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

A

Permit Number
HS 001348

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* 8055 [redacted] Haley Lynn Ln City Denton, NE Zip 68339
(no rural route)

Legal Description SE SE 21 9 5 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-21-402-003-000 *Approx. Address (If to be determined)

B. Owner

Name Brent Meyer Signature
Address 5041 Becky Way City/State/Zip Lincoln, NE 68514
Home Phone 402-631-0519 Work Phone

C. Certified Installer

Name: Marcus Hochstein Signature
Address 625 S. 4th St. City/State/Zip Eagle, NE 68347
Work Phone 402-730-7749

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 4.7
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
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 9-20-16 Amount Paid $395
Received By SB Cash/Check No. 16667

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

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

Permit Number

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 8055 Haley Lynn Ln (no rural route) City Denton NE Zip 68339

Owner _____ Address _____

Date of Tests 1-22-16 to 1-23-16 Weather: Precipitation 0 Temperature 28°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr						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	35	1-22	7:00	1-23	10:30	1-23	10:30	6	1-23	11:00	30	½	60
2	35	"	"	"	"	"	"	6	"	"	"	5/8	48
3	36	"	"	"	"	"	"	6	"	"	"	1½	20
4	35	"	"	"	"	"	"	6	"	"	"	3/4	40
5	36	"	"	"	"	"	"	6	"	"	"	5/8	48
6	36	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Mel Gayner

Phone: 402 432 5698

Address: 4810 W Claire Ave

Sum of Percolation Rates: 246

Average of Rates: 41

Rate Used for Calculation: 60

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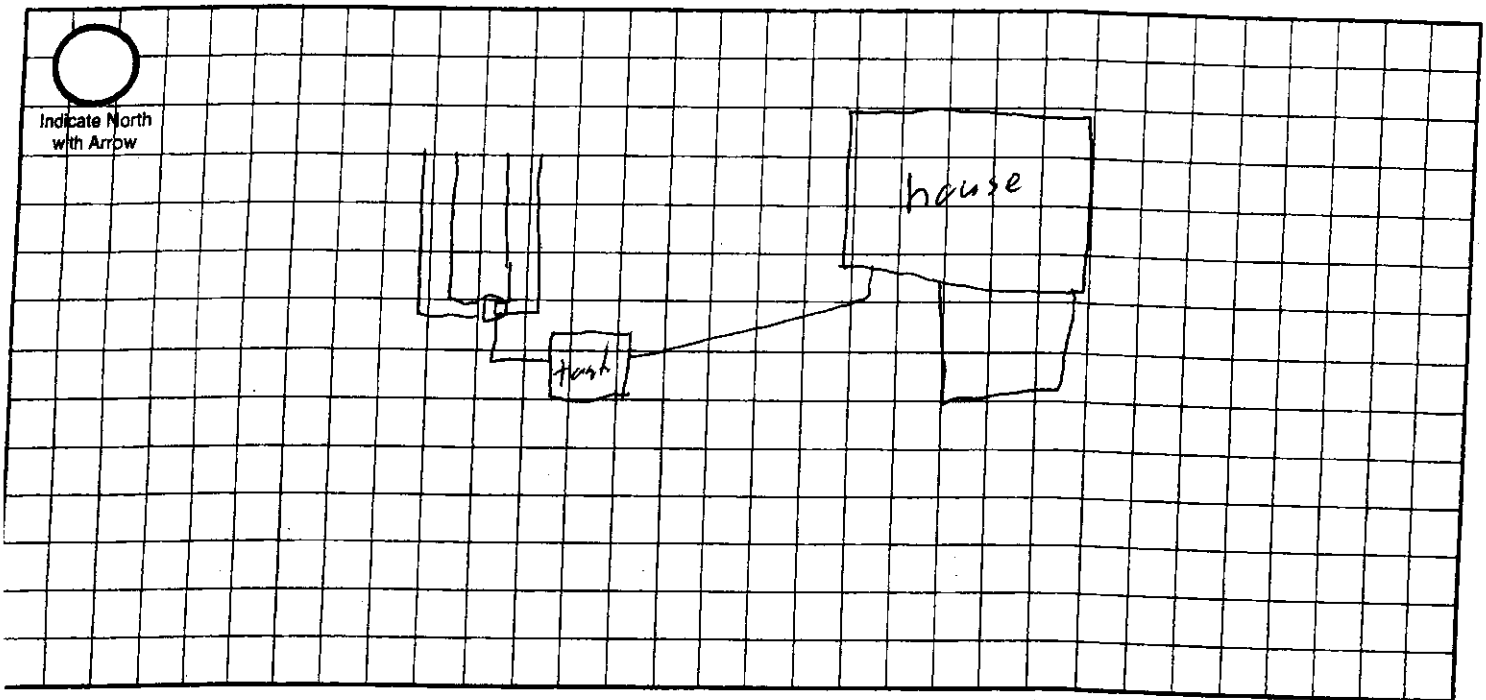
C

