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

OK 5/15/17 JF

Exhibit 5

Permit Number: 1500455

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/15/12 Legal Description Northridge Est Lot 7, Blk 3

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) _____ 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 1056 Sq. Ft. Tank Size 2000 gals

Total length of laterals 150 * New only* Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 1 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 observed 1-150' lateral & new tank installed.
added 543.75 sq ft to existing system

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

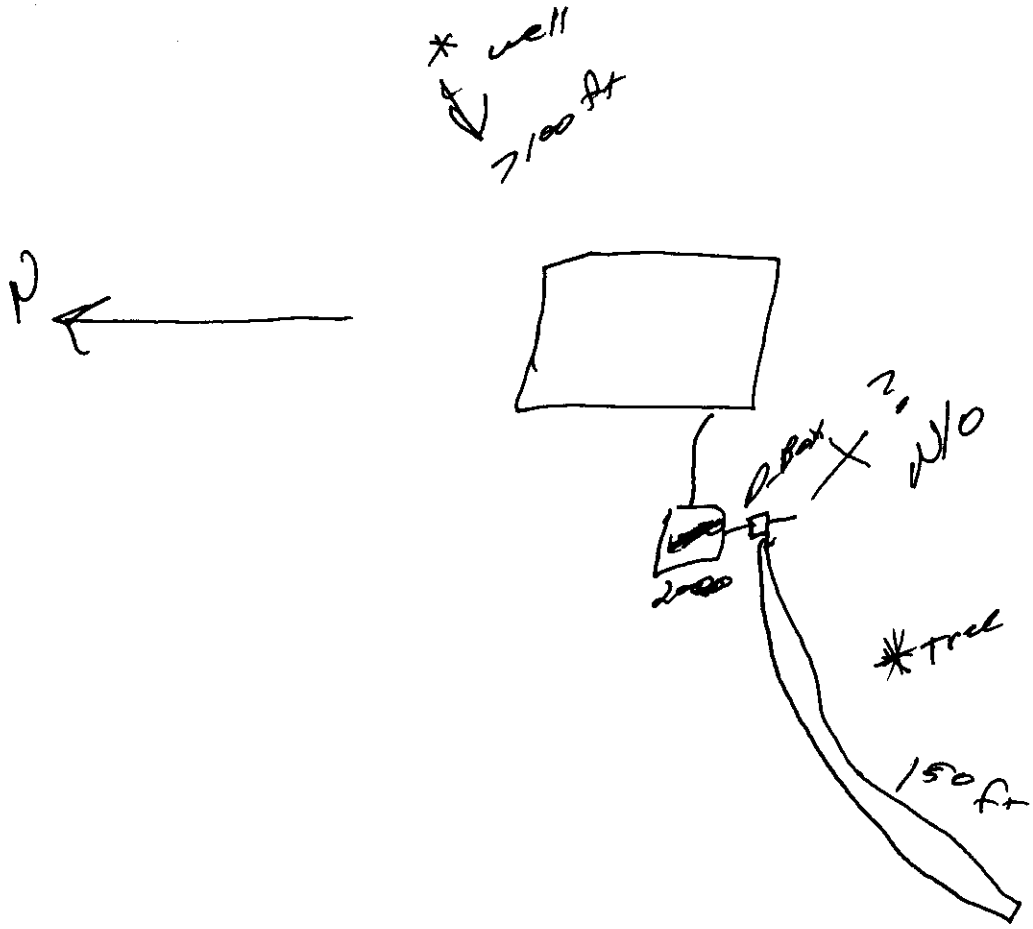
Follow-Up _____ Date _____

Follow-Up _____ Date _____

~~Installation Final Written Approval~~
By _____

Date 5/15/12

Field Note Drawing (See Reverse Side):


* well
~100 ft
N
2" PVC
* Tree
150 ft

215 00 #S001455

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☑ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 12 Range 6 1/4 ____ 1/4 ____ Section 26
   Block 3 Lot 7 Addition North Ridge
   Parcel ID 13-26-200-018-000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) ____

