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

A

Permit Number
H30015533

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* 9745 S 176 (no rural route) City Bennet , NE Zip 68317

Legal Description 26 9 8 19+21 SE

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

PID 22-26-400-008-000 *Approx. Address (If to be determined)

B. Owner

TJT Farms

Name Tom Tomes Signature

Address 9745 S 176th City/State/Zip Bennet NE 68317

Home Phone Work Phone

C. Certified Installer

Name: Hagen Well Signature

Address PO Box 15 City/State/Zip Adams NE 68301

Work Phone 402 432-2204

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 22+

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 9/8/17 DG Date rec'd
Date frwd
Comments
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 9-8-17 Amount Paid 405.00
Received By LC Cash/Check No. 7355

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: 402-441-8022

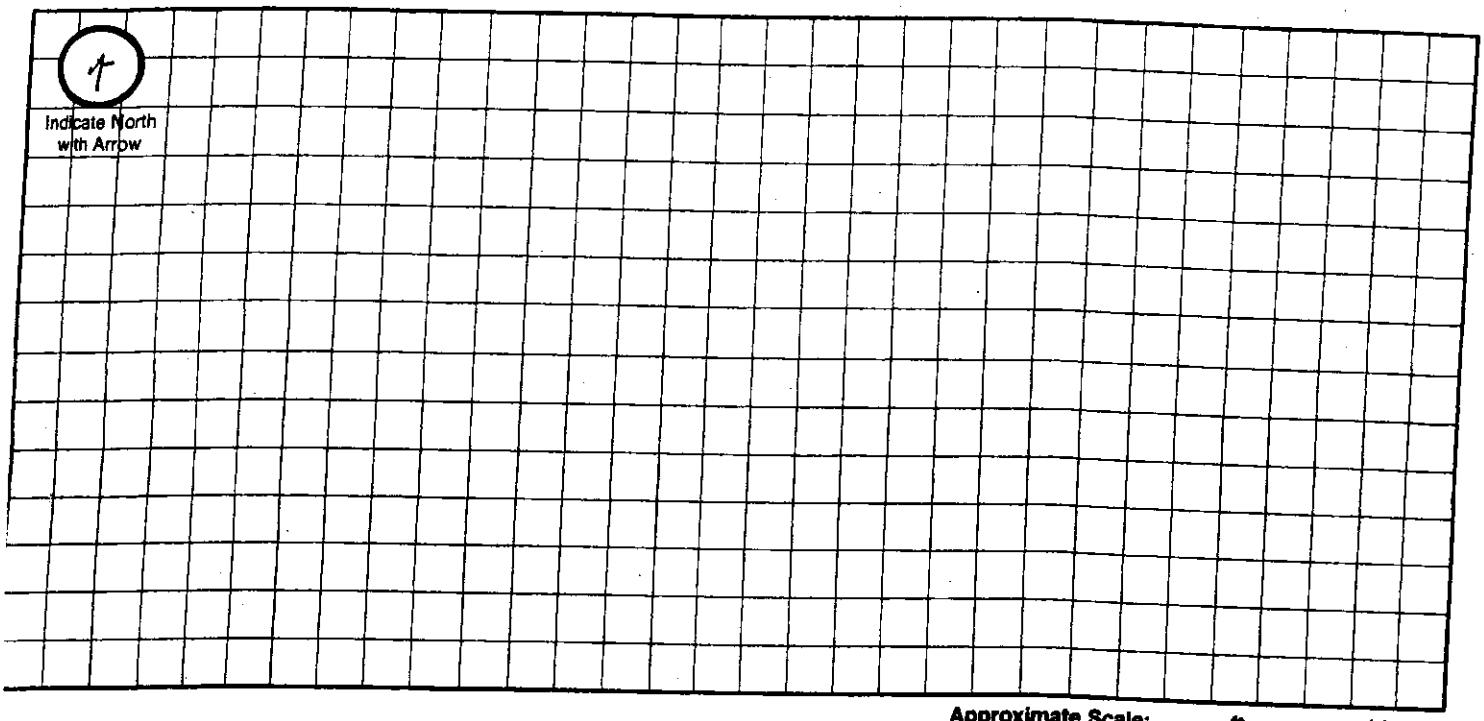
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 9745 S 176th City Bennet NE, Zip 68

