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

MAY 04 2018 **A**

Permit Number
HS001655

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* 6511 S 148th Str. City Walton, NE Zip 68461
(no rural route)

Legal Description 16 9 8 59
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-16-400-019-000 *Approx. Address (If to be determined)

B. Owner

Name Gregory & Cayenne Joyce Signature
Address 8121 Stockwell St City/State/Zip Lincoln, NE 68506
Home Phone 402-540-1687 Work Phone

C. Certified Installer

Name: Don Anderson - AWS well Co Signature
Address PO Box 246 City/State/Zip Mead, NE 68041
Work Phone 402-624-3895

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 60
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

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 5-04-18 Amount Paid $405.00
Received By JAO Cash/Check No. 6309

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

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6555 S 148th (no rural route) City Walton NE, Zip 68461

Owner Richard Schott Addresss same

Soil Type (SCS): 7684 Percolation Rate: 33 min./inch

Date of Tests 4/9/14 to 4/10/14 Weather: Precipitation dry Temperature 50

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	32	4/9	3:30p	4/10	7:40	4/10	11:45	7	4/10	12:15	30	3/4	40
2	32	4/9	3:30	4/10	7:40	4/10	11:45	10 3/4	4/10	12:15	30	1 1/4	24
3	32	4/9	3:30	4/10	7:40	4/10	11:45	11 1/2	4/10	12:15	30	1 3/8	22
4	32	4/9	3:30	4/10	7:40	4/10	11:45	15	4/10	12:15	30	3/4	40
5	32	4/9	3:30	4/10	7:40	4/10	11:45	17 1/8	4/10	12:15	30	7/8	34
6	32	4/9	3:30	4/10	7:40	4/10	11:45	9 3/8	4/10	12:15	30	7/8	34

Person Conducting Percolation Tests

Name: Brad Sawhwick
Phone: 402-430-7000
Address 105 Locust St
Hickman NE 68372

Sum of Percolation Rates: 194
Average of Rates: 33
Rate Used for Calculation: 39

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

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

Exhibit 5

Permit Number: HS001655

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/9/18

Legal Description ____ / ____ 16 / 9 / 8 Lot 59
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6511 S. 148th City Walton

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 1100 T Sq. Ft. Tank Size 2,000 gals

Total length of laterals 320' Type of Distribution: ☑ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 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 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial [illegible] Date by O.S.

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By [signature]

Date 7/9/18

Field Note Drawing (See Reverse Side):

Updated 4/15

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

SCANNED MAY 04 2018 **A**

Permit Number HS0016055

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* 6511 S 148th Str. (no rural route) City Walton, NE Zip 68461

Legal Description ____ 16 9 8 ____ 59
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-16-400-019-000 *Approx. Address (If to be determined) ____

B. Owner

Name Gregory & Cayenne Joyce Signature ____

Address 8121 Stockwell St City/State/Zip Lincoln, NE 68506

Home Phone 402-540-1687 Work Phone ____

C. Certified Installer

Name: Don Anderson - Aws well Co Signature Don Anderson

Address PO Box 246 City/State/Zip Mead, NE 68041

Work Phone 402-624-3895 607-2021

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 60
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day 500

Type of Wastewater ☑ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits date unknown D.J 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 Doug Ims
Date 7/9/18

Business Office Use Only
Date Received 5-04-18 Amount Paid $405.00
Received By JAO Cash/Check No. 6309

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

Form A Updated: 4/15

Nate C. Hartman

From: Audra <audra@awswell.com>
Sent: Wednesday, May 23, 2018 1:44 PM
To: Nate C. Hartman
Subject: Grey Joyce
Attachments: DOC052318-05232018092828.pdf

Nate,

Bryce asked me to forward the attached letter from Greg Joyce explaining the confusion regarding the perc test that was completed at his property by Brad Southwick in April of 2014.

Please contact Bryce with questions 402-443-7161.

Kind Regards,

Audra Wirth
AWS Well Co., Inc.
1597 CO RD 10,
PO BOX 246
Mead, NE 68041
Phone: 402 624 3895
FAX: 402 624 6425
www.awswell.com

-------- Original Message --------
Subject: Fwd: Scan from Cherry Hill Company 05/23/2018 09:28
Date: 2018-05-23 12:58
From: "bryce@awswell.com" <bryce@awswell.com>
To: audra@awswell.com

This will be for Nate the inspector with Lancaster county.

Sent from my iPhone

Begin forwarded message:

> FROM: Greg Joyce <GREG@LEGACYRETIREMENT.COM>
> DATE: May 23, 2018 at 10:29:10 AM CDT
> TO: Bryce Anderson <bryce@awswell.com>
> SUBJECT: FW: SCAN FROM CHERRY HILL COMPANY 05/23/2018 09:28

> Greg C. Joyce
> Legacy Retirement Communities
> 8101 $^{3}O^{2}$ Street : Suite 100
> Lincoln, NE 68510
> 402-489-4927
> www.legacyretirement.com [1]

> Family | Compassion | Integrity | Community | Quality
>
> ------ Forwarded Message
> From: Cherry Hill Company <chcopier@cherryhillcompany.net>
> Date: Wed, 23 May 2018 09:28:35 -0500
> To: Greg Joyce <GREG@LEGACYRETIREMENT.COM>
> Subject: Scan from Cherry Hill Company 05/23/2018 09:28
>
> Scanned from toshiba
> Date:05/23/2018 09:28
> Pages:1
> Resolution:200x200
> DPI
> ----------
> Please see attached file.
> Please do not reply to this e-mail.
>
> ------ End of Forwarded Message

>

Links:
---
[1] http://www.legacyretirement.com
>

Reference: Percolation Test for Greg Joyce

Address: 6511 S 148th Street Lincoln NE

Date: 19 May 2018

Dear Lancaster County,

The purpose of this letter is to confirm the percolation test for the property at 6511 S 148th Street was completed at the above-mentioned address. In the early stages of development there was no physical address for the property when we hired Southwick to perform a percolation test for the septic systems. Southwick wrote down the neighbors address merely as a reference which has added to the confusion on the paperwork. I confirm the percolation test was completed approximately in the location where the house sits today.

Kind Regards,

Greg Joyce

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. HS001655

System Type: Standard

Situs: 6511 S 148TH ST, BENNET, NE 68461

Issued: 8/1/2018

Expires: 8/1/2019

Description: S16, T9, R8, 6th Principal Meridian, LOT 59 SE

Owner: JOYCE, GREGORY C & CAYENNE
8121 STOCKWELL ST
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

AWS WELL CO
PO BOX 246
MEAD, NE 68041