$405.00 SCANNED

A

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

Permit Number
HSOD1559

# 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* 6677 SW 32nd STREET City LINCOLN, NE Zip 68522
(no rural route)

Legal Description 17 9N 6E TWIN PINES ADDITION 4 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID _____ *Approx. Address (If to be determined) _____

### B. Owner

Name Brandon Ann Signature Brandon Ann
Address 6527 Lavonne Rd City/State/Zip Lincoln NE 68505
Home Phone (402) 314-4434 Work Phone _____

### C. Certified Installer

Name: Scott Sabbatt Signature Scott Sabbatt
Address 1012 Co Rd M 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 3
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 10-20-17 Amount Paid 405.00
Received By LC Cash/Check No. 9518

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. HS001559**

**System Type:** Lagoon

**Situs:** 6677 SW 32 CIR, RURAL, NE

Issued: 10/23/2017

Expires: 10/23/2018

**Description:** TWIN PINES ADDITION, BLOCK 1, Lot 4

**Owner:** STEINKUHLER, HALEY & APEL, BRANDON
6927 HOLDREGE ST
LINCOLN, NE 68505

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

NEIGHBORS FAMILY HOMES INC
8240 EASTWOOD DR
LINCOLN, NE 68506

attn Nate

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 6677 SW 32nd Circle (no rural route) City Denton NE, Zip 68339

Owner Brandon Apel Address

Date of Tests 2/28/18 to 3/1/18 Weather: Precipitation 0 Temperature 36

### 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 | 2/28 | 4:00 | 3/1 | 4:00 | 3/1 | 5:00 | 6 | 3/1 | 5:30 | :30 | 1 | 30 |
| 2 | 32 | " | " | " | " | " | " | 6 | " | " | " | 1 | 30 |
| 3 | 34 | " | " | " | " | " | " | 6 | " | " | " | 1¼ | 25 |
| 4 | 30 | " | " | " | " | " | " | 6 | " | " | " | 1¼ | 25 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Scott Schaaf
Phone: 402-443-6549
Address 1012 C Rd
Wood Ne 68821
Soil type (NRCS Maps/Other) Silty Clay Loam
Groundwater Depth 48'

Sum of Percolation Rates: 110
Average of Rates: 27.5
Rate Used for Calculation:

**DO NOT WRITE BELOW THIS LINE**

### Reviewing Action

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

Signature of Reviewing Official Date



Received Time Apr. 26. 2018 7:19AM No. 0196

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

Lagoon

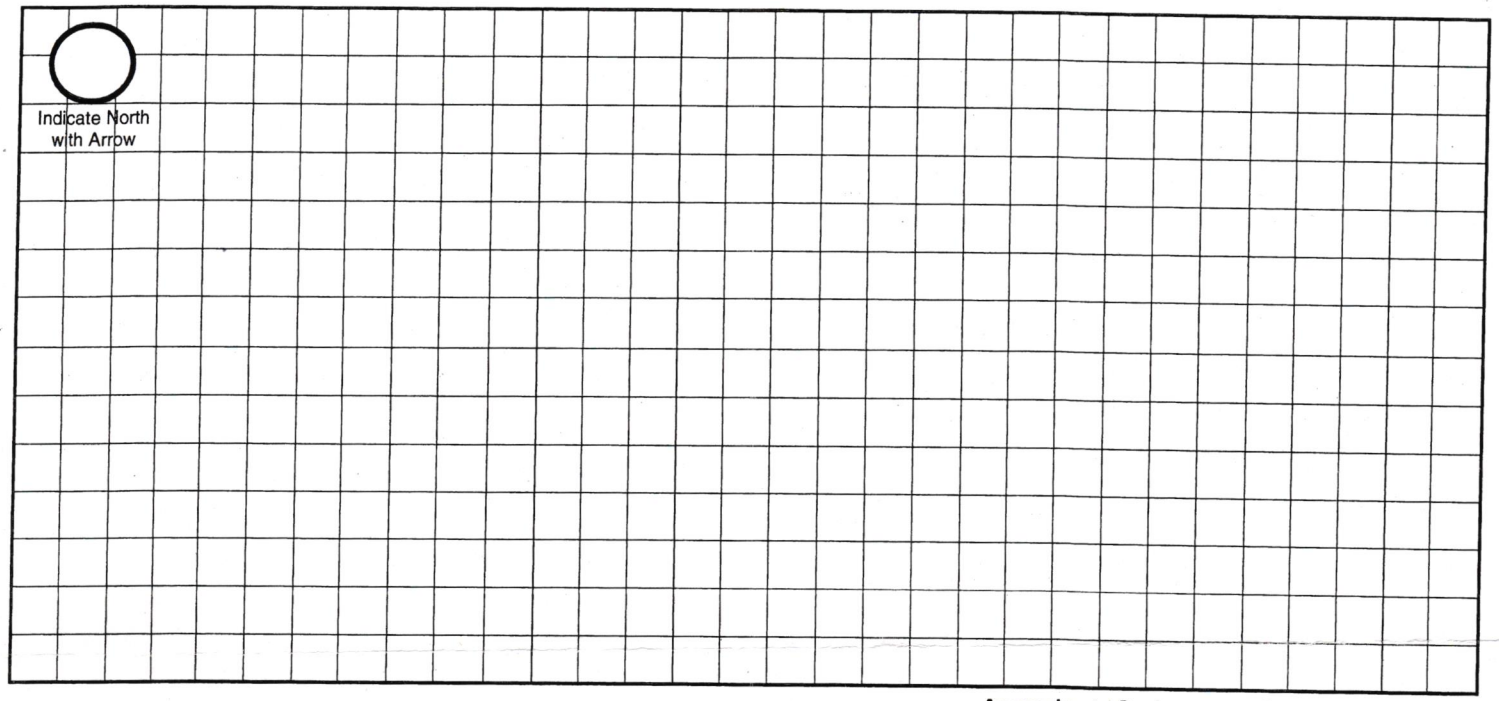
**C**

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) 1677 SW 32nd Circle City Lincoln NE, Zip 68522

## B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ Soil Type_____ Land Slope_____%

☐ 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_____

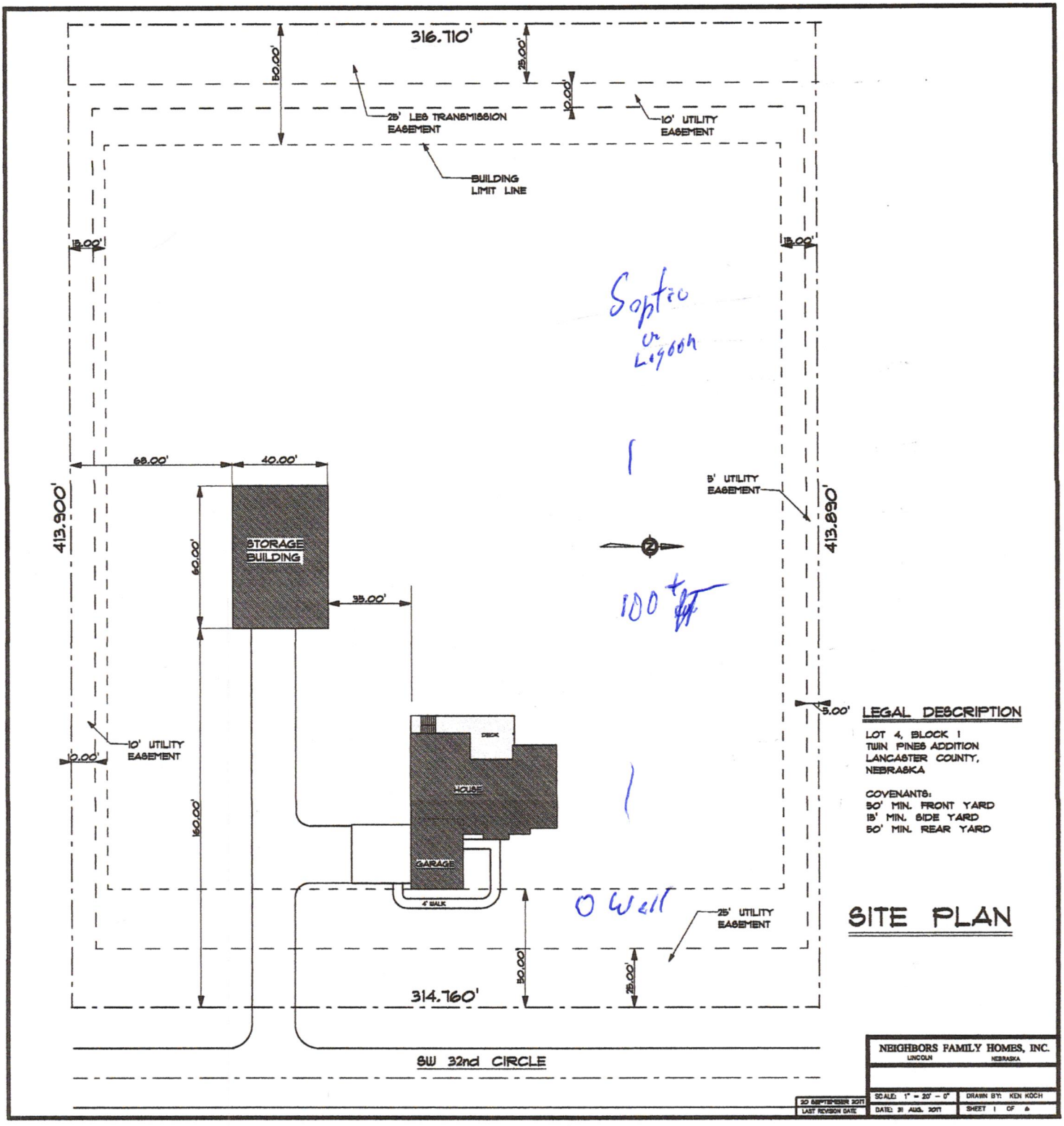
## E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| 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 10/19/17