B. Proposed Septic Tank/s

Septic Tank Cap 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate____ (min/inch = mpi) No. of Bedrooms 3 Soil Type Wymore Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals 300' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 7.625 Vactor No. of drop boxes_____ Distrubtion Box 2

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☑	☐
agoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☑	100 ☑	200 ☐	☐

F. Required Signatures

ome Building Contractor Bernard Date 9/8/17

staller Date

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

Exhibit 5

Permit Number:

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/8/16 Legal Description 26/9/8 Lots 19 + 21 SE
22-26-40a 008½ 000½ Section/Township/Range

Onsite System Location

Address (no rural route) 9745 S. 176 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 1,087 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 300' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 3 Width 3.625 factor No. of Drop Boxes ☒ Distribution Box 2

Leveling Method Used transit

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 9/8/16

Follow-Up Date

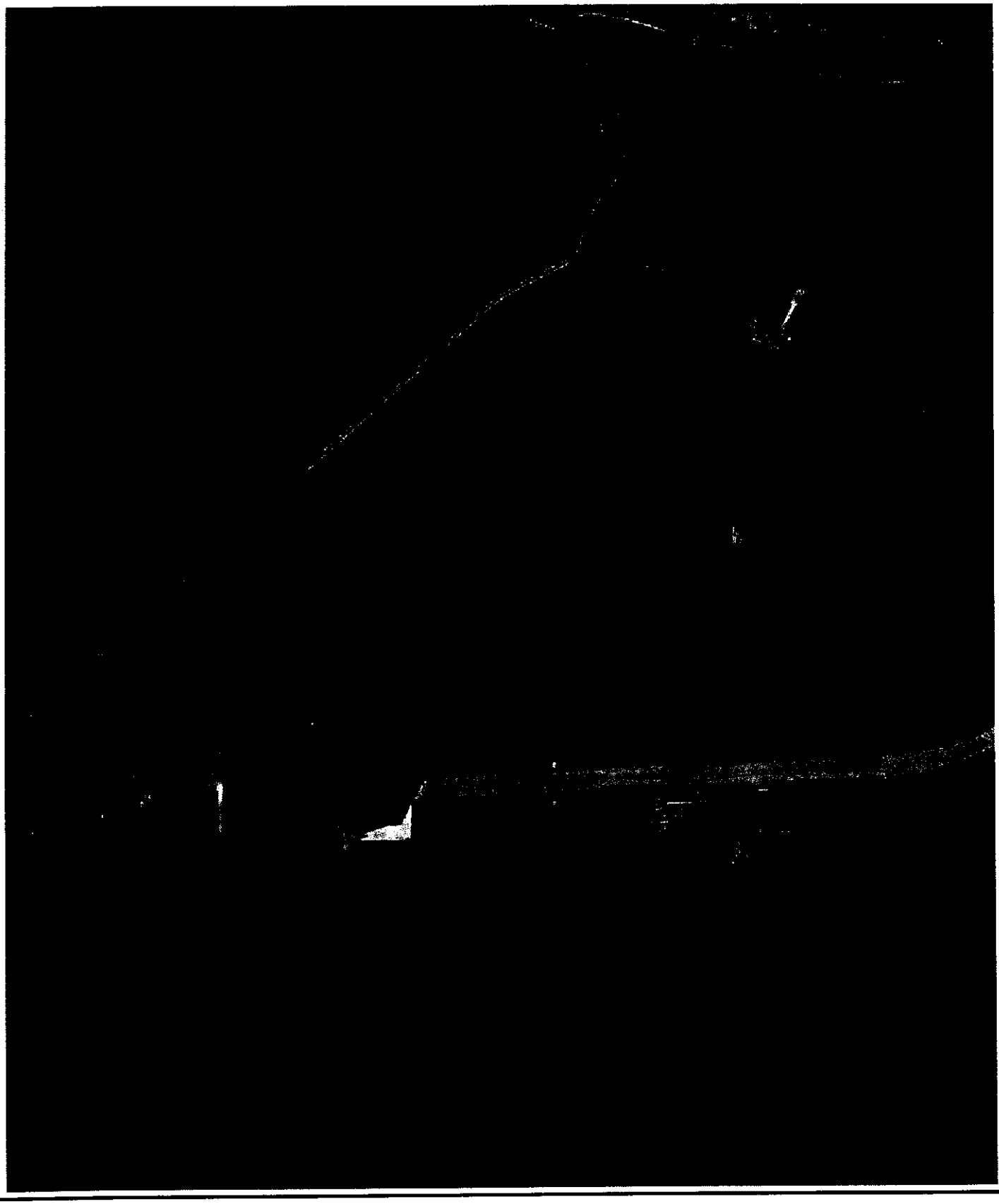
Follow-Up Date

Installation Final Written Approval
By

Date

Field Note Drawing (See Reverse Side):

9745 S. 176th



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Sep 08, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

NE 9L1

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. HS001533

System Type: Standard

Situs: No Site Address Specified

Issued: 9/15/2017

Expires: 9/15/2018

Description: S26, T9, R8, 6th Principal Meridian, LOT 19 & 21 SE

Owner: TJT FARMS LLC
7810 BANCROFT AVE
LINCOLN, NE 68506

