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

A

Permit Number #5001642

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* _____ City _____, NE Zip _____
(no rural route)

Legal Description ¼ NW¼ 26 9N 5E SW 84th Parcel 3 32
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-26-100-015-000 JAD *Approx. Address (If to be determined) _____

B. Owner

Name Jason & Jennifer Kaysl Signature _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Mueller Signature _____
Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446
Work Phone 402-430-2946

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

1. Health Department
Site visits _____
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____

Installation Final Written Approval
By _____
Date _____

White - Health Dept.

4/16/18 $405.00 JAD CC 7194

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001642

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/17/2018

Expires: 4/17/2019

Description: S26, T9, R5, 6th Principal Meridian, LOT 32 NW

Owner: KRYSL, JASON & JENNIFER
1621 SW 13 STREET CIR
LINCOLN, NE 68522

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

SCOTT MULLER
1345 N 26TH RD
SYRACUSE, NE 68446

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

SCANNED

A

Permit Number
#500164 2

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* _____ City _____, NE Zip _____
(no rural route)

Legal Description 1 NW 26 9N 5E SW 84th Parcel 3 32
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-26-100-015-000 JAO Approx. Address (If to be determined) _____

B. Owner

Name Jaien & Jennifer Kaysl Signature _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Mueller Signature _____
Address 1345 N 216th Rd City/State/Zip Syracuse, NE 68446
Work Phone 402-430-2946

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 2.12
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 1,800

Approval Process

1. Health Department
Site visits 7/18/18 DS
Tank, Isw, Laterals
Comments _____
Date rec'd 4/17/18
Date frwd 4/17/18
ACTION Approved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____

Installation Final Written Approval
By _____
Date _____

White - Health Dept.

4/16/18 $405.00 JAO CC 7194

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

Exhibit 5

Permit Number: HS001642

Onsite Wastewater Treatment System

Parcel 3 Lot 32

Inspection Sheet

Date 7/20/18 Legal Description ___ ¼ ___ ¼ 26 / 9 / 5 Section/Township/Range

Onsite System Location

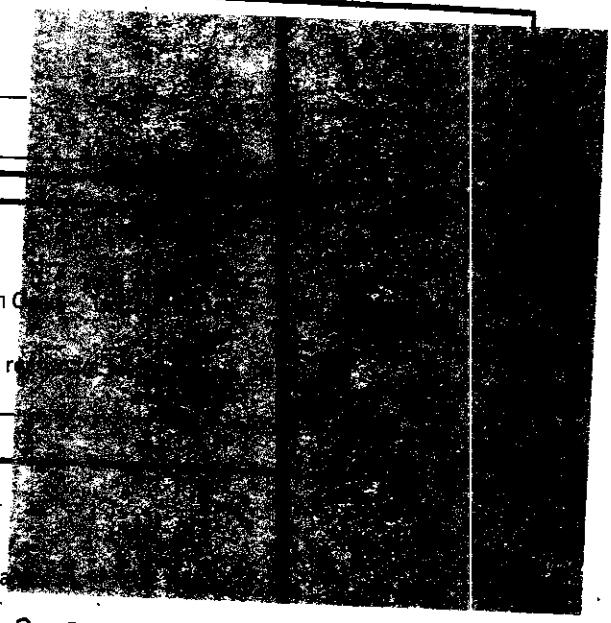
Address (no rural route) 8660 SW 84th

Owner ___ Address ___

Mark One: ☑ Dwelling ☐ Non-dwelling

☑ New System ☐ Alteration ☐ Tank Only ☐ Trench O

☐ Temporary modification (Describe problem causing discharge and r



Drainfield Absorption System:

☑ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ a

Total square feet of drainfield 1,268 Sq. Ft. Tank Size 2000 gals

Total length of laterals 350 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ___

No. of Absorption Laterals 5 Width 3.625 Factor No. of Drop Boxes ___ 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 NA Lateral #3 ___

Lateral #2 ___ Lateral #4 ___

Comments:

Inspections prior to Final Approval
Initial DS. Date 7/18/18

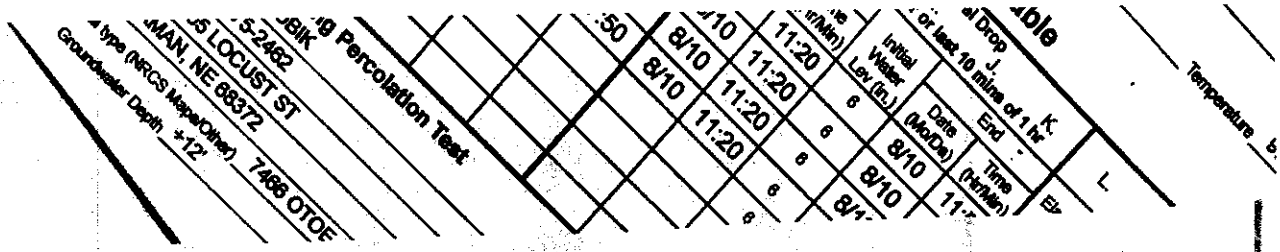
Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By ___

