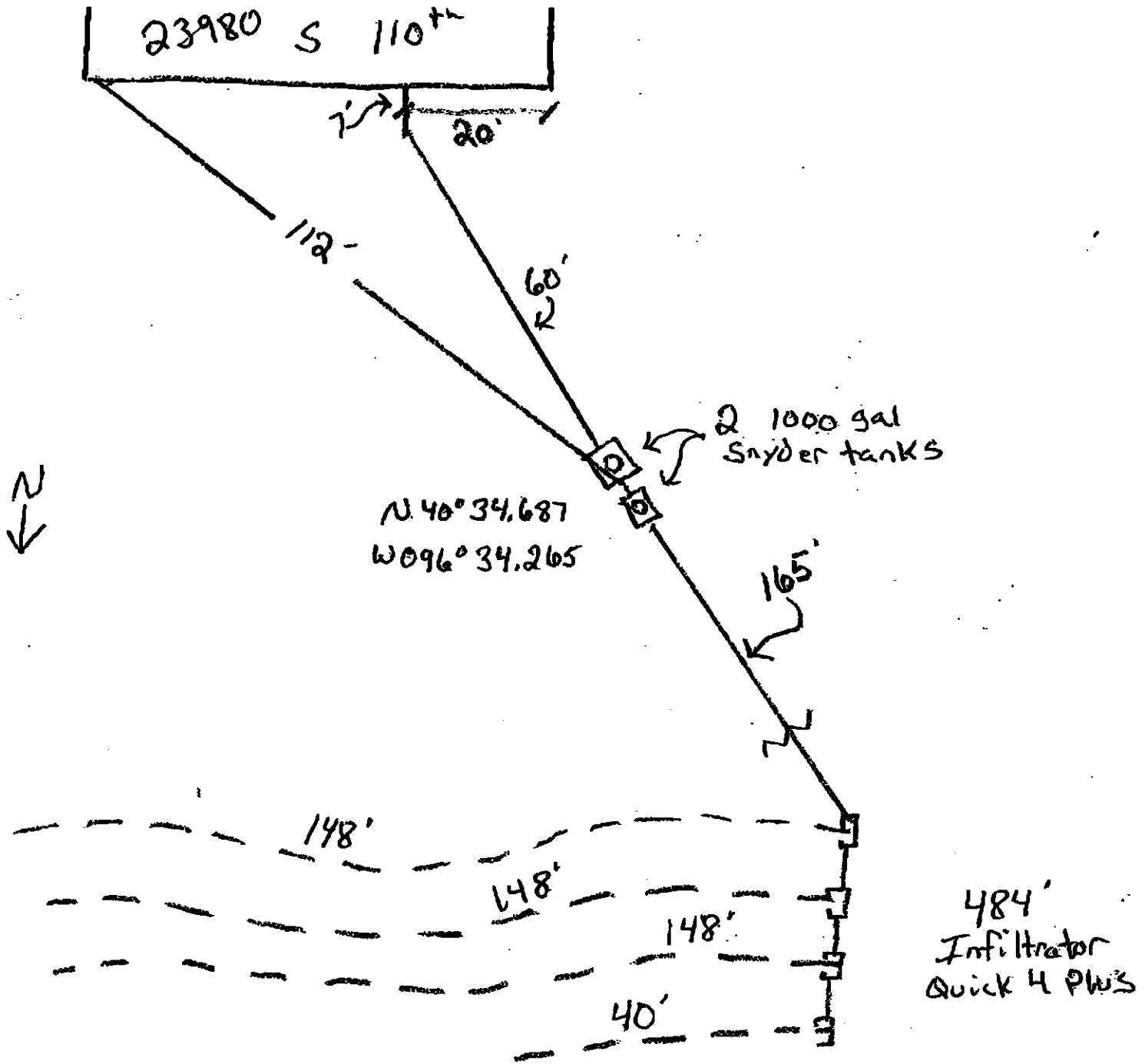
1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 29"
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 4
   Length of each line: 148 ft. 148 ft.
   148 ft. 40 ft. _____ ft.
3. Drainfield dimensions: Width 3.625 ft.
   Distribution Pipe Slope 1/4 in/100 ft.
   Average depth 34 in
4. Filter material: NA
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

Complete As-Built drawing on the back to this form.

Onsite Wastewater System Design (Example)



...icate North
...th Arrow


23980 S 110th
7'
20'
112'
60'
2 1000 gal
Snyder tanks
N
N. 40° 34.687
W096° 34.265
165'
148'
148'
148'
40'
484'
Infiltrator
Quick 4 Plus

Nate C. Hartman

From: Todd A. Stutzman
Sent: Monday, August 01, 2016 2:02 PM
To: Nate C. Hartman
Subject: 23980 S 110th St.

