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

A

Permit Number
HS001369

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 321 Ashland Road (no rural route) City Davey, NE Zip 68336

Legal Description 2 12 6E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 13-07-100-001-000 SP

B. Owner

Name Kareen Styskal Signature

Address 321 Ashland ROAD City/State/Zip Davey, NE 68336

Home Phone 402-429-1382 Work Phone

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 CO. RD. M City/State/Zip MEAD, NE 68041

Work Phone 402-443-6549

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20
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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 11-14-16 Amount Paid $395.00
Received By SB Cash/Check No. 3934 VISA

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

Form A Updated: 1/13

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

B

Permit Number: HS0013619

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 321 Ashland Road City Davey NE, Zip 68336
(no rural route)

Owner Kareen Styskal Address 321 Ashland Road Davey NE

Date of Tests 11/11/16 to 11/12/16 Weather: Precipitation X Temperature 60's

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	24	11/11	9:00	11/12	12:00	11/12	11:30	6	11/12	12:00	30	1	30
2	32							6				1	30
3	28							6				1½	25
4	24							6				1¼	25
5	34							6				1	30
6	28							6				1	30
								6					
								6					

Person Conducting Percolation Test

Name: Scott Schmidt
Phone: 402-443-6549
Address 1012 Commercial
Madrid NE 68949

Soil type (NRCS Maps/Other)

Groundwater Depth 20 ft

Sum of Percolation Rates: 170
Average of Rates: 28.33
Rate Used for Calculation:

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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001369

System Type: Standard

Situs: 321 ASHLAND RD, RURAL, NE

Issued: 11/18/2016

Expires: 11/18/2017

Description: S2, T12, R6, 6th Principal Meridian, LOT 2 NW

Owner: STYSKAL, KAREEN D
321 ASHLAND RD
CERESCO, NE 68017

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

SCOTT SUBBERT
1012 CO RD M
MEAD, NE 68041

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

11/24/16
dlp

Exhibit 5

Permit Number: 11500369

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/22/16 Legal Description 12-6-2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 321 Highland 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 1000 Sq. Ft. Tank Size 1500 gals

Total length of laterals 200 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 5' No. of Drop Boxes 0 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 11/16/16 Date 11/22/16

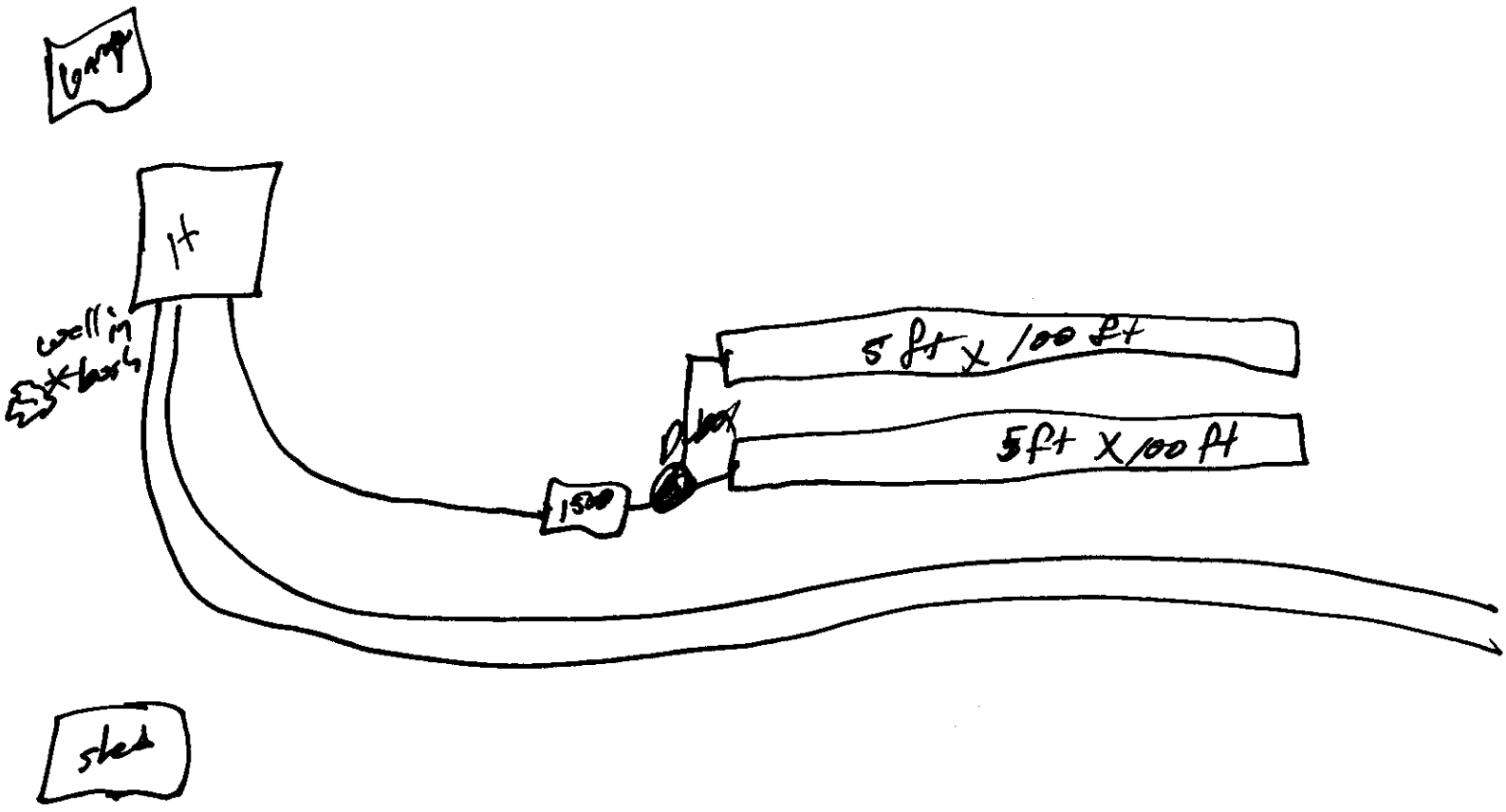
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/22/16

Field Note Drawing (See Reverse Side):


Lamp
1t
well in back
5ft x 100 ft
5ft x 100 ft
1500
shed
N

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

A

SCANNED

Permit Number HS001369

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 321 Ashland Road (no rural route) City Davey, NE Zip 68336

Legal Description 2 12 6E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 13-07-100-001-000 SB

B. Owner

Name Kareen Styskal Signature

Address 321 Ashland ROAD City/State/Zip Davey, NE 68336

Home Phone 402-429-1382 Work Phone

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 CO. RD. M City/State/Zip MEAD, NE 68041

Work Phone 402-443-6549

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20
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 ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd 11/17/16
Date frwd 11/17/16
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 11/22/16

Business Office Use Only
Date Received 11-14-16 Amount Paid $395.00
Received By SB Cash/Check No. 3930 VISA

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