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

HARPER WELL & PLUMBING
P O BOX 15
ADAMS, NE 68301

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

SCANNED

A

Permit Number
HS0015 33

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* 9745 S 176 (no rural route) City Benet, NE Zip 68317

Legal Description 26 9 8 19+21 SE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-26-400-008-000 *Approx. Address (If to be determined)

B. Owner

TJT Farms

Name Tom Tomes Signature

Address 9745 S 176th City/State/Zip Benet NE 68317

Home Phone Work Phone

C. Certified Installer

Name: Harper Well Signature

Address PO Box 15 City/State/Zip Adams NE 68301

Work Phone 402 432-2204

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 22+
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 9/8/17 DS
Comments
Date rec'd 9/5/17
Date frwd 9/15/17
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 9/20/17

Business Office Use Only
Date Received 9-8-17 Amount Paid 405.00
Received By LC Cash/Check No. 7355

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: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 9745 S 176th ST (no rural route) City BENNET NE, Zip 68317

Owner TJT FARMS LLC Address 7810 BANCROFT AVE LINCOLN, NE 68506

Date of Tests 10/12/16 to 10/13/16 Weather: Precipitation 0 Temperature 55

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			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30	10/12	4:00	10/13	8:00	10/13	11:30	6	10/13	12:00	30	0.625	48
2	30	10/12	4:00	10/13	8:00	10/13	11:30	6	10/13	12:00	30	0.75	40
3	30	10/12	4:00	10/13	8:00	10/13	11:30	6	10/13	12:00	30	0.75	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN, NE 68372

Sum of Percolation Rates: 128
Average of Rates: 42.66
Rate Used for Calculation: 49

Soil type (NRCS Maps/Other) 7695 WYMORE SILTY CLAY LOAM

Groundwater Depth +12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

SCANNED

C

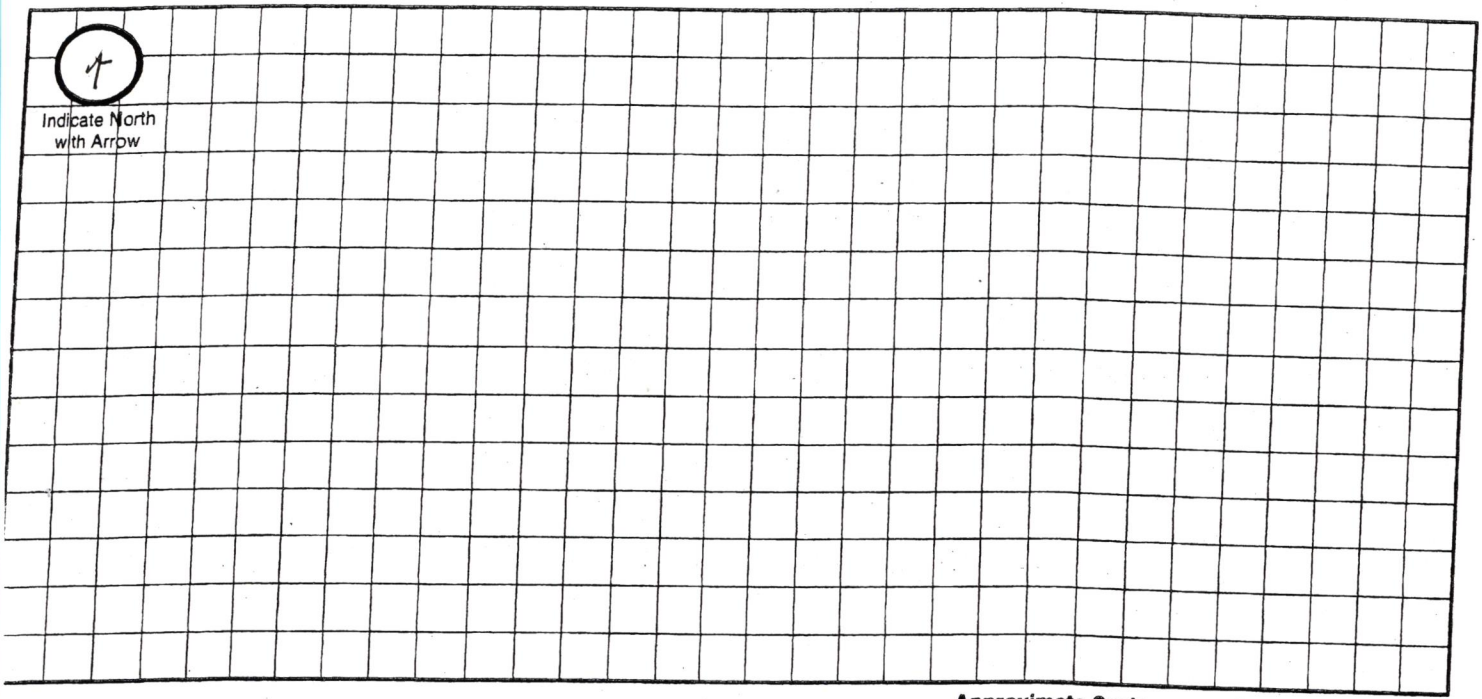
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 9745 S 176th City Bennet NE, Zip 68

B. Proposed Septic Tank/s

Septic Tank Cap 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate____ (min/inch = mpi) No. of Bedrooms 3 Soil Type Wymore Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals 300' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 3.625 factor No. of drop boxes_____ Distrubtion Box 2

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☑	☐
agoon (ft)	100 ☑	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☑	100 ☑	200 ☐	☐

. Required Signatures

ome Building Contractor Leonard Hanson Date 9/8/17

staller Date

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

N. 126

D Exhibit 4

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: Tom Tomes Address _____

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 240 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 10" in.
4. Distance to:
   Well 149' ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 8 ft. _____

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator 36" Wide Quick 4 EDCops
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 1 ft. 100
   ft. 1 ft. 300
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well 131 ft.
   Pressure line 125 ft.
   Property line _____ ft.
   Depth of Groundwater 10'

Per STICKY NOTE DS This system is FOR Building only DESIGNED for future house

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

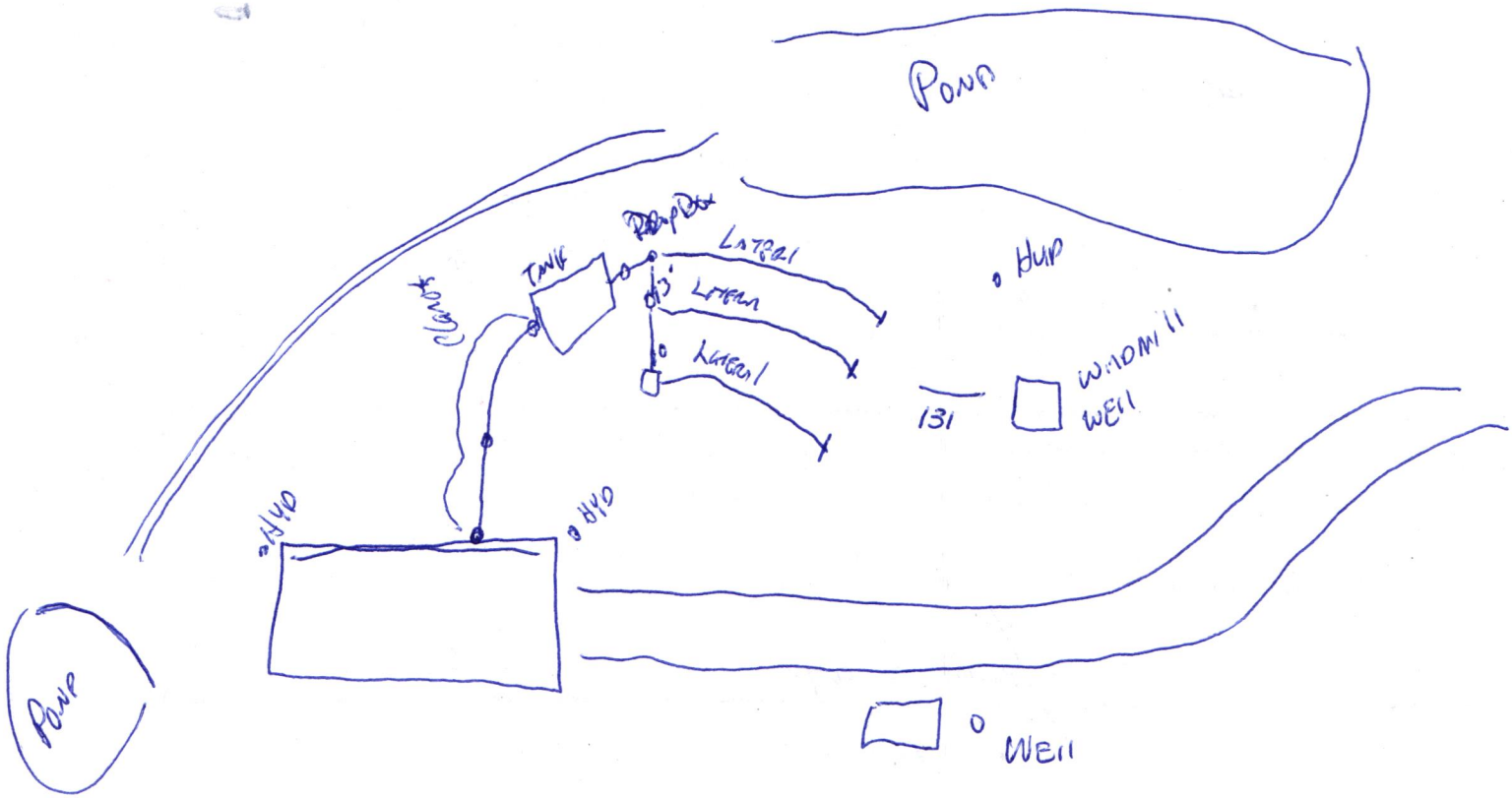
If Yes, the Certified Professional must sign below for final approval:

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: Leonard Hayen Date: Sept 16-17

