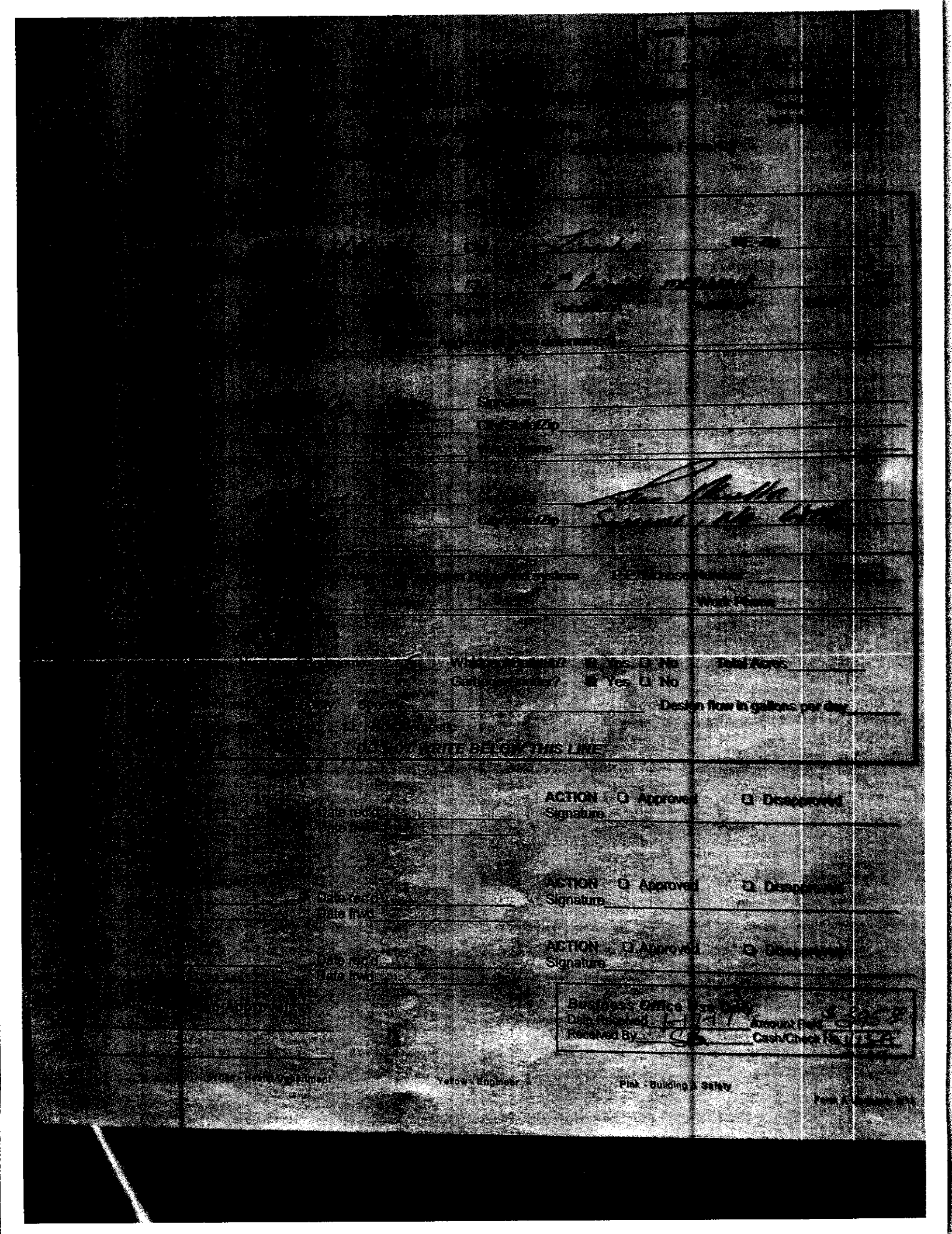


Yellow - Engineer

Pink - Building & Safety

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. HS001388

System Type: Lagoon

Situs: 10500 YANKEE HILL RD, RURAL, NE

Issued: 1/23/2017

Expires: 1/23/2018

Description: S24, T9, R7, 6th Principal Meridian, LOT 37 SE

Owner: STRANGHOENER FAMILY FARMS
LLC
3241 BROWNING ST
LINCOLN, NE 68516

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 MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446

