HS001563

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☑ ALTER ☐ REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 17305 McKelvie Rd.

   Legal Description of Property: Township: 6th Principle Range: Meridian Section: 28

   Block E 1/2 Lot North SubDivsion 6th Add: _____

   ***Parcel ID** 24-26-200-003-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 3 Does the system have a: ☐ Garbage Grinder ☐ Large Capacity Tub

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

4. **Description of proposed alteration or repair:** ~~Replacement of existing Lateral/ System~~ adding 225' of additional lateral - as per contractor - N/A 11/2/17

5. **Current Type of Lateral-** N/A **Current Linear Ft. Of Lateral -** N/A

   Current Tank Gallonage- 1500

6. Print Name Joe Reinke Address 7949 Cornhusker Phone: 4024305388

   Applicant Signature: [signature]

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

HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 11/3/17 Amount 220.00 Check No. 233607 Initials JC

Revised 4/8/13

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

A

Permit Number

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* 17305 McKelvie Rd. (no rural route) City Waverly, NE Zip 68462

Legal Description S26, T11, R8, 6th Principle Meridian, That part containing 6.17 +/- AC Lying in the E1/2 N1/2 NE

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

PID 24-26-200-003-000 *Approx. Address (If to be determined)

B. Owner

Name Mildred Puchalla Signature Mildred B. Puchalla

Address 17305 McKelvie Rd. City/State/Zip Waverly / NE / 68462

Home Phone 402-429-4167 Work Phone 402-786-2861

C. Certified Installer

Name: Joe Reinke Signature

Address 8016 Prescott Cir City/State/Zip Lincoln, NE 68506

Work Phone 402-430-5388

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 5.70

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 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 Amount Paid

Received By Cash/Check No.

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

Form A Updated: 4/15

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 17305 Mckelvie Rd. (no rural route) City Waverly NE, Zip 68462

Owner Mildred Pucnalla Address 17305 Mckelvie Rd.

Date of Tests 9/19/17 to 9/20/17 Weather: Precipitation None Temperature 70°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. 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	3'	9/19	8:30	9/20	12:12	9/20	8:12	6	9/20	12:12	4hr	19	20
2	3'	9/19	8:30	9/20	12:12	9/20	8:12	6	9/20	12:12	4hr	17.5	20
3	3'	9/19	8:30	9/20	12:12	9/20	8:12	6	9/20	12:12	4hr	21	12
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Joe Panke
Phone: 402 430 5388
Address 1949 Cornhusker Hwy

Sum of Percolation Rates: 52
Average of Rates: 17.333
Rate Used for Calculation: Last 30 of 4hr

Soil type (NRCS Maps/Other) Clay / Blacksoil
Groundwater Depth N/A

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

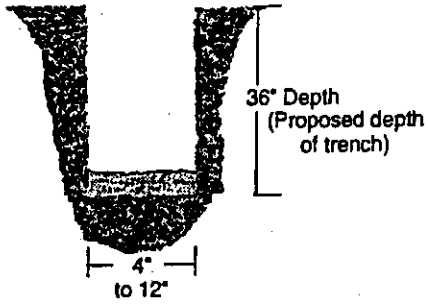
Signature of Reviewing Official _____ Date _____

READ THOROUGHLY

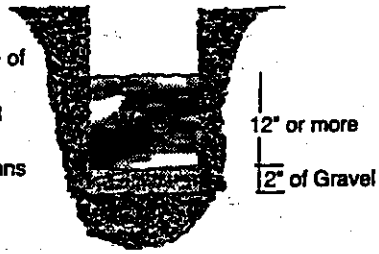
DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

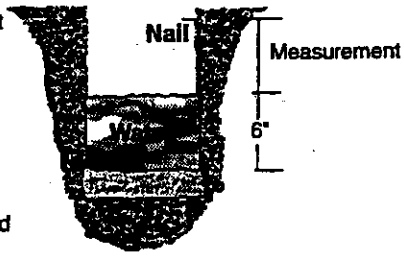


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



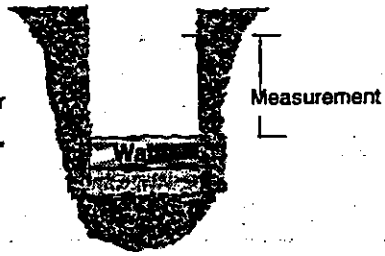
24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