Permit Number: HS001348

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) 8055 Haley Lynn Ln City Denton NE, Zip 68339

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 4 Soil Type_____ Land Slope_____%

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

Total length of laterals 400 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 4 Width 36" No. of drop boxes 0 Distrubtion Box 1

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

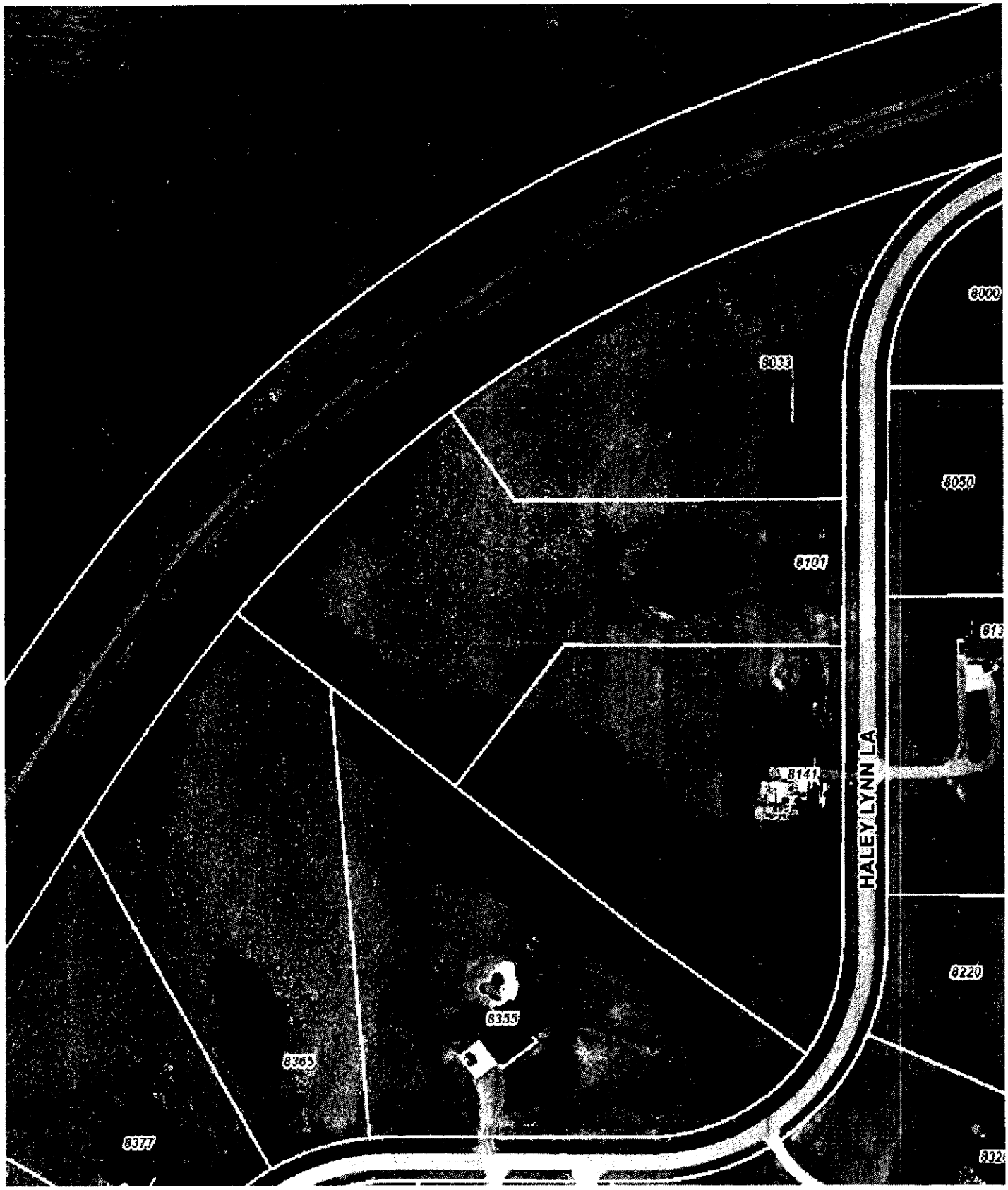
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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

Home Building Contractor_____ Date_____

Installer [signature] Date 9-27-16



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Sep 27, 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. HS001348

System Type: Standard

Situs: 8055 HALEY LYNN LN, RURAL, NE

Issued: 10/3/2016

Expires: 10/3/2017

Description: HIGH MEADOW ADDITION, BLOCK 2, Lot 3

Owner: MEYER, BRENT D & LYNN L
8055 HALEY LYNN LN
DENTON, NE 68339

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

MARCUS HOCHSTEIN
4301 N. 1ST 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