Nate,

23980 S 110th St. 18-7-8 Lot 3 is a buildable lot.

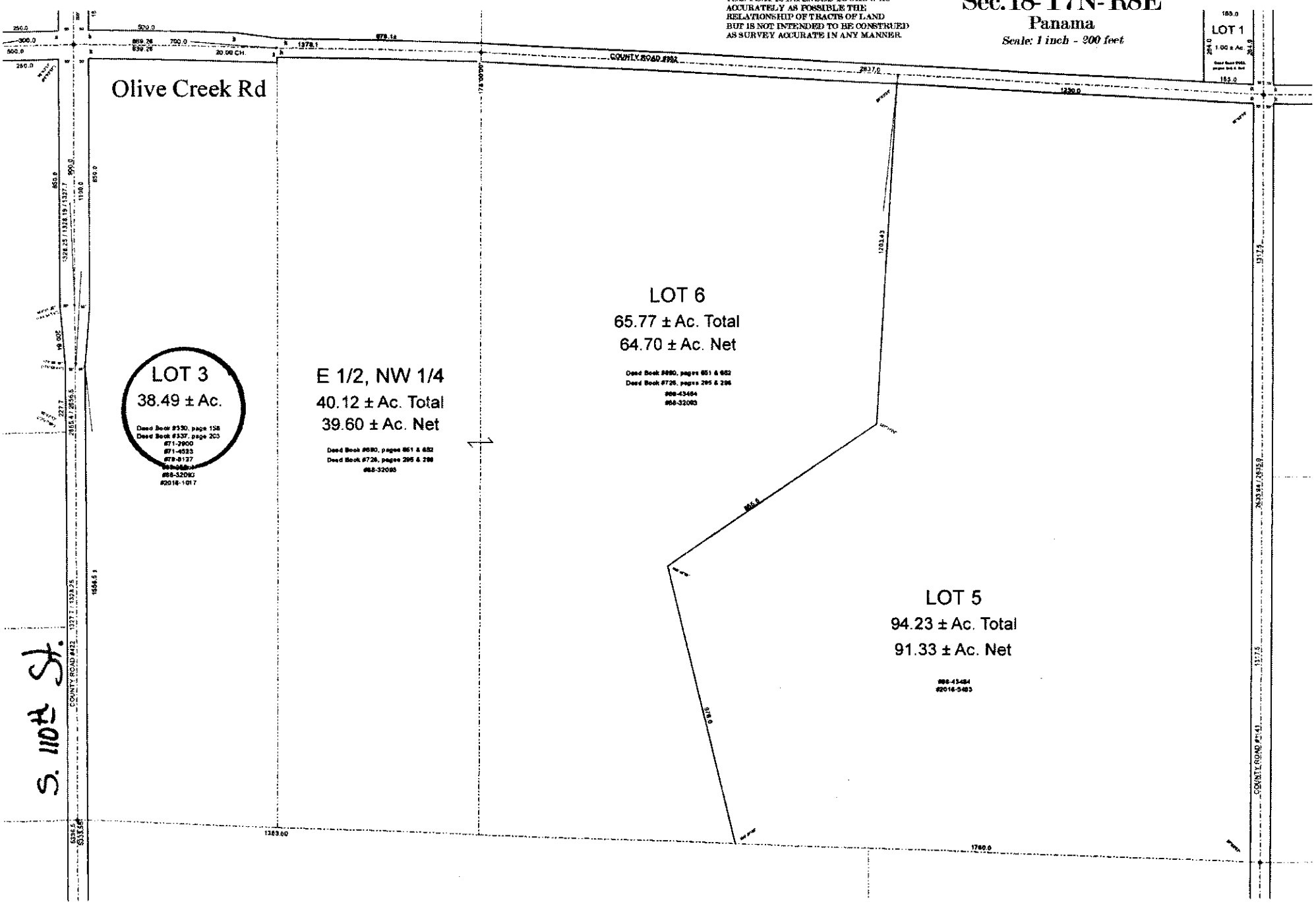
Todd Stutzman
Plan Examiner II
402-441-7097
555 S 10th Street, Room 203
Lincoln, NE 69508

Nate C. Hartman

From: Ken D. Schroeder
Sent: Monday, August 01, 2016 3:46 PM
To: Nate C. Hartman
Cc: Pamela L. Dingman
Subject: sewage disposal system for PID #20 18 100 001 000
Attachments: part of sec 18-7-8.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for Lot 3 irregular tracts located in the NW 1/4 of fractional Section 18 T7N, R8E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec.18-7-8)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692


THIS PLAT IS INTENDED TO SHOW AS ACCURATELY AS POSSIBLE THE RELATIONSHIP OF TRACTS OF LAND BUT IS NOT INTENDED TO BE CONSTRUED AS SURVEY ACCURATE IN ANY MANNER.
Sec. 18-T7N-R8E
Panama
Scale: 1 inch - 200 feet
Olive Creek Rd
COUNTY ROAD #852
LOT 1
1.00 ± Ac.
LOT 3
38.49 ± Ac.
E 1/2, NW 1/4
40.12 ± Ac. Total
39.60 ± Ac. Net
LOT 6
65.77 ± Ac. Total
64.70 ± Ac. Net
LOT 5
94.23 ± Ac. Total
91.33 ± Ac. Net
S. 110th St.
COUNTY ROAD #422
COUNTY ROAD #141
1383.00
1760.0

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

SCANNED

A

Permit Number HS 001314

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* 23980 S 110th (no rural route) City Hickman, NE Zip 68344

Legal Description 18 7 8 SB 3

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

PID 20-18-100-001-000 *Approx. Address (If to be determined)

B. Owner

Name Brandon/Liz Satterhwaite Signature

Address 200 Wasington St. City/State/Zip Douglass Ne. 68344

Home Phone Work Phone

C. Certified Installer

Name: Kelvin Eagner Signature

Address City/State/Zip

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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 38.4

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

1. Health Department
Site visits 11/4/16 2 Tanks + Misc Date rec'd
Date frwd
Comments

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 11/4/16

75d 75d 76d 105d 75d

Business Office Use Only
Date Received 1-21-16 Amount Paid $385.00
Received By SB Cash/Check No. 5280

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