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

A SEP 2 8 2017

Permit Number
HS001544

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Submit correct fee with this Application

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 13455 SW 14th (no rural route) City Roca NE Zip 68430

Legal Description 9 8 6 6th Principal Meridian 26
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-09-200-003-000

B. Owner

Name Marley Mindez Signature

Address 13455 SW 14th City/State/Zip Roca NE 68430

Home Phone 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres
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 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 09/28/17 Amount Paid $405.00
Received By Cash/Check No. 8620

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

Form A Updated: 1/13

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~~

Address 13455 SW. 14th (no rural route) City ~~Lincoln~~ Roca NE, Zip 68430

Owner Marley Mendez Address 13455 SW. 14th Roca NE, 68430

Date of Tests Sept 27 to Sept 28 Weather: Precipitation Not Raining 0 Temperature 54°

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	9-27	5:00	9-28	8:30	9-28	8:30	6	9-28	9:00	30	3/4	40
2	"	"	"	"	"	"	"	6	"	"	"	5/8	35
3	"	"	"	"	"	"	"	6	"	"	"	1/2	60
4	"	"	"	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis

Phone: 402 310 9160

Address 4810 N Clear Ln. Lincoln, NE. 68521

Sum of Percolation Rates: 175

Average of Rates: 43.75

Rate Used for Calculation:

Soil type (NRCS Maps/Other) 7681 Wymore 1-3% slope

Groundwater Depth over 12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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