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

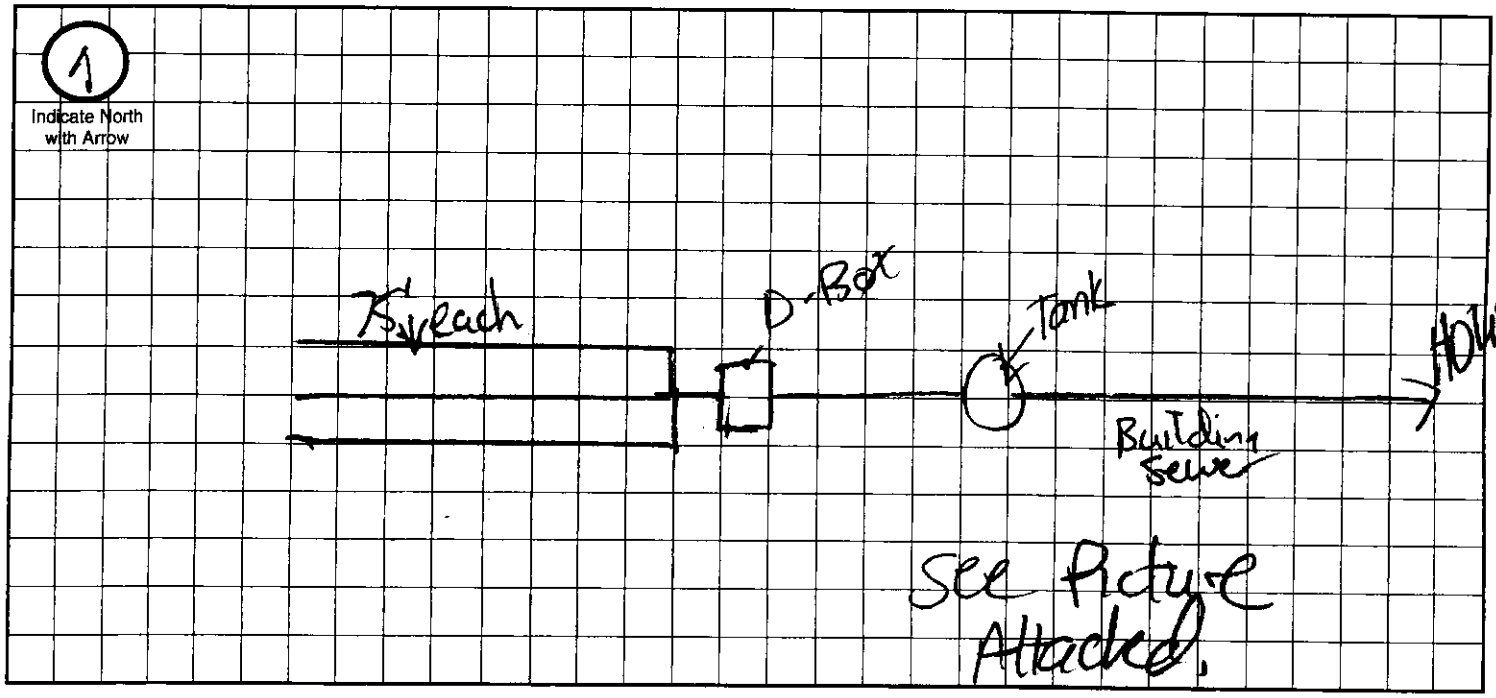
C

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) 17305 McKelvie Rd. City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 17.33 (min/inch = mpi) No. of Bedrooms 3 Soil Type Clay/Black Land Slope 4.7 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 675 sq.ft.

