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

APR 2 8 2017

A

Permit Number HS001449

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* Red Sunset Ct City Bennet, NE Zip
(no rural route)

Legal Description 11 8 8 Newman Ridge 2 9
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-11-202-009-000 *Approx. Address (If to be determined)

B. Owner

Name Don Johnson Homes Signature
Address 5901 N 27th St City/State/Zip Lincoln NE 68521
Home Phone Work Phone 402-617-3663

C. Certified Installer

Name: Scott Mundell Signature
Address 1345 W 26th Rd City/State/Zip Syracuse, NE 68446
Work Phone 402-430-2946

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 3.02
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

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 4/28/17 Amount Paid $396.00
Received By SB Cash/Check No. 2757

White - Health Department 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. HS001449

System Type: Lagoon

Situs: 17333 RED SUNSET CT, LINCOLN, NE

Issued: 5/4/2017

Expires: 5/4/2018

Description: NEMAHA RIDGE ADDITION, BLOCK 2, Lot 9

Owner: DON JOHNSON II INC
ATTN: DON JOHNSON HOMES II INC
5901 N 27 ST
LINCOLN, NE 68521

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim Health Director

DON JOHNSON HOMES INC
5901 NORTH 27TH ST
LINCOLN, NE 68521

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

SCANNED

APR 28 2017

A

Permit Number
HS001449

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* Red Sunset Ct (no rural route) City Bennet, NE Zip

Legal Description 11 8 8 Newman Ridge 2 8 05

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

PID 21-11-202-008-000 *Approx. Address (If to be determined)

B. Owner

Name Don Johnson Homes Signature

Address 5901 N 27th St City/State/Zip Lincoln NE 68521

Home Phone Work Phone 402-617-3663

C. Certified Installer

Name: Scott Mundil Signature

Address 1345 W 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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 3.02

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 6/13/17 per lateral

1. Health Department

Site visits Tank only; subject to perc. tests

Comments 7/5/17 Pump tank

Date rec'd

Date frwd

ACTION ☒ Approved ☐ Disapproved

Signature

2. Supt. Bldg. Insp. or Village Clerk per lateral

Comments

Date rec'd 5/4/17

Date frwd 5/4/17

ACTION ☒ Approved ☐ Disapproved

Signature see attached

3. City or County Engineer

Comments

Date rec'd

Date frwd

ACTION ☐ Approved ☐ Disapproved

Signature

Installation Final Written Approval

By Doug Amen

Date 7/6/17

Business Office Use Only

Date Received 4/28/17 Amount Paid $395.00

Received By SB Cash/Check No. 2757

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

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location 17301 Sunset (D.S.)

Address ~~17333~~ Sunset (no rural route) City NE, Zip

Owner Address

Date of Tests 5-19 to 5-20 Weather: Precipitation N/A Temperature 70'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		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	5-19	13:00	5-20	9:00	5-20	9:00	6	5-20	9:30	30	1	30
2	36	"	"	"	"	"	"	6	5-20	"	"	1 1/4	24
3	36	"	"	"	"	"	"	6	5-20	"	"	1	30
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mobley
Phone: 402-430-2946
Address 1345 W 26th Rd
Syracuse, NE
Soil type (NRCS Maps/Other)
Groundwater Depth 18'

Sum of Percolation Rates: ~~30~~ 90
Average of Rates: 30
Rate Used for Calculation: 30 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

D Exhibit 4

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

Permit Number:

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) _____

Owner: William Ernest Address 17301 Red Sunset

A. Wastewater Piping

1. Material: _____ Diameter: _____in.
2. Distance between dwelling and septic tank: _____ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   _____
2. Number of Laterals: _____
3. Length of each lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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: 6-23-18

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

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

olc ge 8/28/17

Exhibit 5

Permit Number: H S00 1449

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/6/17 Legal Description Nemaha Ridge Blk 2 Lot 8 DS

¼ ¼ Section/Township/Range

Onsite System Location 17301 D.S

Address (no rural route) 17333 Red Sunset 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 1,093 Sq. Ft. Tank Size 1,500 plus 1,000 gallon pump tank gals

Total length of laterals 395' Type of Distribution: ☒ ~~Chamber~~ ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 3 Width 3.625 factor No. of Drop Boxes _____ 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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval

Initial DC Date 6/13/17

Follow-Up DS Date 7/05/17

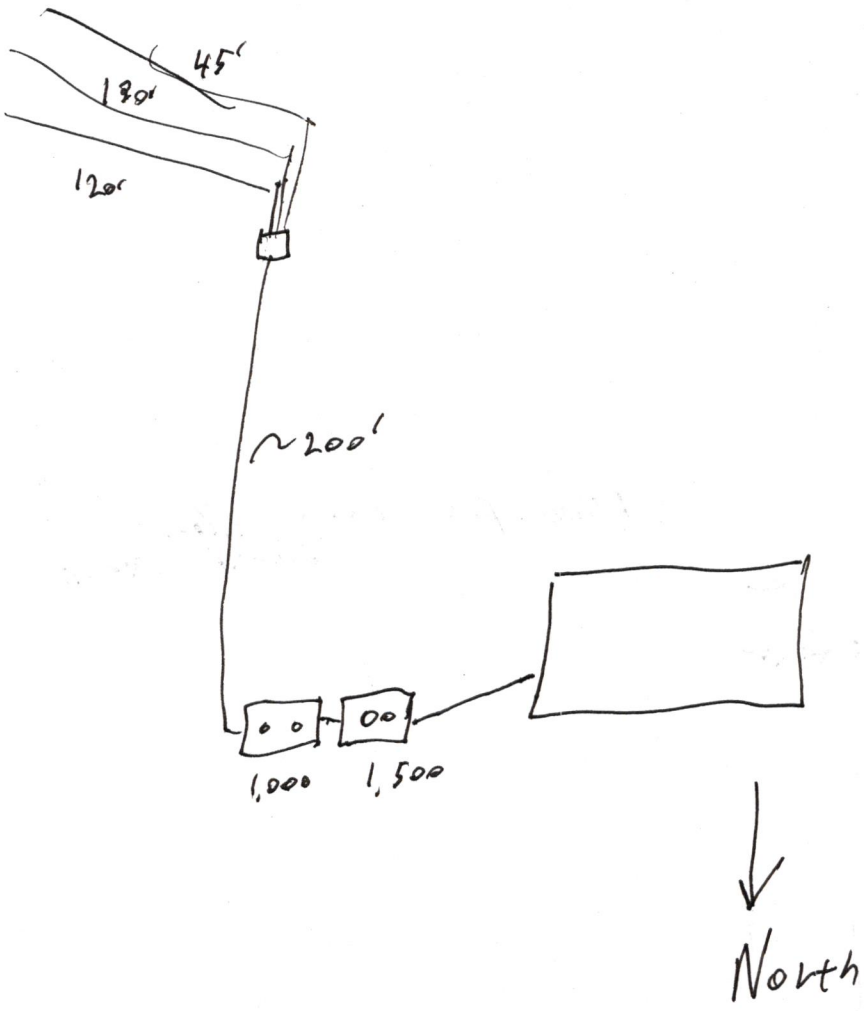
Follow-Up _____ Date _____

Installation Final Written Approval

By Doug Moser

Date 7/6/17

Field Note Drawing (See Reverse Side):


45'
180'
120'
~200'
1,000
1,500
North