Date 4/11/19

Field Note Drawing (See Reverse Side):



B

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

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

Please Print or Type

Onsite System Location

Address _____ NE Zip _____

Owner _____

Date _____ Temperature 70°

4/1/19 DH

Nate C. Hartman

From: Ken D. Schroeder
Sent: Monday, April 16, 2018 6:16 PM
To: Nate C. Hartman
Cc: Pamela L. Dingman
Subject: sewage disposal systems for PID #03 26 100 015 000 (and) PID #22 14 300 005 000
Attachments: part of sec 14-9-8.pdf; part of sec 26-9-5.pdf

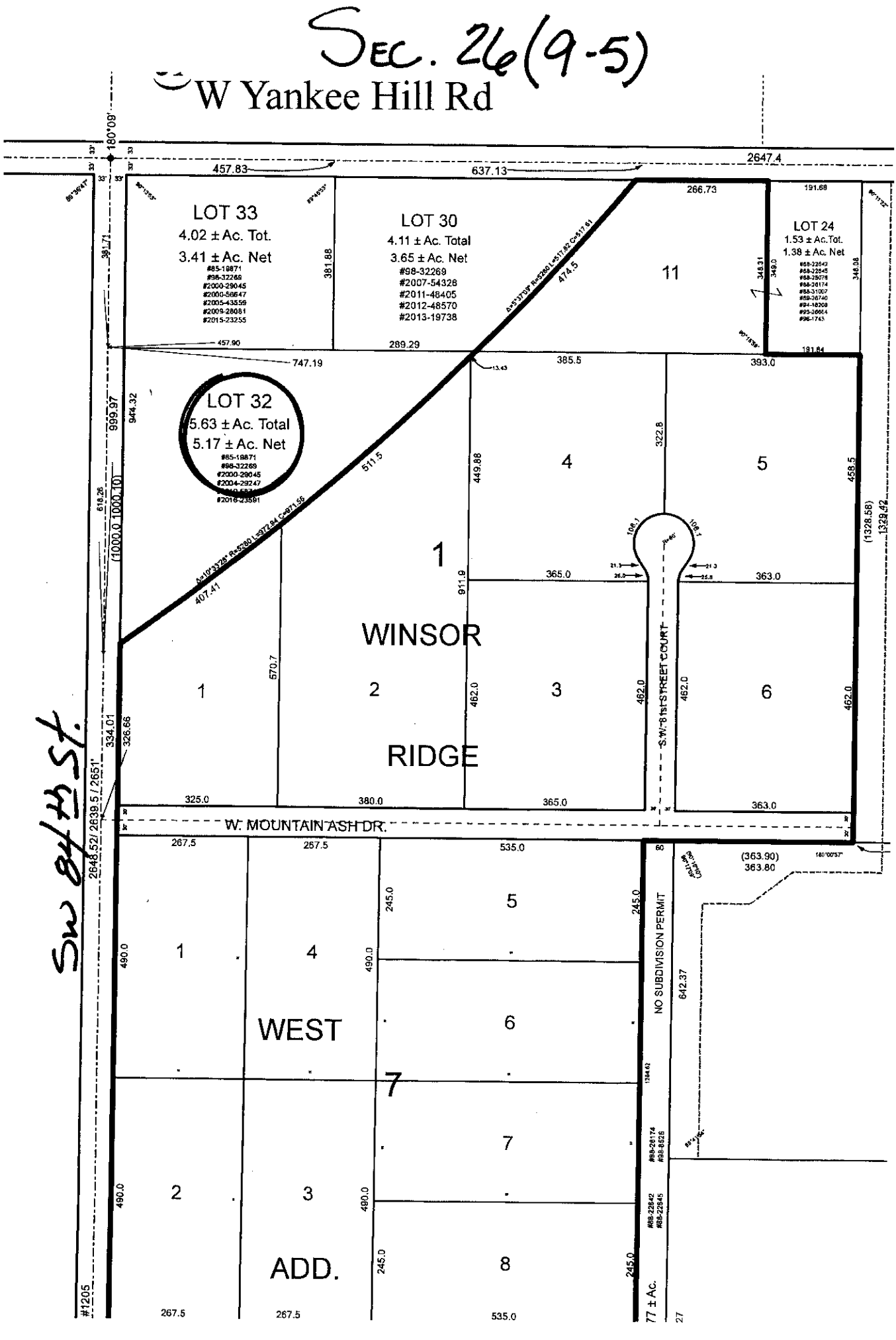
Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for Lot 32 irregular tracts located in the NW ¼ of Section 26, T9N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec.26-9-5)*

(AND)

Lancaster County Engineering Department indicates approval for a sewage disposal system for Lot 51 irregular tracts located in the SW ¼ of Section 14, T9N, R8E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec.14-9-8)*