Total length of laterals 225 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 3 Width 3 No. of drop boxes _____ Distrubtion Box 1

No. of absorption beds 1 Width 75' No of Distribution lines per bed 1

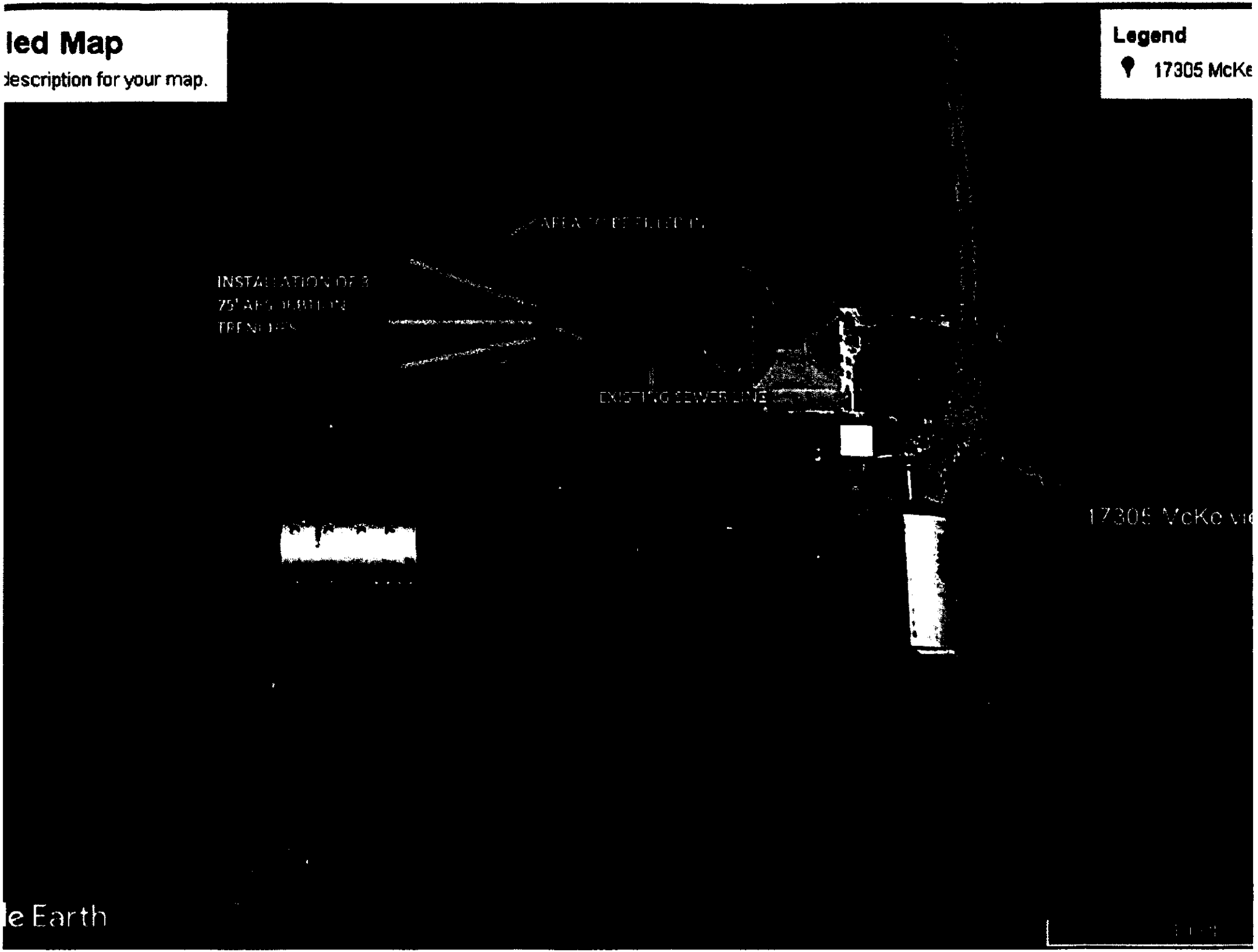
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 _____

Installer Joe Rinke Date 10-3-17


led Map
description for your map.
Legend
17305 McKe
INSTALLATION OF
EXISTING SEWER LINE
17305 McKe
e Earth

HS001563

Nate C. Hartman

From: Joe Reinke <jreinke@jhlincoln.com>
Sent: Friday, December 15, 2017 9:11 AM
To: Nate C. Hartman
Subject: 17305 McKelvie road paperwork
Attachments: SKM_C36817121509000.pdf

Nate,

Attached please find the paperwork for 17305 McKelvie. Please let me know if you need anything else,.