Installer _____ Date 10/20/17




## LEGAL DESCRIPTION

LOT 4, BLOCK 1
TWIN PINES ADDITION
LANCASTER COUNTY,
NEBRASKA

COVENANTS:
50' MIN. FRONT YARD
15' MIN. SIDE YARD
50' MIN. REAR YARD

# SITE PLAN

| | |
|---|---|
| NEIGHBORS FAMILY HOMES, INC. LINCOLN NEBRASKA | |
| SCALE: 1" = 20' - 0" | DRAWN BY: KEN KOCH |
| DATE: 31 AUG. 2011 | SHEET 1 OF 6 |
| 20 SEPTEMBER 2011 LAST REVISION 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: HS001559

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 4/27/18 Legal Description Twin Pines Blk 1, Lot 9

¼ ¼ Section/Township/Range

### Onsite System Location

Address (no rural route) 6677 SW 32nd 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 750 Sq. Ft. Tank Size 1500 gals

Total length of laterals 150 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

### 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: see back

Inspections prior to Final Approval
Initial 4/27/18 Date NA

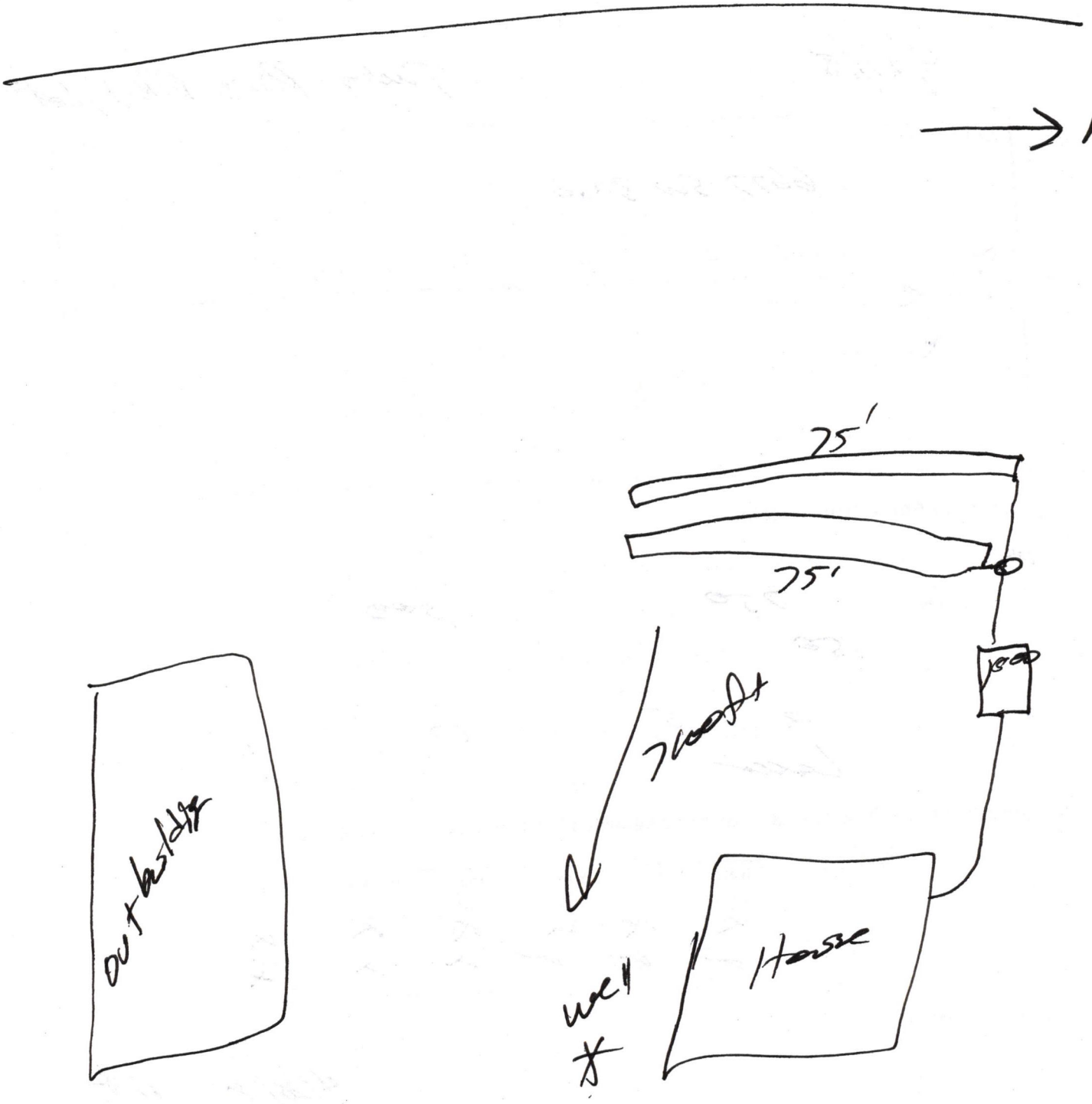
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 4/27/18

Field Note Drawing (See Reverse Side):


N
75'
75'
Outbuilding
well
House