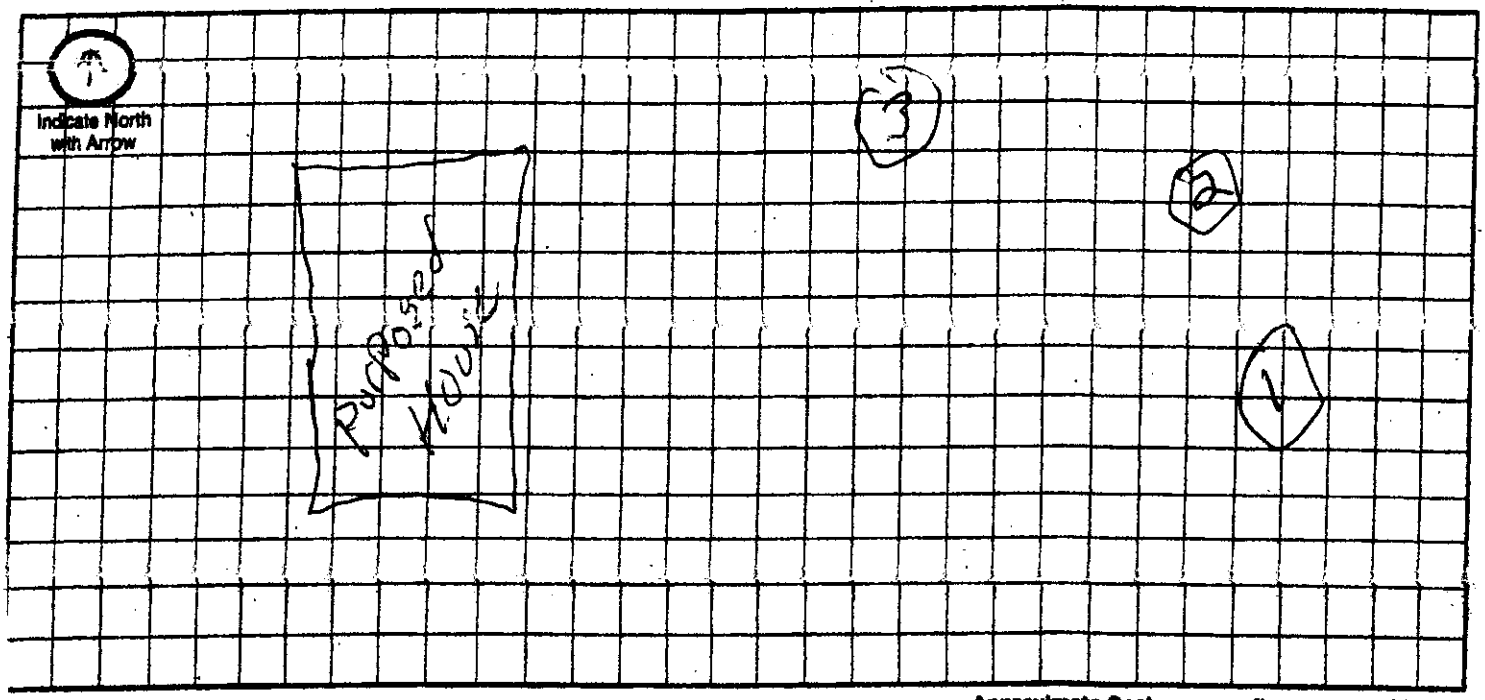
C

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) 13455 SW 14th City Roca NE, Zip 68430

B. Proposed Septic Tanks

Septic Tank Cap. 1250 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ minutes/inch Number of Trenches 3 Soil Type Zook Wymore Land Slope 1-3 %

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

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

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 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor_____ Date_____

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. HS001544

System Type: Standard

Situs: No Site Address Specified

Issued: 10/2/2017

Expires: 10/2/2018

Description: S9, T8, R6, 6th Principal Meridian, LOT 26 NE

Owner: RAMIREZ, RAUDEL SANTIN
9520 S 72 ST
LINCOLN, NE 68516

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

GAGNER CONSTRUCTION COMPANY INC
4810 W CLAIRE AV
LINCOLN, NE 68523

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

D

Permit Number: #5001544

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date December, 2017 Legal Description ____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 13455 SW 14th City Martell NE, Zip 68404

Owner Marley Mindez Address ____

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: More Than 6 in.
3. Distance between dwelling and septic tank: ____ ft.
4. Number of clean-outs: ____
5. Distances to: well or suction line ____ ft.
   stream NA ft.
   pressure line NA ft.
   property line More than 50 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Plastic Snyder
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 12 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: 24 in.
8. Distances to: Well or suction line ____ ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line More than 50 ft.

C. ☒ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 7' ft.

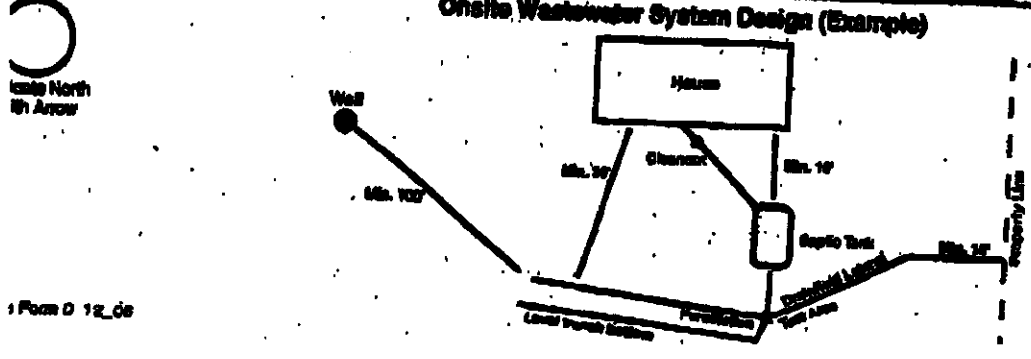
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