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

Exhibit 5

Permit Number: H500 1388

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/24/17 Legal Description ___ ¼ ___ ¼ 24/9/12 Lot 37
Section/Township/Range

Onsite System Location

Address (no rural route) 10500 Yankee Hill 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 1650 Sq. Ft. Tank Size 3,000 gals

Total length of laterals 455 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ___

No. of Absorption Laterals 5 Width 3.625 facto No. of Drop Boxes ___ Distribution Box 2

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 ___ Date 5/24/17

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By Doug Thun

Date 5/24/17

Field Note Drawing (See Reverse Side):

Updated 4/15

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

B

Permit Number: HSOC1388

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10500 Yankee Hill Rd (no rural route) City Lincoln NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 4-1-17 to 4-2-17 Weather: Precipitation NA Temperature 70s

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	40	4-1	13:00	4-2	9:00	4-2	9:00	18	4-2	9:30	30	3/4	40
2	40	4-1	13:00	4-2	9:00	4-2	9:00	17	4-2	9:30	30	3/4	40
3	40	4-1	13:00	4-2	9:00	4-2	9:00	18	4-2	9:30	30	5/8	48

Person Conducting Percolation Tests

Name: Scott Mueller

Phone: 402-430-2946

Address 1345 N 26th Rd

Syracuse, NE 68446

Sum of Percolation Rates: 128

Average of Rates: 43

Rate Used for Calculation: 50 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____

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: HS001388

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) 10500 Yankee Hill Rd

Owner: _____ Address _____

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 56 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000 gal
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well NA ft.
   Pressure line 40 ft
   Property Line 300 ft.
   Foundation 55 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 10 ft. NW

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   Arc 36 29.2
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 90 ft. 85 ft. 90 ft. 95 95
4. Drainfield size: ~~1450~~ 1650 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line ~~250~~ 90 ft.
   Property line 350 ft.
   Depth of Groundwater 12

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

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

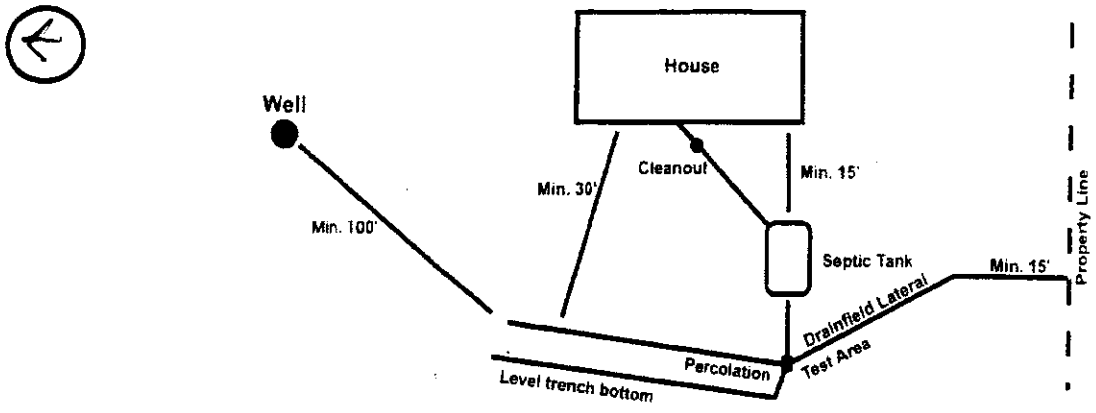
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

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

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions