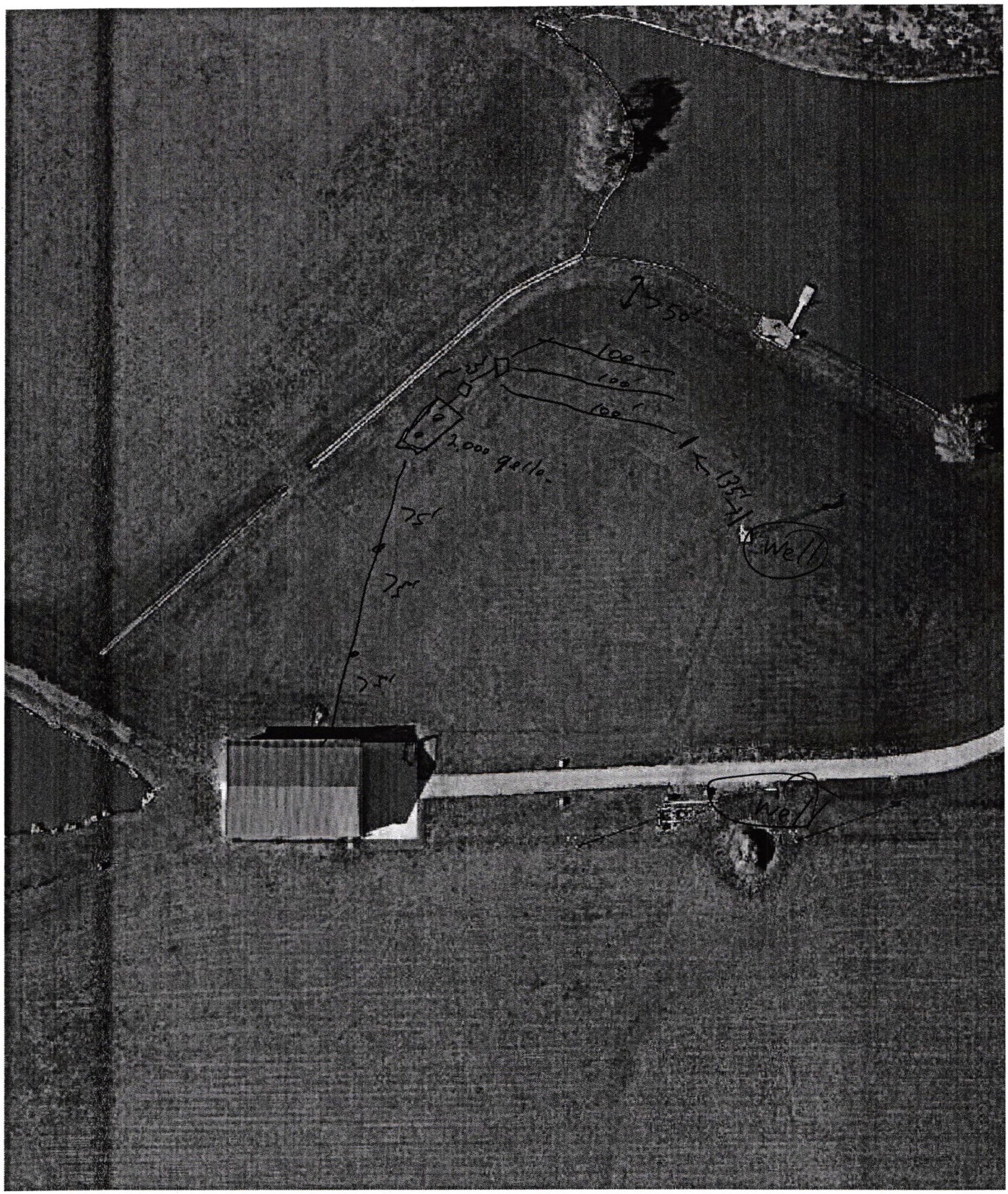
Complete As-Built drawing on the back of this form.

Updated 4/15


N
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TANK
Lateral
Lateral
Lateral
HUP
131
WELL
HYD
HYD
POND
WELL

9745 S. 176th

SCANNED



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Sep 08, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

176th

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

SCANNED

Exhibit 5

Permit Number:

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/8/17 Legal Description 22-26-4E 008 1/4 000 1/4 26/9/8 Section/Township/Range Lots 19 + 21 SE

Onsite System Location

Address (no rural route) 9745 S. 176 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 1,087 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 300' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 3 Width 3.625 factor No. of Drop Boxes ☒ Distribution Box 2

Leveling Method Used transit

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 NA Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DC Date 9/8/17

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Dave Merrill
Date 9/20/17

Field Note Drawing (See Reverse Side):