As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692


SEC. 26 (9-5)
W Yankee Hill Rd
180°09'
2647.4
457.83
637.13
266.73
191.68
LOT 33
4.02 ± Ac. Tot.
3.41 ± Ac. Net
LOT 30
4.11 ± Ac. Total
3.65 ± Ac. Net
LOT 24
1.53 ± Ac.Tot.
1.38 ± Ac. Net
LOT 32
5.63 ± Ac. Total
5.17 ± Ac. Net
381.71
381.88
457.90
289.29
747.19
385.5
393.0
999.97
944.32
511.5
474.5
449.88
322.8
458.5
(1328.58)
1329.42
(1000.0 1000.10)
618.26
407.41
911.9
365.0
363.0
WINSOR
RIDGE
S.W. 81st STREET COURT
570.7
462.0
325.0
380.0
334.01
326.66
W. MOUNTAIN ASH DR.
2648.52/2638.5 / 2651'
Sw 84th St.
267.5
535.0
(363.90)
363.80
245.0
490.0
WEST
ADD.
NO SUBDIVISION PERMIT
642.37
77 ± Ac.
#1205

Nate C. Hartman

From: RJ Hamilton
Sent: Monday, April 16, 2018 2:00 PM
To: Nate C. Hartman
Subject: S26-T9-R5 Lot 32 NW

Nate,

The lot show in the subject line with PID **03-26-100-015-000** is a buildable lot granted with a BZA. The BZA number is 18003 for your information. There is not flood plain on this lot.

Thank you,

RJ Hamilton
Plans Examiner
City of Lincoln
Building and Safety Dept.
402-441-6424

SCANNED

SCANNED

A

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

Permit Number #5001642

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* _____ City _____, NE Zip _____
(no rural route)

Legal Description: SW 1/4 NW 1/4 Section 26 Township 9N Range 5E Subdivison SW 84th Addition Parcel 3 Block 32 Lot

PID 03-26-100-015-000 JAO *Approx. Address (If to be determined) _____

B. Owner

Name Jason & Jennifer Kaysl Signature _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Mueller Signature _____
Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446
Work Phone 402-430-2946

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 5.17
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 7484, 7327, 7211

Approval Process

1. **Health Department**
Site visits 7/18/18 DS
Tank, Trench, Laterals
Comments _____
Date rec'd 4/17/18
Date frwd 4/17/18
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 _____

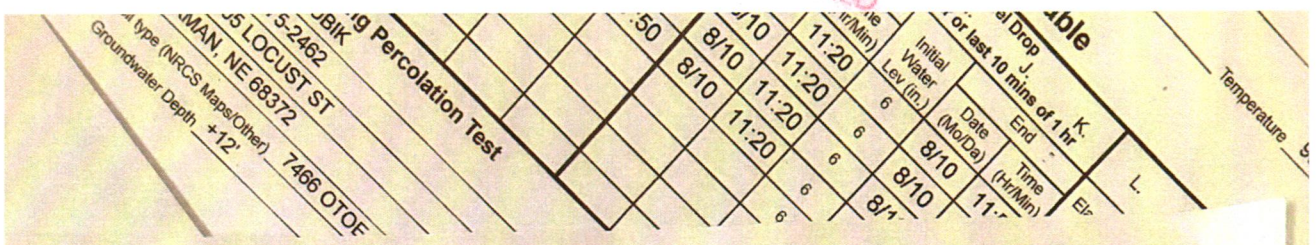
Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 4-16-18 Amount Paid $405
Received By JAO Cash/Check No. cc 7194

White - Health Department Yellow - Engineer Pink - Building & Safety *Form A Updated 4-16

4/16/18 $405cc JAO cc 7194

SCANNED



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 6860 SW 84th (no rural route) City Denton NE, Zip

Owner Jason Kays Address

Date of Tests 5-20 to 5-21 Weather: Precipitation N/A Temperature 70's

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	36	5-2	13:00	5-21	9:00	5-21	9:00	6	5-21	9:30	30	3/4	45
2	"	"	"	"	"	"	"	6	"	"	"	3/4	45
3	"	"	"	"	"	"	"	6	"	"	"	5/8	48
4	"	"	"	"	"	"	"	6	"	"	"	3/4	45
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mueller
Phone: 402-430-2946
Address Syracuse NE

Sum of Percolation Rates: 183
Average of Rates: 45.75
Rate Used for Calculation: 40-50 mpi

Soil type (NRCS Maps/Other)
Groundwater Depth 12+

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

4/1/19 DH

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: H5001642

Onsite Wastewater Treatment System

Inspection Sheet

Parcel 3 Lot 32

Date 7/20/18 Legal Description ¼ ¼ 26/9/5 Section/Township/Range

Onsite System Location

Address (no rural route) 8660 SW 84th 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 1,268 Sq. Ft. Tank Size 2000 gals

Total length of laterals 350 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 5 Width 3.625 Factor No. of Drop Boxes 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 NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS. Date 7/18/18

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By

Date 4/11/19

Field Note Drawing (See Reverse Side):

Updated 4/15