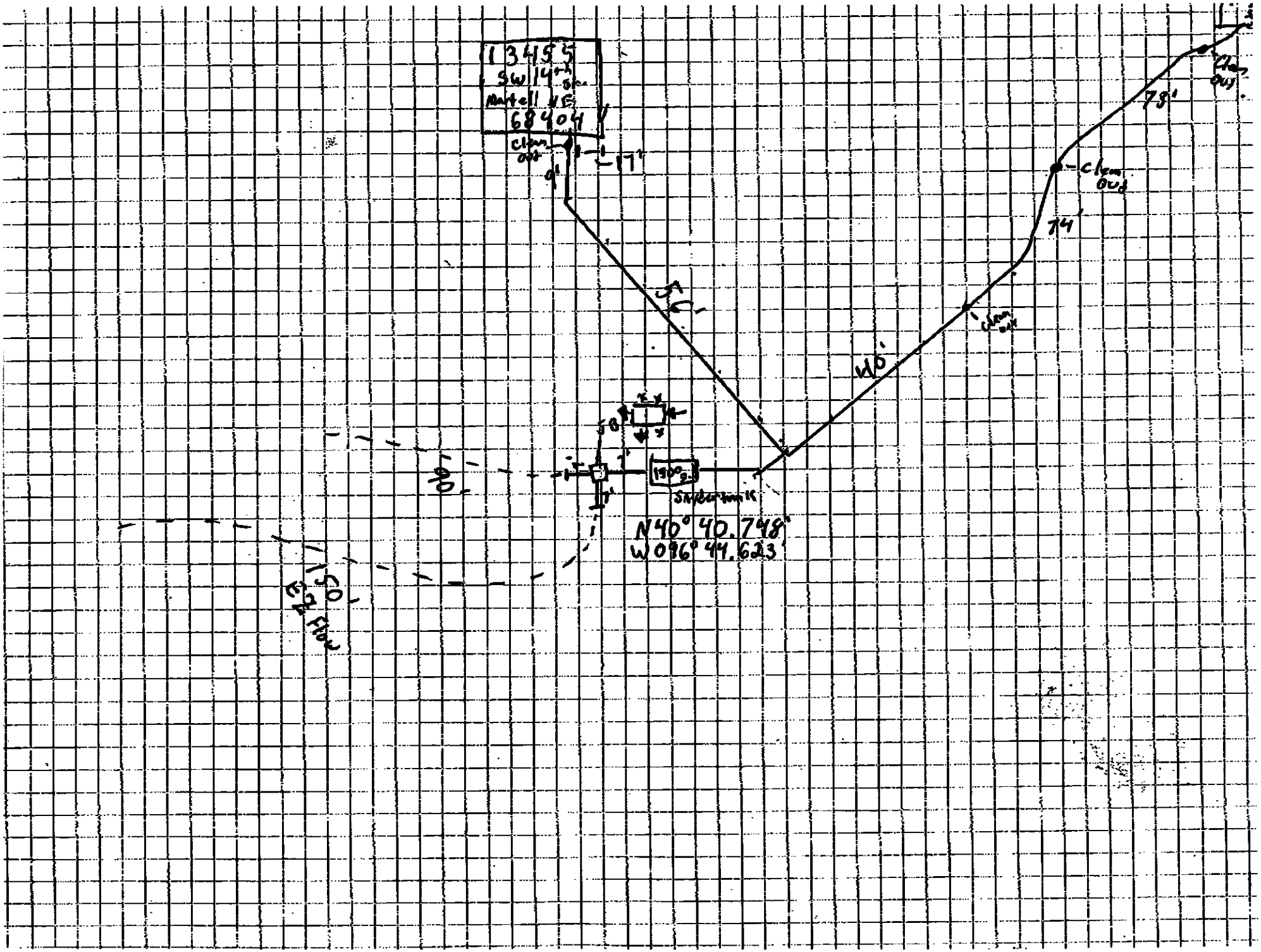
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other EZ Flow
2. Drainfield Laterals: Number 2
   Length of each line: 150 ft. 90 ft.
   ____ ft. ____ ft. ____ ft.
3. Drainfield dimensions: Width ____ ft.
   Distribution Pipe Slope 8 in/100 ft.
   Average depth 12-18 in
4. Filter material: NA
   Depth of material ____ in.
5. Distances to: Well or suction line ____ ft.
   Pressure line NA ft.
   Property line More than 50 ft.
   House or building More than 100 ft.
   Lake or Stream NA ft.

