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

**A**

Permit Number HS001401

# 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 4070 SW 112 (no rural route) City Denton, NE Zip 68339

Legal Description _____

| | 1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot |
|---|---|---|---|---|---|---|---|---|---|
| PID | 03- | 04- | 300- | 009- | 000 | SB | | | |

## B. Owner

Name Ben Messman Signature Benjamin Messman

Address 4070 SW 112 City/State/Zip Denton NE 68339

Home Phone 402 525-1801 Work Phone _____

## C. Certified Installer

Name: Kevin Lewis Signature _____

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

## 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 20+

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

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 _____ 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 _____

***Business Office Use Only***
Date Received 3-2-17 Amount Paid 215.00
Received By SB Cash/Check No. 8453

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

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

OK 5/10/17 JV

Exhibit 5

Permit Number: H500149

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 5/9/17 Legal Description _____

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 4070 SW 112th 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 [redacted] 1442 Sq. Ft. Tank Size 1250 X2 gals

Total length of laterals 398 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 4 Width 3' 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: * only 128' new lateral added for bedroom addition

Inspections prior to Final Approval

Initial 5/9/17 Date NT

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval

By _____

Date _____

Field Note Drawing (See Reverse Side):

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

**A**

Permit Number HS001401

SCANNED

# 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 4070 SW 112 (no rural route) City Denton, NE Zip 68339

Legal Description 4 9 5 SB

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

PID 03-04-300-009-000 SB

## B. Owner

Name Ben Messman Signature Benjamin Messman

Address 4070 SW 112 City/State/Zip Denton NE 68339

Home Phone 402 525-1201 Work Phone

## C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

## 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 4 as per Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20+

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

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 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 5/9/17

***Business Office Use Only***

Date Received 5-2-17 Amount Paid 215.00

Received By SB Cash/Check No. 8453

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

Form A Updated: 1/13

T9, R5, Sec. 4

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

**D**

Permit Number: HS001401

# Onsite Wastewater Treatment System

## As Built Plans & Specifications

Date May 10 2017 Legal Description ____ 1/4 ____ 1/4 ____ Section ____ Township ____ Range ____

### Onsite System Location

Address (no rural route) 4070 SW 112 City Denton NE, Zip 68339

Owner Ben Meissman Address " "

### A. Sewer Pipe

1. Material: PVC
   Diameter: 4 ____ in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 8 in.
3. Distance between dwelling and septic tank: 120 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 150 ft.
   stream " ft.
   pressure line " ft.
   property line " ft.

### B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Poly
   Number of compartments: 2
2. Capacity: 2500 2@1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 4 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: 35 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: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 40 ft.

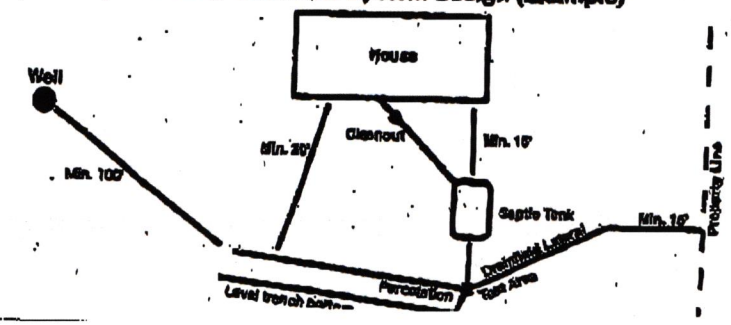
### D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 36
   Number of distribution lines in bed 4
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator Quick 4 Plus
2. Drainfield Laterals: Number 4
   Length of each line: 90 ft. 90 ft.
   90 ft. 112 ft., ____ ft.
3. Drainfield dimensions: Width 3.625 ft.
   Distribution Pipe Slope 4 in/100 ft.
   Average depth 36 in
4. Filter material: N/A.
   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.**