Joe Reinke

JOHN HENRY'S
PLUMBING HEATING AND AIR CONDITIONING

Plumbing Estimator
Phone: 402-435-5555
Fax: 402-466-5757
jreinke@jhlincoln.com

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From: scanner@jhlincoln.com [mailto:scanner@jhlincoln.com]
Sent: Friday, December 15, 2017 9:00 AM
To: Joe Reinke <jreinke@jhlincoln.com>
Subject: Message from KM_C368

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

D Exhibit 4

Permit Number: HS001563

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) 24016200003000

Owner: Mildred Puchalla Address 17305 McKelvie Rd, Waverly 68462

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 100 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 150 ft.
   Pressure line DIA ft.
   Property Line 200 ft.
   Foundation 40 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft.

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Infiltrator Chamber
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 75 ft. 75 ft. 75 ft.
4. Drainfield size: 675 sq. ft.
5. Distance to:
   Well 200 ft.
   Pressure line DIA ft.
   Property line 200 ft.
   Depth of Groundwater DIA

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

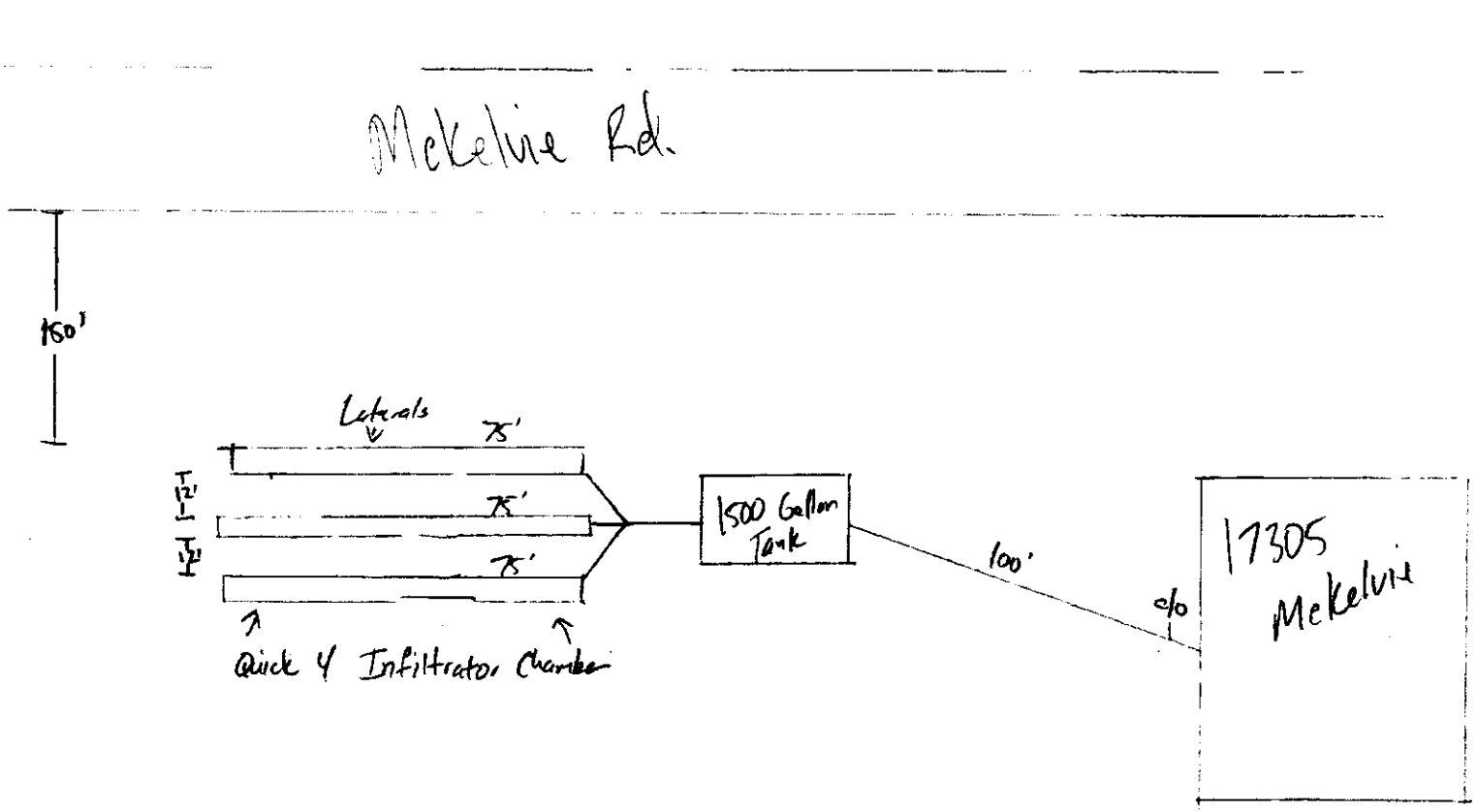
If Yes, the Certified Professional must sign below for final approval:

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: [signature] Date: 12-14-17

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

Updated 4/15


Mckelvie Rd.
150'
Laterals
75'
75'
75'
12'
12'
1500 Gallon Tank
100'
c/o
17305 Mckelvie
Quick 4 Infiltrator Chamber

H5001563
SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☑ **ALTER** ☐ **REPAIR** an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 17305 McKelvie Rd.

   Legal Description of Property: Township: 6th Principle Range: Meridian Section: P.B

   Block E 1/2 Lot N'hwy SubDivsion 6.17 Add:

   ***Parcel ID** 24-26-200-003-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe:)

   Number of bedrooms 3 Does the system have a: ☐ Garbage Grinder ☐ Large Capacity Tub

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

4. **Description of proposed alteration or repair:** ~~Replacement of existing lateral system~~ adding 225' of additional lateral - as per contractor - N/A 11/3/17

5. **Current Type of Lateral-** N/A **Current Linear Ft. Of Lateral -** N/A

   Current Tank Gallonage- 1500

6. Print Name Joe Reinke Address 2949 Cornhusker Phone: 4024305388

   Applicant Signature:

Please contact LLCHD for the current permit fee for this application

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

Date received 11/8/17 REVIEW: ☒ Approved ☐ Disapproved By:

Comments (if any): * System cannot pass to inspector

Site visits

Date ____/____/____ By

Date ____/____/____ By

Installation final written approval

Date 12/5/17 By

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 11/3/17 Amount 220.00 Check No. 233607 Initials JC

Revised 4/8/13

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

SCANNED

A

Permit Number

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

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(no rural route)

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Home Phone 402-429-4167 Work Phone 402-786-2861

C. Certified Installer

Name: Joe Reinke Signature
Address 8016 Prescott Cir City/State/Zip Lincoln, NE 68506
Work Phone 402-430-5388

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 5.70
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
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3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 12/5/17

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

SCANNED

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 17305 Mckelvie Rd. (no rural route) City Waverly NE, Zip 68462

Owner Mildred Puchalla Address 17305 Mckelvie Rd.

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		Start		End		Start		Initial	End				
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								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Joe Panke
Phone: 402 430 5888
Address 2949 Cornhusker Hwy

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Groundwater Depth N/A

Sum of Percolation Rates: 52
Average of Rates: 17.333
Rate Used for Calculation: Last 30 of 4hr