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe ____

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Replace Septic Tank + add Leaflords - need 150 ft of chamberless

5. **Work to be done by:** ☐ owner ☑ contractor's name Scott Subbert

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Ed Bolas Address 17301 North Rd Phone: 402-203-5242

Applicant Signature (owner or lessee) ____

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 5/12/15 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date 5/12/15 By NH
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 5/15/17 By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 5/11/17 Amount $215.00 Check No. VISA Initials AB

Revised 3-09

other Note

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380240001

Issued 11/09/01
Expires 05/09/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment

BRIAN DOSE
T12N R6E SEC 26 QTR NE
W 1/2 OF NE 1/4 BLK 3 LOT 7
17301 NORTH RIDGE LN-DAVEY

Permittee

BRIAN DOSE
421 W GOURLEY ST
LINCOLN NE 68521

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000246

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

A

Permit Number: 01380240 00

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 17301 NORTH RIDGE LANE (no rural route) City DAVEY NE, Zip 68336

Legal Description W½ of NE ¼ 26 12N 6E of 6TH PM NORTHRIDGE 3 7
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name BRIAN DOSE Signature Brian Dose

Address 421 W GOURLEY City/State/Zip LINCOLN, NE, 68521

☐ Check if owner designed system Home Phone 435-8283 Work Phone 450-6995

C. Contractor

Name ~~DOSE~~ BRIAN DOSE Company Name DOSE CONSTRUCTION

Address 421 W GOURLEY City/State/Zip LINCOLN, NE 68521

☐ Check if contractor designed system Work Phone 450-6995

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (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. 2832

1. **Health Department** Date rec'd 11/9/01 Date frwd 11/9/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Head
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-9-01 Date frwd 11-9-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/9/01 Date frwd 11/9/01 ACTION ☒ Approved ☐ Disapproved Signature _____

6/25/02 Need drawing J.G.H.

Installation Final Written Approval

By _____

Date 12/27/02

Business Office Use Only
Date Rec'd 11/09/01
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 2510

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

CL has been sent

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

B

Permit Number: 0138024 00

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17301 North Ridge LN (no rural route) City Davie NE NE, Zip 68336

Owner Bryan Dose Addresss 421 west Gourley Lincoln 68521

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

Date of Tests 11-7-01 to 11-8-01 Weather: Precipitation Dry Temperature 65

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	36"	11-7	10.00	11-7	2.00	11-8-01	200	12"	11-8-01	200	30	2"	15 min per 1"
2	36"	11-7	10-05	11-7	2.05	11-8-01	2.05	12"	11-8-01	205	30	3½	9 mpi
3	36"	11-7	1010	11-7	2.10	11-8-01	2.05	12"	11-8-01	208	30	1⅞	16
4	36"	11-7	10-20	11-7	2.20	11-8-01	2.10	12"	11-8-01	210	30	1½	20
5	36"	11-7	10-25	11-7	2.25	11-8-01	2.15	12"	11-8-01	215	30	2"	15 min per 1"
6	36"	11-7	10-30	11-7	2.30	11-8-01	2.20	12"	11-8-01	220	30	2½"	12
		4 Hour Test						24 HR Test					87
												6	

Person Conducting Percolation Tests

Name: Carl Weis

Phone: 787-2070

Address 26201 SW-29 TR 68404

Sum of Percolation Rates: 87

Average of Rates: 15 mpi

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Shrewsbury t possibly some Judson Soil.

