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

A

Permit Number HS001342

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* N. 182nd (no rural route) City Eagle, NE Zip 68347

Legal Description 24 10 8 SB Wyndam Place 2 2

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

PID 23-24-109-002-000 SB *Approx. Address (If to be determined)

B. Owner

Name Tracy+Mike Larson Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Justin L. Peterson Signature

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

Work Phone 402-761-2281

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

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 9-16-16 Amount Paid #395
Received By SB Cash/Check No. 2266

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

Form A Updated: 4/15

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

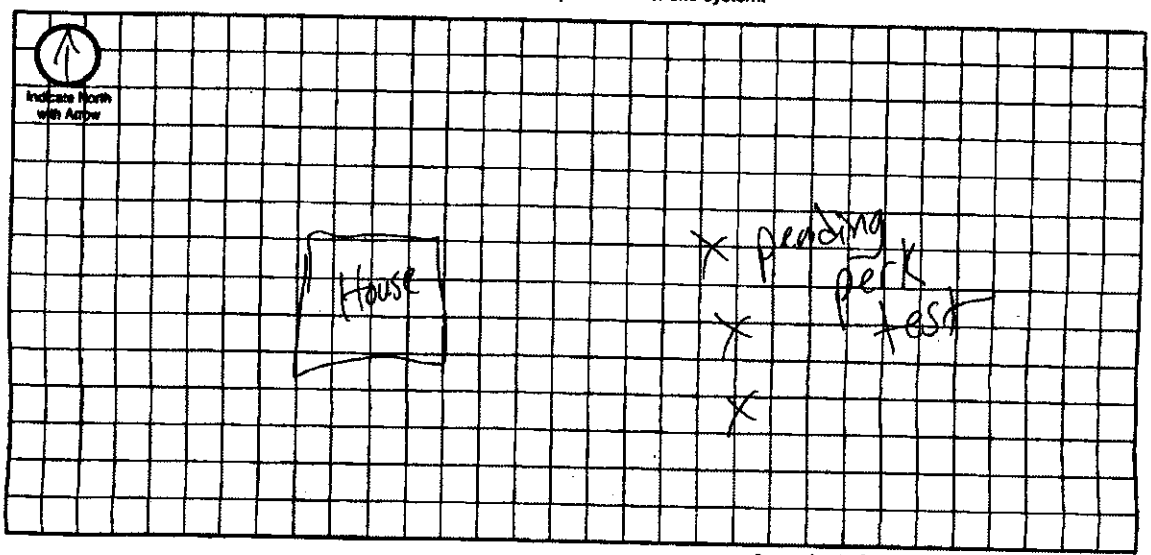
C

Permit Number: HS001343

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1250 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) Pending ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate Pending (min/inch = mpi) No. of Bedrooms 3 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 Youre	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 9/15/16

Onsite Form C 12 08

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. HS001343

System Type: Lagoon

Situs: No Site Address Specified

Issued: 9/19/2016

Expires: 9/19/2017

Description: WYNDAM PLACE 4TH ADDITION, BLOCK 2, Lot 2

Owner: LARSON, MICHAEL R & TRACI M
2825 N 75 ST
LINCOLN, NE 68507

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

DON JOHNSON HOMES
5901 NORTH 27TH ST
LINCOLN, NE 68521

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

Exhibit 5

Permit Number: HS001343

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/10/17 Legal Description Wyndam Place Blk 2, Lot 2
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1300 N 182nd Ct. City Eagle

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 1584 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 440' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3.625 factor 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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DRC Date 3/8/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By 3/17/17 Doug Thun

Date _____

Field Note Drawing (See Reverse Side):