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

SCANNED

C

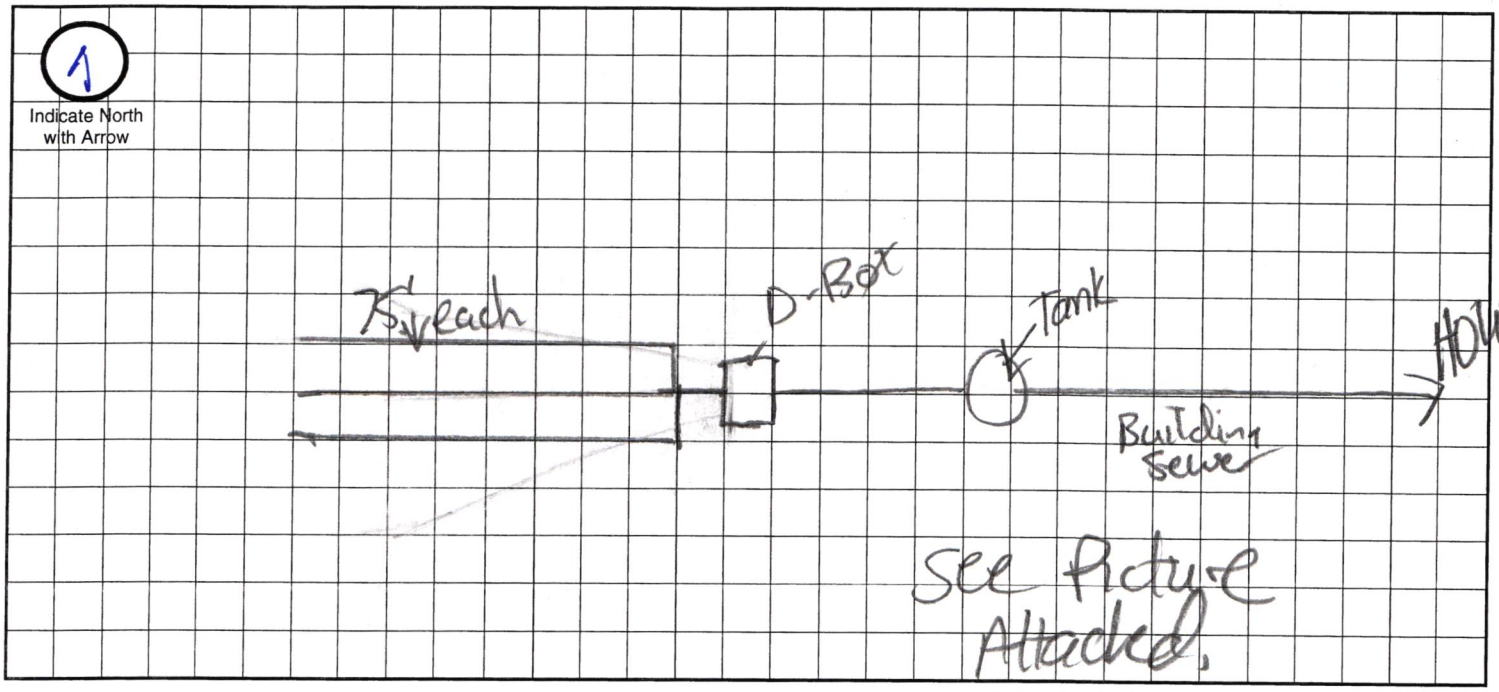
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 17305 McKelvie Rd. City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 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 17.33 (min/inch = mpi) No. of Bedrooms 3 Soil Type Clay/Black Land Slope 4.7 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 675 sq.ft.

Total length of laterals 225 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 3 Width 3 No. of drop boxes _____ Distrubtion Box 1

