SHELLI 441.3890

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

A

Permit Number HS001414

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 N.W. 12 Street (no rural route) City Raymond, NE Zip 68428

Legal Description 22 12 6-E

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

PID 13-22-100-002-000

B. Owner

Name Dennis Adams Signature

Address 1310 N 28th City/State/Zip Lincoln Ne 68505

Home Phone Work Phone

C. Certified Installer

Name: Scott Subbert Signature

Address 1012 C. Plum 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 3 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 40

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 ACTION ☐ Approved ☐ Disapproved

Site visits Date rec'd Signature

Date frwd

Comments

2. Supt. Bldg. Insp. or Village Clerk ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

3. City or County Engineer ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received SD Amount Paid 395.00
Received By 3-22-17 Cash/Check No. VISA

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 1/13

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. HS001414

System Type: Lagoon

Situs: 19100 NW 12 ST, RURAL, NE

Issued: 3/27/2017

Expires: 3/27/2018

Description: S22, T12, R6, 6th Principal Meridian, SW NW

Owner: ADAMS, DENNIS M & LORRIE A
6735 LEXINGTON CIR
LINCOLN, NE 68505

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 COUNTY RD M
MEAD, NE 68041

SHELLI 441390

SCANNED

A

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

Permit Number HS001414

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 1900 N.W. 12 Street (no rural route) City Raymond, NE Zip 68428

Legal Description 22 12 6-E

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

PID 13-22-100-002-000 SB

B. Owner

Name Dennis Adams Signature

Address 1310 N 78th City/State/Zip Lincoln Ne 68505

Home Phone Work Phone

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 C. Plum 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 3 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 40

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 3/27/17 Date frwd 4/27/17

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 12/5/17

Business Office Use Only
Date Received SB Amount Paid 395.00
Received By 3-22-17 Cash/Check No. VISA

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 1/13

Existing Home

alt Nat c

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Denise Adams Phone 402-430-8509 Builder

Address 19100 NW 12th Davey City Ne State 68336 Zip

Location (Attach a sketch of the property showing test hole locations)

__ __ 22 Section 12 Township 6E Range Lancaster County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ✓

Silty Clay Loam ___ Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 11/19 to End Date 11/20, 2017

Weather Conditions

Precipitation _____ Avg. Temp _____ °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period Start Date (Mo./Day)	Pre-saturation Period Start Time (Hr./Min)	Pre-saturation Period End Date (Mo./Day)	Pre-saturation Period End Time (Hr./Min)	Percolation Readings (last period) Start Date (Mo./Day)	Start Time (Hr./Min)	Start Water Level (inch)	End Time (Hr./Min)	End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (T ÷ in) (Minutes per inch)
1	32	11/19	10:00	11/20	11:00	11/20	11:30	10	12:00	9 3/8	30	.65	50
2	34							12		11 3/8		.65	50
3	30							14		13 1/4		.75	45
4	36							9		8 1/4		.75	45

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Scott Sukup
Signature

Certificate or License # C1496

Address 1012 C St

City Milford St. Ne Zip 68405

Phone 402-793-6549

Sum of Percolation Rates = 190

Avg. of Percolation Rates* = 48.75
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 8-2012

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 1414

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/5/17

Legal Description ___ ¼ ___ ¼ 22 - 12 - 6 Section/Township/Range

Onsite System Location

Address (no rural route) 19100 NW 12th 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

* Filter material used - N/O

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 _____

Inspections prior to Final Approval
Initial DH Date 12/5/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

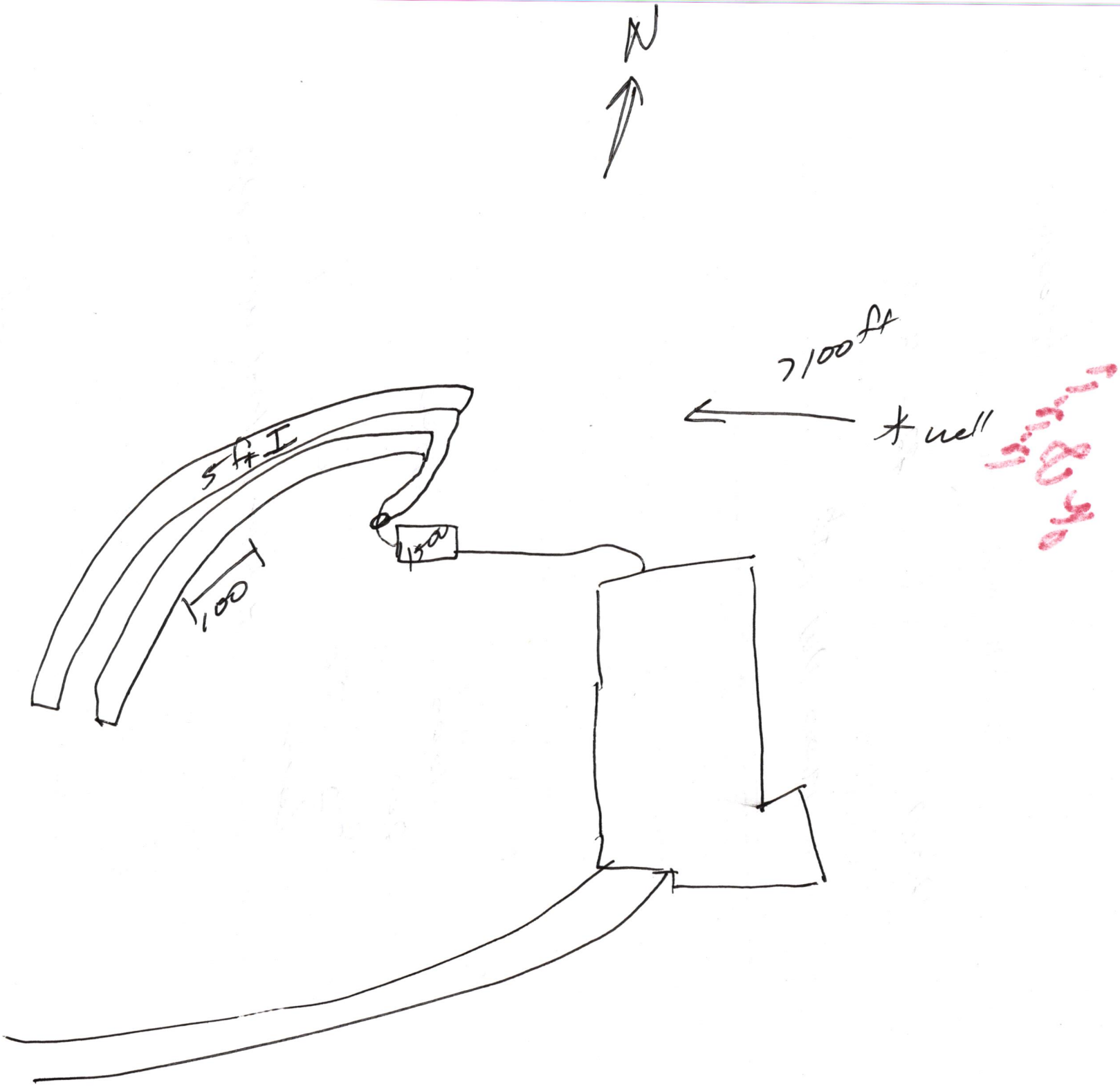
Installation Final Written Approval
By _____

Date 12/5/17

Comments:

* Backfilled w/ gravel - N/O
- Inspection well after hours - was getting dark - DH

Field Note Drawing (See Reverse Side):


N
>100 ft
* well
5 ft I
100
150