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

A

Permit Number HS001668

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 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 2361 Withstand Rd (no rural route) City Lincoln, NE Zip 68430

Legal Description 13 8 6 29 NE
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

Geographical Location (if known): Lat/Long: PID 08-13-200-003-000

B. Owner

Name Les Meyer Signature —

Address 17801 Prairie Vista Dr City/State/Zip Roca, NE 68430

Home Phone Work Phone

C. Certified Installer

Name: Kurt Virgil Signature

Address 3216 W Branched Oak Rd City/State/Zip Raymond, NE 68428

Work Phone

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 Is there a Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 22.19

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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
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 5-21-18 Amount Paid $405
Received By JAO Cash/Check No. 1428

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

Form A Updated: 5/10

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

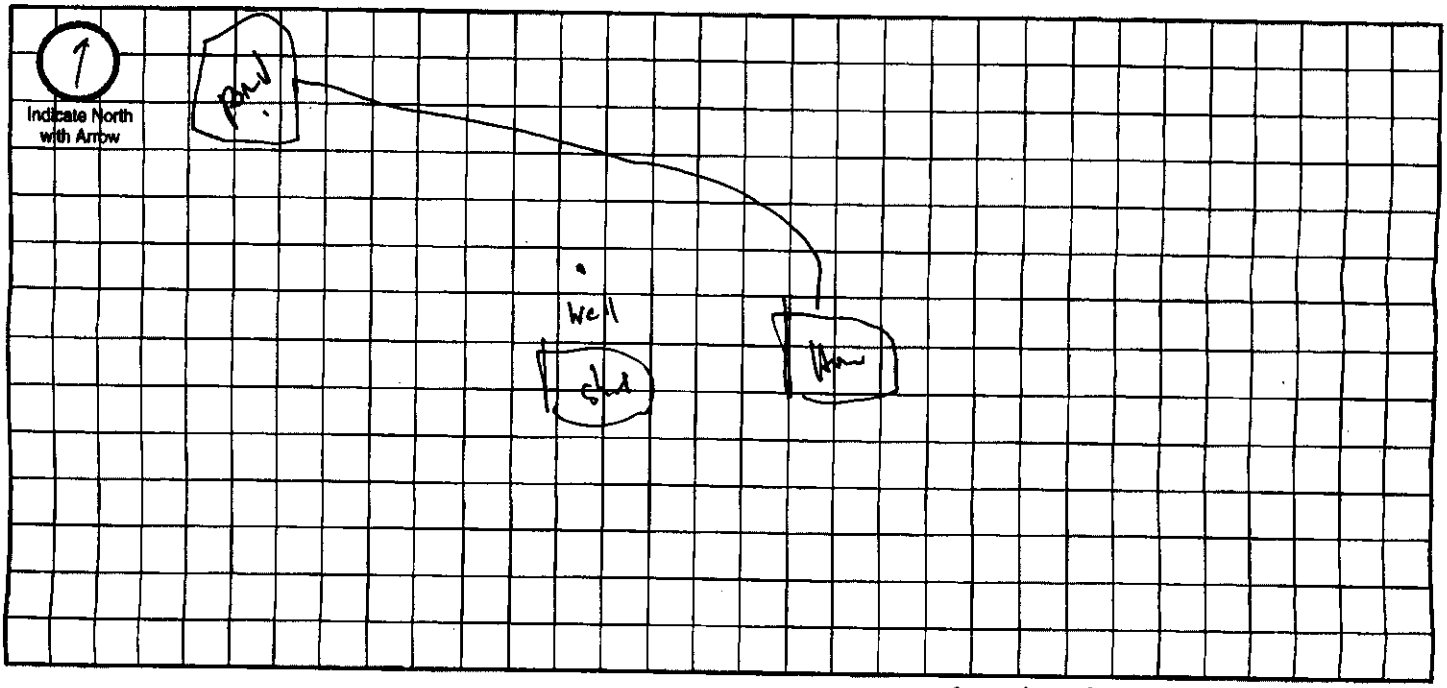
C

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) 2361 W. Hastand Rd City Lincoln NE, Zip 68430

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 (percolation 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_____

Installer_____ Date 5-21-18

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. HS001668

System Type: Lagoon

Situs: 2361 WITTSTRUCK RD, LINCOLN, NE 68430

Issued: 5/23/2018

Expires: 5/23/2019

Description: S13, T8, R6, 6th Principal Meridian, LOT 29 NE

Owner: CAPITOL VIEW WINERY &
VINEYARDS LLC
17801 PRAIRIE VISTA DR
ROCA, NE 68430

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

KURT VIRGIL
3276 W BRANCHED OAK RD
RAYMOND, NE 68428

SCANNED

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

A

Permit Number H5001668

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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1. Health Department
Site visits
Date rec'd 5/23/18
Date frwd 5/23/18
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 8/26/19