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

Onsite Wastewater System Design (Example)



Note: North is the direction the arrow points


13455
SW 14th St.
Martell NE
68404
clean out
9'
17'
clean out
79'
clean out
74'
clean out
110'
clean out
1900 gal
Septic tank
N40° 40.748'
W096° 44.623'
Access Road

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Septic System

Owner First Name: Marley | Initial: | Last Name: Mendez | Owner Phone Number:

Business or Legal Entity Name (if applicable):

Owner Mailing Address: 13455 | City: Martell | State: NE | Zip: 68404

Physical address of system if different from owner's mailing address:

Location: Legal description: ¼ ¼ Section Township Range County | OR Geographical coordinates to 4 decimal points: Latitude N40° 40.748' Longitude W096° 44.623'

Mark One: ☒ Dwelling ☐ Non-dwelling | Previous system registration number (if applicable) TS

Mark One:
☒ New system ☐ Modification of existing system ☐ Tank only ☐ Trench only ☐ Inspection only
☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow 400 gal/day # of Bedrooms* 3 Depth to seasonal high groundwater 8 feet

Percolation rate 60 min/inch Loamy sand liner installed* ☐ Yes ☒ No

Septic tank capacity 1500 gallons Septic tank Manufacturer/ Model* Snyder

☒ Garbage Grinder* ☐ Large capacity tub* Number of trenches 2 Width of trenches 36 inches

Total length of all trenches 240 feet Total effective trench bottom area 1080 sq. ft.

Soil Absorption System Description (Select one of the following):
- ☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
  Make and Model of chambers installed _____
- ☒ Gravelless chambers with filter material (describe filter material EZFlow 12b3 H)
  Make and Model of chambers installed _____
- ☐ Pipe with filter material (describe filter material _____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
- ☐ Gravelless pipe with filter material (describe filter material _____)
- ☒ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter 4.5 in.)
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
- ☐ Other (describe) _____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Steven C Lewis 2663
(Print or Type) First Name | Initial | Last Name | Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist | 12-11-17 Date of Inspection or Completion of Construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.
(*) Indicates item requested/ not required on registration

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

SCANNED

A SEP 28 2017

Permit Number
HS001544

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Submit correct fee with this Application

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 13455 SW 14th (no rural route) City Roca, NE Zip 68430

Legal Description 9 8 6 6th Principal Meridian 26
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-09-200-003-000

B. Owner

Name Marley Mindez Signature

Address 13455 SW 14th City/State/Zip Roca NE 68430

Home Phone 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres
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 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 12/2/17

Business Office Use Only
Date Received 09/28/17 Amount Paid $405.00
Received By Cash/Check No. 8620

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

Form A Updated: 1/13

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

12-12-17

Exhibit 5

Permit Number: H5001544

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/12/17 Legal Description 9 - 8 - 6
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13455 SW 14th 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 1080 Sq. Ft. Tank Size 1500 gals

Total length of laterals 240 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 2 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: Dug test hole - system installed at 30 inches. Groundwater @ 80 – 84 inches down. - Regardless 24ft