Signature of Reviewing Official _____ Date 11-9-01

FORM 23-101 10-96

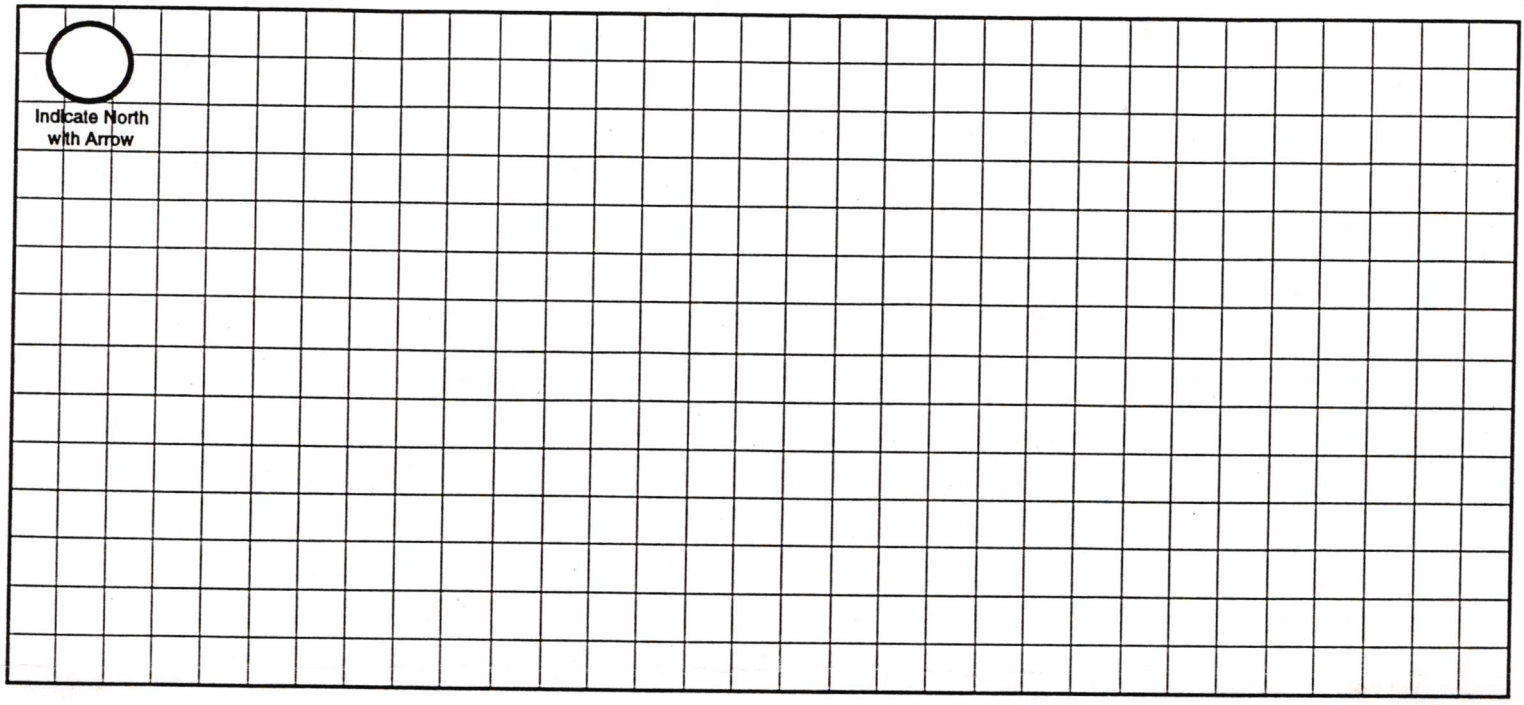
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802400

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 17301 NORTHRIDGE LANE City DAVEY NE, Zip 68336

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☐ Half-Moon ☒ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 158 ft. Number of Trenches _____ Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Brian Dose Date 11-9-01