No. of absorption beds 1 Width 75' No of Distribution lines per bed 1

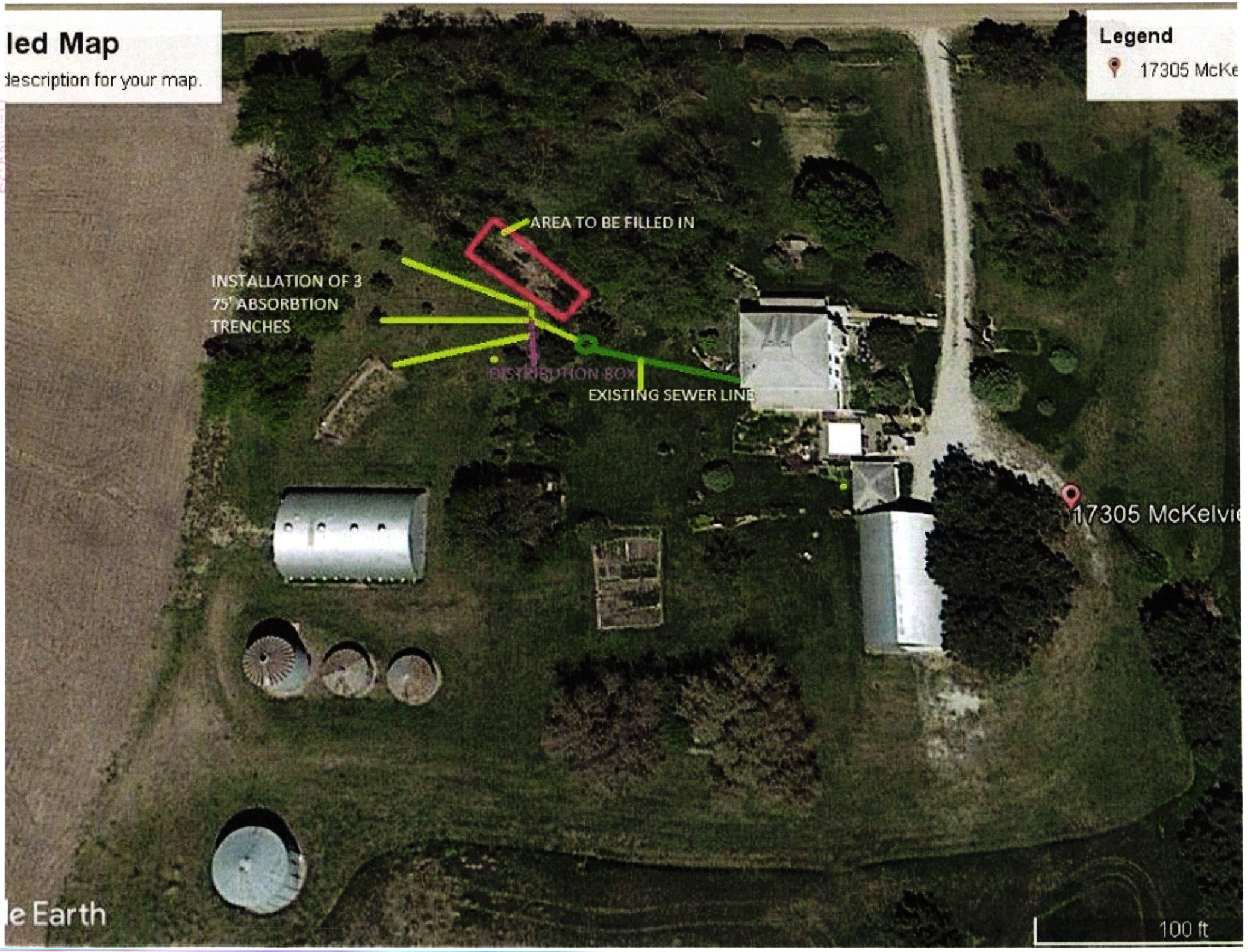
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 _____

Installer Joe Renka Date 10-3-17


led Map
description for your map.
Legend
17305 McKe
AREA TO BE FILLED IN
INSTALLATION OF 3
75' ABSORBTION
TRENCHES
DISTRIBUTION BOX
EXISTING SEWER LINE
17305 McKelvie
e Earth
100 ft

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

D Exhibit 4

Permit Number: HS001563

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) 2426200003000

Owner: Mildred Puchalla Address 17305 McKelvie Rd, Waverly 68462

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 100 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 150 ft.
   Pressure line N/A ft.
   Property Line 700 ft.
   Foundation 100 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft. ____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Infiltrator Chamber
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 75 ft. 75 ft. 75 ft. ____
4. Drainfield size: 675 sq. ft.
5. Distance to:
   Well 700 ft.
   Pressure line N/A ft.
   Property line 700 ft.
   Depth of Groundwater N/A