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial NA Date 12/12/17

Follow-Up Date

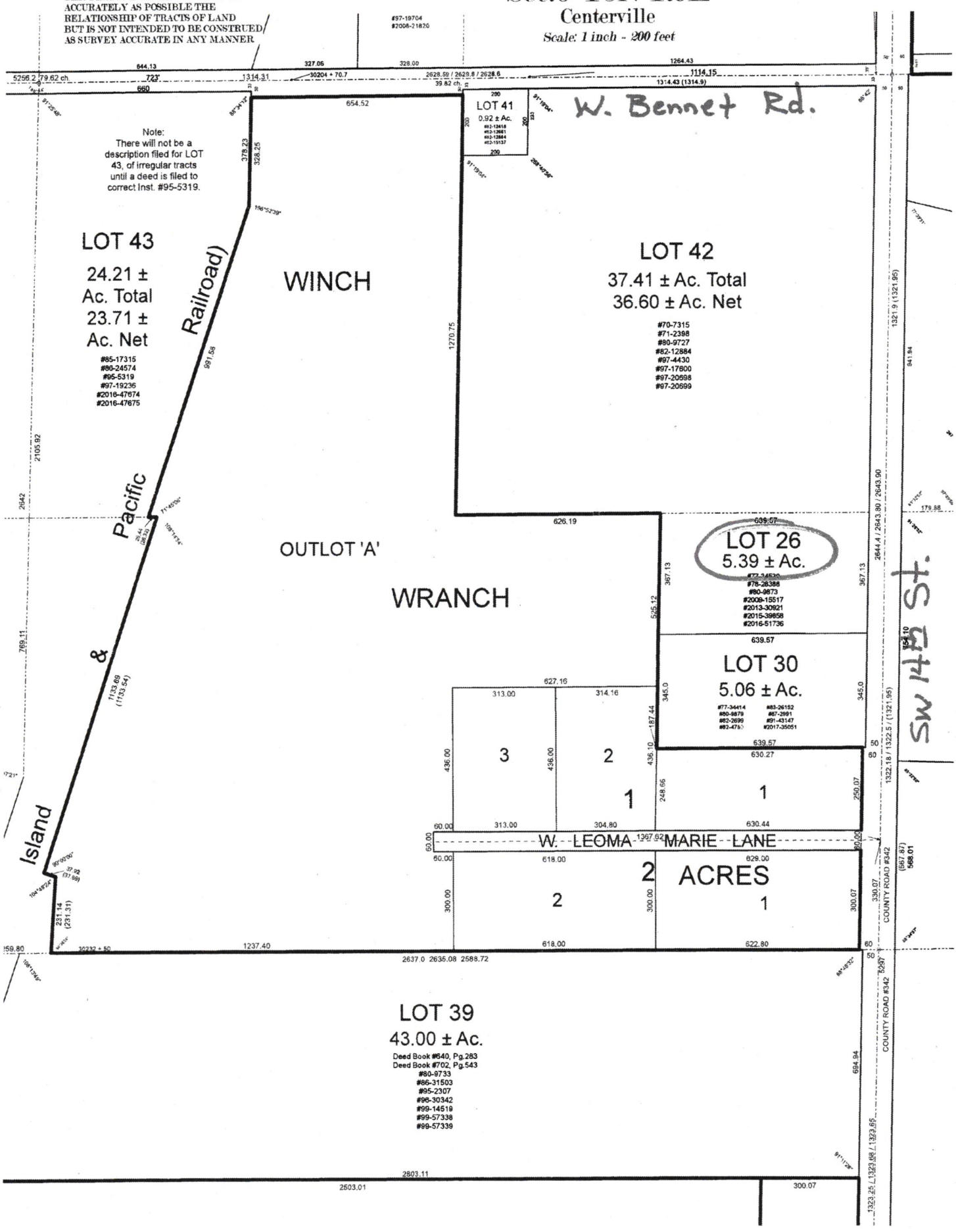
Follow-Up Date

Installation Final Written Approval
By

Date 12/12/17

Updated 4/15

well
100 ft
1"
1"
150 ft
2" flow
casing
Groundwater @ ~20 inches
Test Hole
Tree Row


THIS PLAT IS INTENDED TO SHOW AS ACCURATELY AS POSSIBLE THE RELATIONSHIP OF TRACTS OF LAND BUT IS NOT INTENDED TO BE CONSTRUED AS SURVEY ACCURATE IN ANY MANNER
Sec.9-T8N-R6E
Centerville
Scale: 1 inch - 200 feet
W. Bennet Rd.
Note: There will not be a description filed for LOT 43, of irregular tracts until a deed is filed to correct Inst. #95-5319.
LOT 41
0.92 ± Ac.
LOT 43
24.21 ± Ac. Total
23.71 ± Ac. Net
#85-17315
#86-24574
#95-5319
#97-19236
#2018-47674
#2016-47675
Railroad)
WINCH
LOT 42
37.41 ± Ac. Total
36.60 ± Ac. Net
#70-7315
#71-2398
#80-9727
#82-12884
#97-4430
#97-17600
#97-20598
#97-20599
Pacific
&
Island
OUTLOT 'A'
WRANCH
LOT 26
5.39 ± Ac.
#78-28388
#80-9873
#2009-15517
#2013-30921
#2015-39858
#2016-51736
LOT 30
5.06 ± Ac.
#83-26152
#87-2691
#91-43147
#2017-35051
W. LEOMA MARIE LANE
ACRES
LOT 39
43.00 ± Ac.
Deed Book #540, Pg.283
Deed Book #702, Pg.543
#80-9733
#86-31503
#95-2307
#96-30342
#99-14519
#99-57338
#99-57339
COUNTY ROAD #342
SW 14th St.