Installer _____ Date 11/09/01

FORM 23-102 10-96

540 W. INDUSTRIAL LAKE DR.,
SUITE 1 · LINCOLN, NE 68528
(402) 476-3020
(402) 476-3138 FAX

SURVEY RECORD

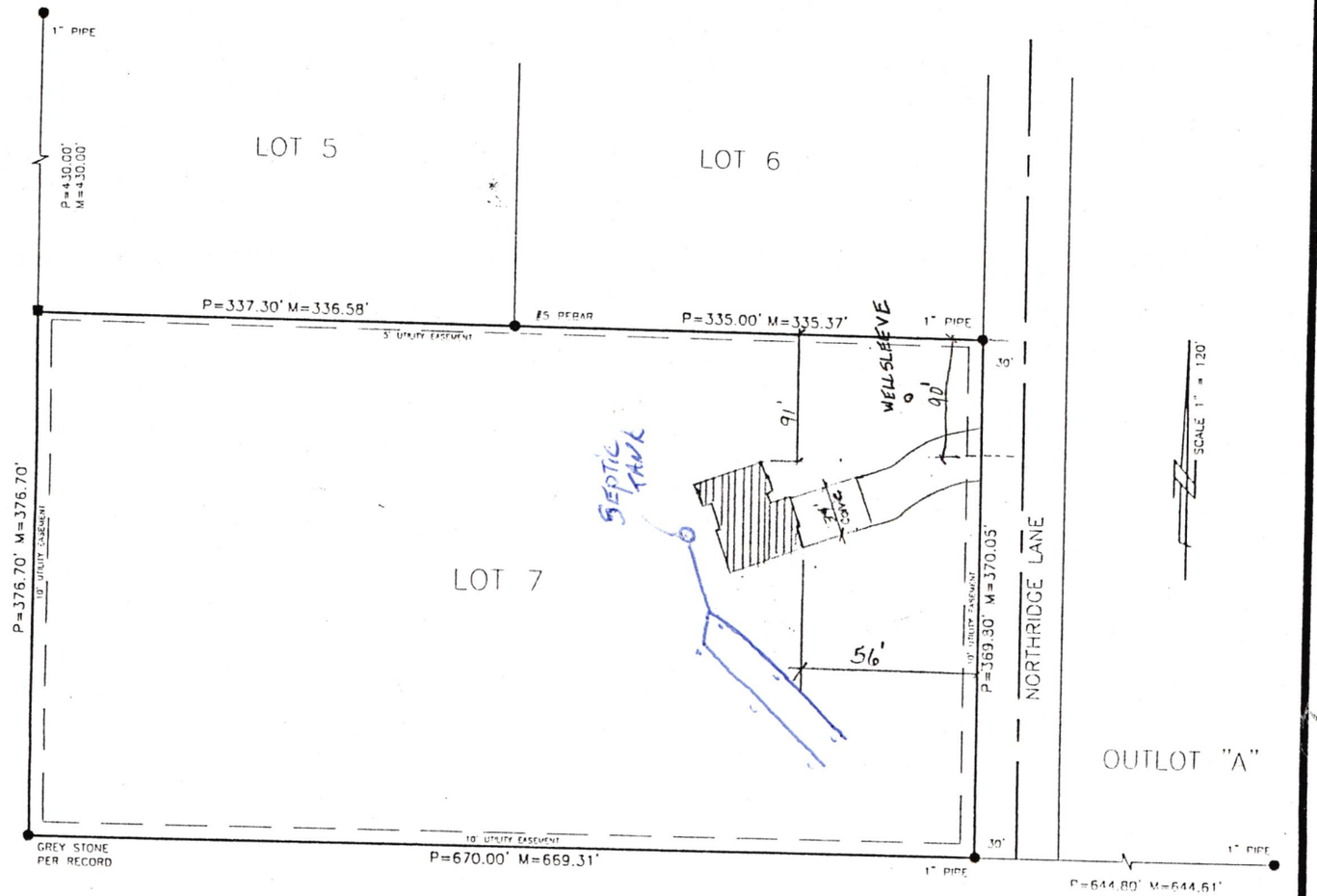
K&M Inc.
Land Surveying

BRIAN DOSE
DOSE CONSTRUCTION

PROJECT # 0108097
DATE: 10-7-01 B/P: 10778

Survey Of: LOT 7, BLOCK 3, NORTHRIDGE, LOCATED IN THE W 1/2 OF THE NE 1/4 OF

Section: 26, T 12 N, R 6 E, of the 6th P.M. LANCASTER County, Nebraska



NOTE: ALL EASEMENTS SHOWN AS THEY APPEAR ON ORIGINAL PLAT

Subject property apparently falls within the confines of Zone " _____ " as determined by the FEMA-FIA Flood Rate Map community _____, panel _____, revised _____.