10/13/16 QV

Permit Number: HS001348

Onsite Wastewater Treatment System

Inspection Sheet

Blk 2 Lot 3

Date 10/10/16 Legal Description ____ ¼ ¼ 21 / 9 / 5 Section/Township/Range

Onsite System Location

Address (no rural route) 8055 Haley Lynn City Denton

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 1,450 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 400' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 4 Width 3.625 Factor No. of Drop Boxes 1 Distribution Box ____

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 ____ 10/4/16 Date DC

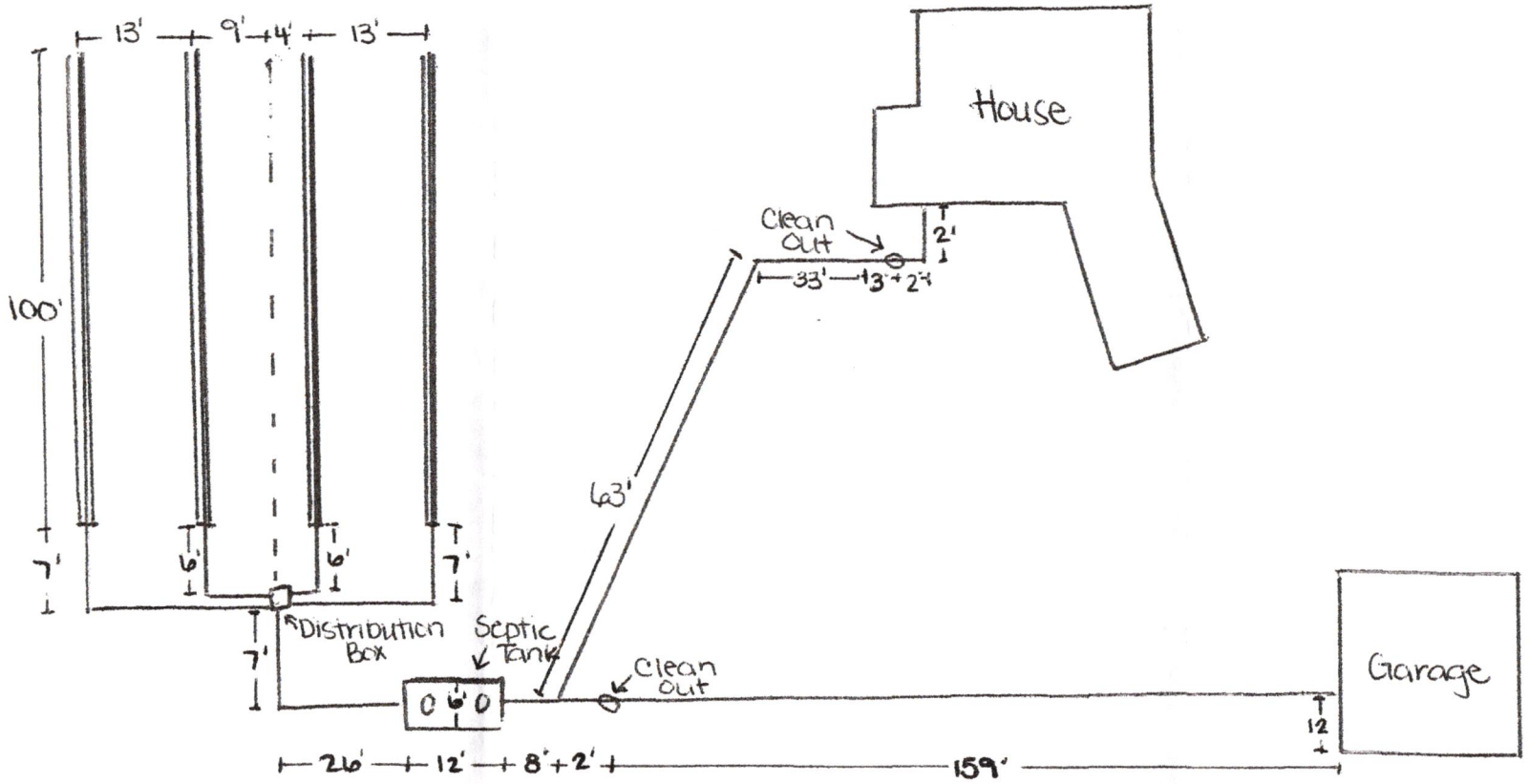
Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Anson

Date 10/10/16

Field Note Drawing (See Reverse Side):


13'
9'
4'
13'
100'
7'
6'
6'
7'
7'
Distribution Box
Septic Tank
Clean out
63'
House
Clean out
2'
33'
13'
2'
Garage
12'
26'
12'
8'
2'
159'

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SCANNED

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Comments
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Date frwd 10/3/16
ACTION ☑ Approved ☐ Disapproved
Signature

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Comments
Date rec'd
Date frwd
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Signature

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

Installation Final Written Approval
By
Date 10/10/16

Business Office Use Only
Date Received 9-29-16 Amount Paid $395
Received By SB Cash/Check No. 16667

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

SCANNED

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Form A Updated 4.15