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

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

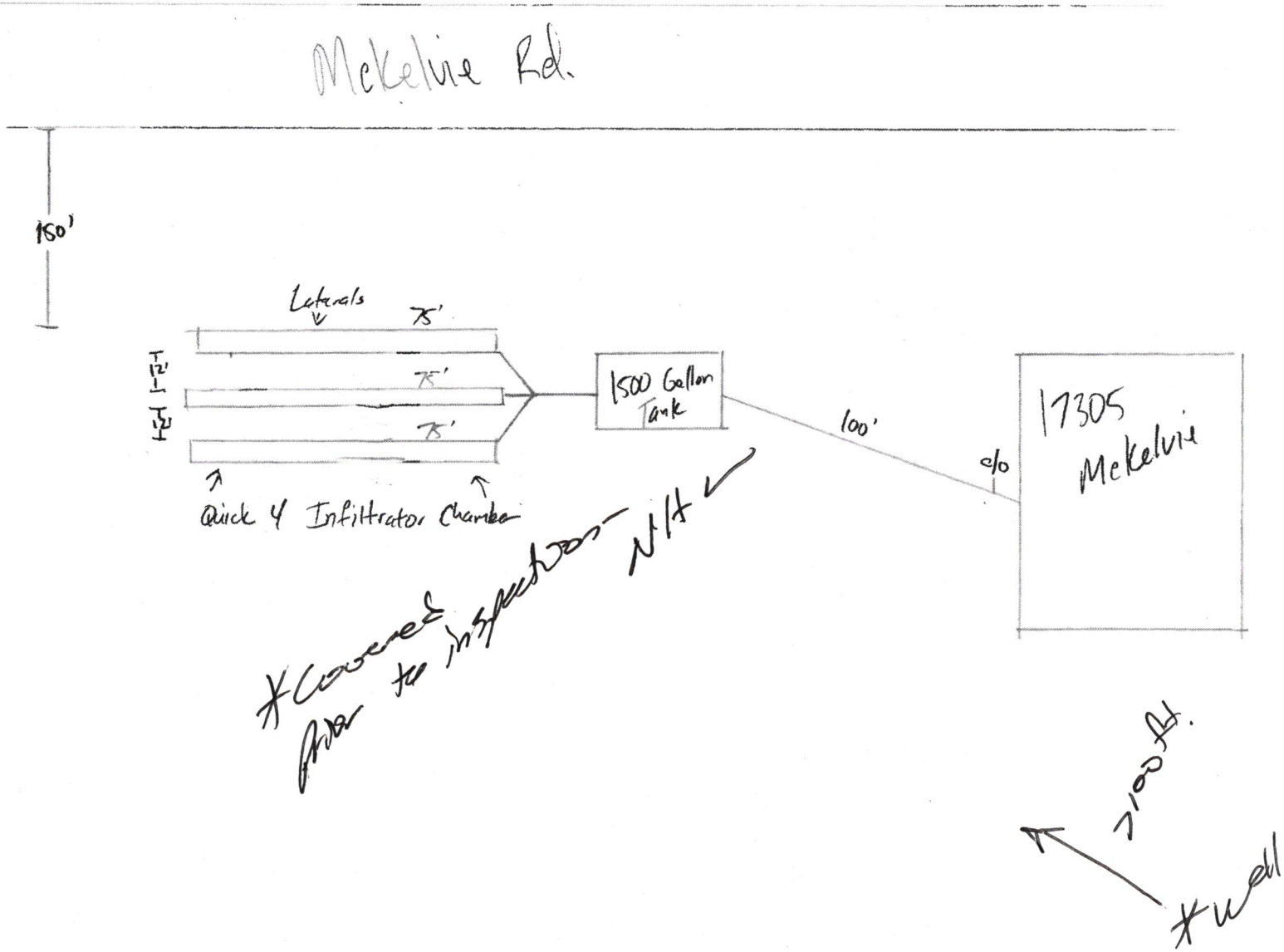
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 12-14-17

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

Updated 4/15

SCANNED


Mckelvie Rd.
150'
Laterals
75'
75'
75'
12'
12'
1500 Gallon Tank
100'
c/o
17305 Mckelvie
Quick 4 Infiltrator Chamber
*Covered prior to inspection
N/A
100 ft.
*well

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

dk 12-13-17

Exhibit 5

Permit Number: H5001563

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/5/17 Legal Description 24262000003000

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13805 Meadow Rd 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 N/O

Total square feet of drainfield 875 Sq. Ft. Tank Size 1500 gals

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

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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:
+ System covered prior to inspection

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

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 12/5/17

Field Note Drawing (See Reverse Side):