P = Platted
M = Measured
● = Found as noted
■ = Set #5 Rebar. & L.S. #483 Cap.
▲ = Set Temp. Point

SURVEYOR'S CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. All dimensions are in feet and decimals of a foot.

Signed this day of 10-7-01

Billy Joe Kerr

Billy Joe Kerr, L.S. #483

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

Onsite Wastewater Treatment System
Property Transfer Inspection Report
Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

LAMB

FOR OFFICE USE ONLY rev 4/06	
APD No. SPT80	
Initialized	/ / By
POS Rec'd	/ / By
Apvd	ok#
Posted	/ / By
Return to Water Team Support Staff	

Property Address: 17301 Northridge Ln, Murray, NE 68361

Legal Description: T 12 R 14 S 26 ¼ NE Subdiv. Northridge Blk 3 Lot 7

Parcel ID: 13-26-200-018-000

Owner Name: Brian Dose Phone #1: 402-560-1250 Phone #2: _____

Owner E-mail address: _____ Fax # _____

Authorized Agent*: Tammy Bennett Phone #1: 676-7013 Phone #2: _____

Agent Address (not required for PTI): (676-7013)

Agent E-mail address: _____ Fax # _____

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.)

Onsite Water Supply System (check one)
- ☐ Private Well
- ☐ Shared Well
- ☐ Public Water

Onsite Wastewater Treatment System (check one)
- ☐ Lagoon
- ☒ Standard Septic
- ☐ Non-Standard (specify) _____
- ☐ Community System

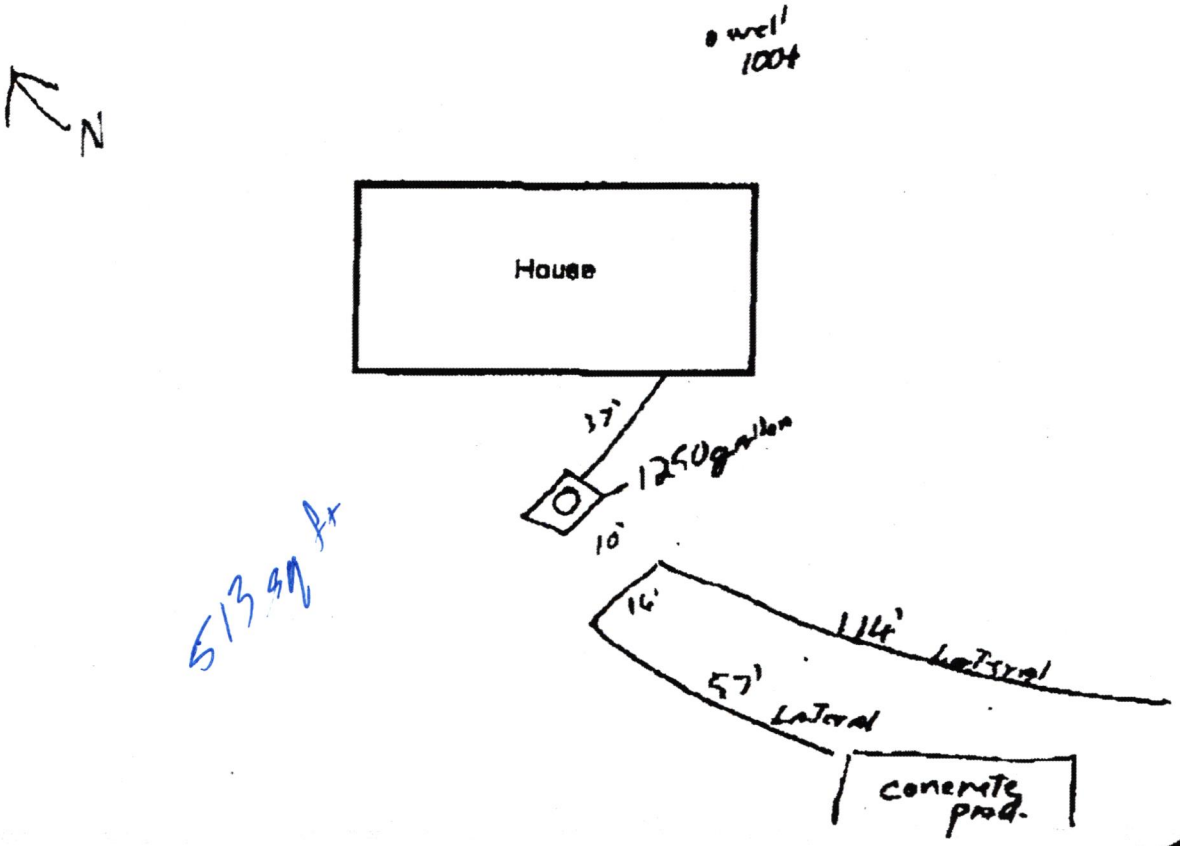
Required Information for Standard and Non-Standard Systems:

1. The septic tank shows indication of collapse or leakage – See Comments next page	Yes	No
2. The sludge layer is less than 12 inches below the outlet baffle	Yes	(No)
3. The bottom of scum layer is less than 3 inches above the bottom of the outlet baffle	Yes	(No)
4. The location of laterals has been identified and a drawing has been completed	(Yes)	No
5. The laterals and surrounding areas show visible signs of failure	Yes	(No)
6. The laterals have been probed	(Yes)	No
7. The laterals show evidence of excess effluent	Yes	(No)
8. Has the system been modified, altered, or extended since the original permit was issued? If yes, please describe: unknown	Yes	No
9. Other evidence the system is in failure or at increased risk of failure (describe)	Yes	(No)
10. Is the house vacant? If yes, for how long: _____	Yes	(No)

Required Information for Lagoons:

1. Evidence of damage to the dike due to animal burrows, damage, cracks, crevices	Yes	No
2. Evidence of wastewater overflow or encroachment within 1 foot of dike top	Yes	No
3. Evidence of over the ground surface water inflow	Yes	No
4. Presence of cattails, other emergent plants or trees that might damage the lagoon seal or dike construction	Yes	No
5. Other evidence the system is in failure or at increased risk of failure (describe)	Yes	No
6. A fence is present that meets standards	Yes	No
7. Is the house vacant? If yes, for how long: _____	Yes	No

Onsite Wastewater Treatment System Layout
Property Transfer Inspection Report
(Include distances)



1. Indicate location of septic tank (distance and direction from house).
2. Indicate location and distance of wastewater lagoon.
3. Indicate location and distance of closest building foundations.
4. Indicate location of well.
5. Indicate number of laterals. Indicate approximate areas of probing.
6. Age of system (if known) _____

Corrections Repaired

General Comments:

Water level in tank is 32-36 low } repaired leaking
unable to reach home owner to see if } tank 4-15-10
tank was recently pumped. } 2 piece tank
dug around tank
found gravel backfill, sealed
with bentonite & backfilled
with soil.
JJ

(Attach additional sheets as necessary.)

Note: If the onsite wastewater system is not located on the described property an encroachment agreement or easement must be established and copies of the agreement or easement must be attached to this report.

Comments:

Additional inspection information is attached Yes (No)

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Signature: _____ Permit No.: HPTINS00 106 Date: 3/20/10
Property Transfer Inspector

RETURN COMPLETED INSPECTION WITH $50.00 FEE MADE PAYABLE TO LLCHD TO ADDRESS ABOVE