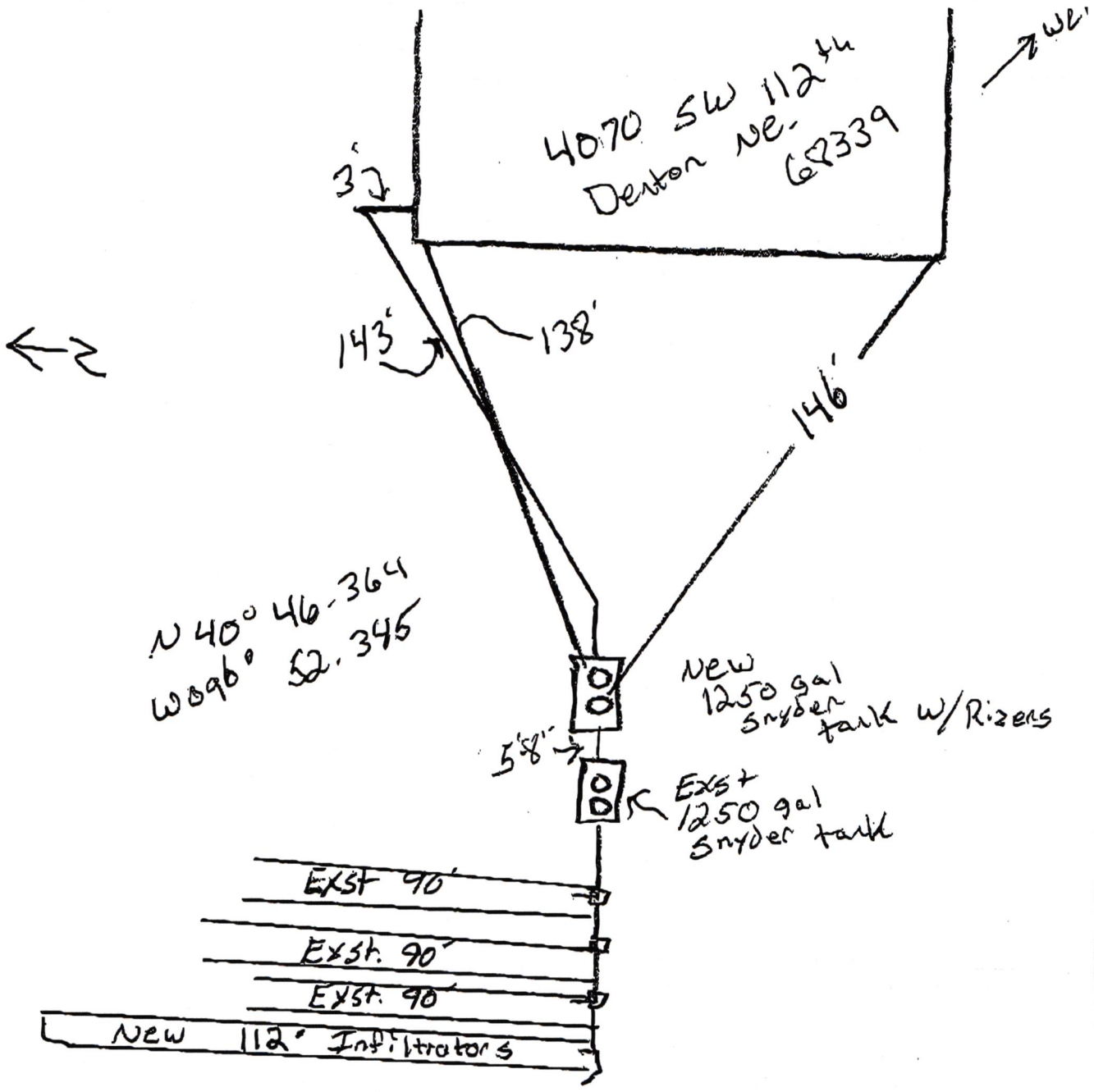
Onsite Wastewater System Design (Example)




Locate North with Arrow

T9, R5, Sec. 4

HS001401



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

OK 5/10/17 gv

SCANNED

Exhibit 5

Permit Number: H500140

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 5/9/17 Legal Description _____

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 4070 SW 112th 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 ~~1200~~ 1442 Sq. Ft. Tank Size 1250 X2 gals

Total length of laterals 398 Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals 4 Width 3' No. of Drop Boxes 2 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: *only 128' new lateral added for bedroom addition

Inspections prior to Final Approval
Initial 5/9/17 Date NT

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date _____

Field Note Drawing (See Reverse Side):