Business Office Use Only
Date Received 5-21-18 Amount Paid $405
Received By Cash/Check No. 4429

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

Form A Updated: 5/10

+ Existing Lagoon 25

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

Exhibit 5

Permit Number: HS001668

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/16/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2361 Wittstruck 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 1,350 Sq. Ft. Tank Size 1500 gals

Total length of laterals 300' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E-Z flow

No. of Absorption Laterals 4 Width 4.5 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 ☐

Percolation test results received 8/26/19

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 N/A

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 4/16/19

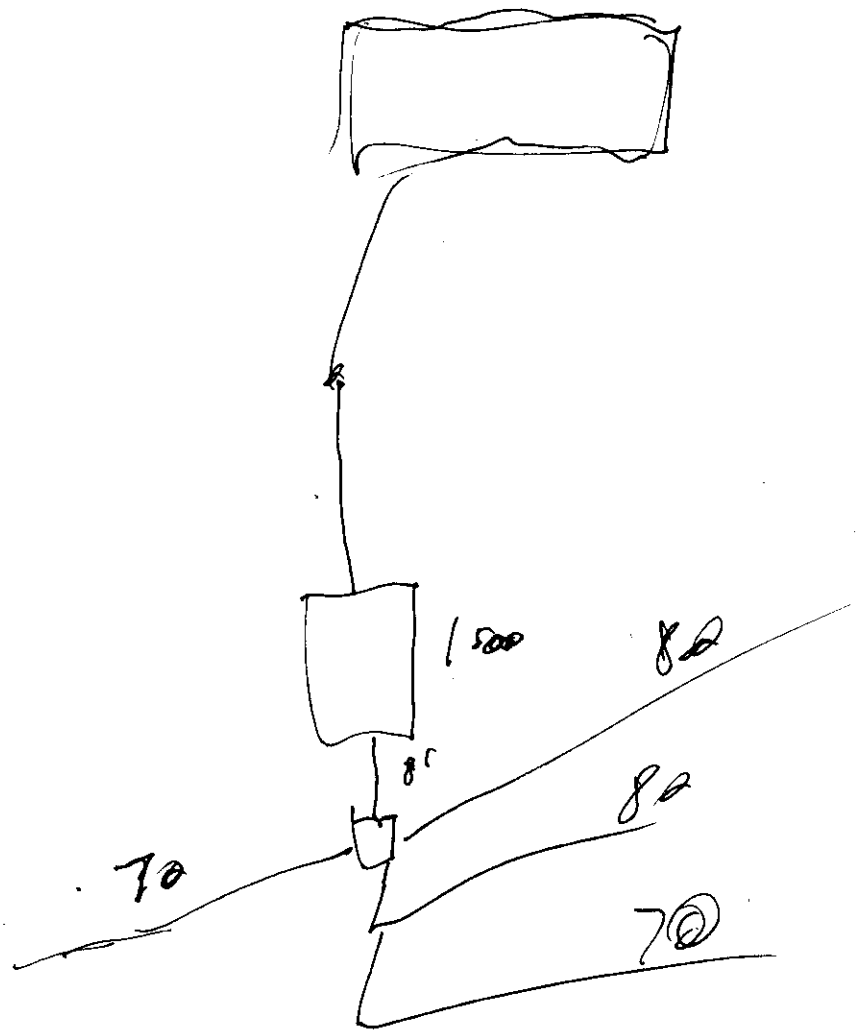
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thiel

Date 8/26/19

Field Note Drawing (See Reverse Side):



No well
Rural Water

300 linear
+4.5

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 2361 Wittstruck Rd (no rural route) City Roca NE, Zip

Owner Les Meyer Address

Date of Tests 4-27-19 to 4-28-19 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		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	4-27	9:00	4-28	13:00	4-28	13:00	6	4-28	13:30	30	3/4	45
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1/2	60
4	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mueller

Phone: 402-430-2946

Address Syracuse, NE 68446

Sum of Percolation Rates: 195

Average of Rates: 48.75

Rate Used for Calculation: 50-60 mpi ~ 40-50

Soil type (NRCS Maps/Other)

Groundwater Depth 12 ft

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date