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

**A**

Permit Number H5001697

# 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 _____
(physical route)

Legal Description SE SE 7N 8E Fishermans Cove 1st 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Parcel ID 20-26-401-005-000 *Approx. Address (If to be determined) _____

**B. Owner**

Name Luke McCleary Signature _____
Address _____ City/State/Zip _____
Phone (Home) _____ Work Phone _____

Name Nicole Mathis Signature _____
Address 4325 NJ 26th St City/State/Zip Syracuse, NE 68446
Phone (Home) 402-450-2446

**C. Engineer** ☐ Check and complete if engineer designed system P.E. License Number: _____
Engineer Name _____ Firm _____ Work Phone _____

**D. This system will serve a**

☒ Residential Dwelling Number of Bedrooms 7 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 8.5
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 visit _____ Date rec'd _____ Date fwd _____
Comments _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Road, Bldg. Insp. or Village Clerk
Comments _____ Date rec'd _____ Date fwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

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

Construction Must Not Begin Until Approved

By _____
Date _____

**Business Office Use Only**
Date Received 6-28-16 Amount Paid $405.00
Received By LC Check/Cash No. CC

White - Health Dept. Yellow - Engineer Pink - Preliminary Review

B

Permit Number:

# Wastewater Treatment System
## Site Evaluation Report

PLEASE PRINT OR TYPE

City PANAMA NE, Zip 68301

Address

Date of Tests 6-8 to 6-8 Weather: Precipitation N/A Temperature 80°

## Percolation Test Data Table

| A. | B. | C. | D. | E. | F. Time Interval | G. Water Level Drop (last 60 mins of 4 hr or last 10 mins of 1 hr) Start Date (Mo/Da) | Start Time (Hr/Min) | H. Initial Water Lev (in.) | I. End Date (Mo/Da) | End Time (Hr/Min) | J. Elapsed Time Interval | K. Water Level Drop (in) | L. M. N. Results Percolation Rates (Min/in = mpi) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 17:30 | 6-8 | 17:30 | 6 | 6-8 | 18:00 | 30 | 1 | 30 |
| | | | | | ↓ | ↓ | ↓ | 6 | ↓ | ↓ | ↓ | 1/2 | 48 |
| | | | | | ↓ | ↓ | ↓ | 6 | ↓ | ↓ | ↓ | 3/4 | 45 |
| | | | | | | | | 6 | ↓ | ↓ | ↓ | 1 | 30 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

Sum of Percolation Rates: 153

Average of Rates: 38.25

Rate Used for Calculation: 30-40 mpi

Percolation Test

[illegible]

[illegible] 7103

[illegible] NE 68046

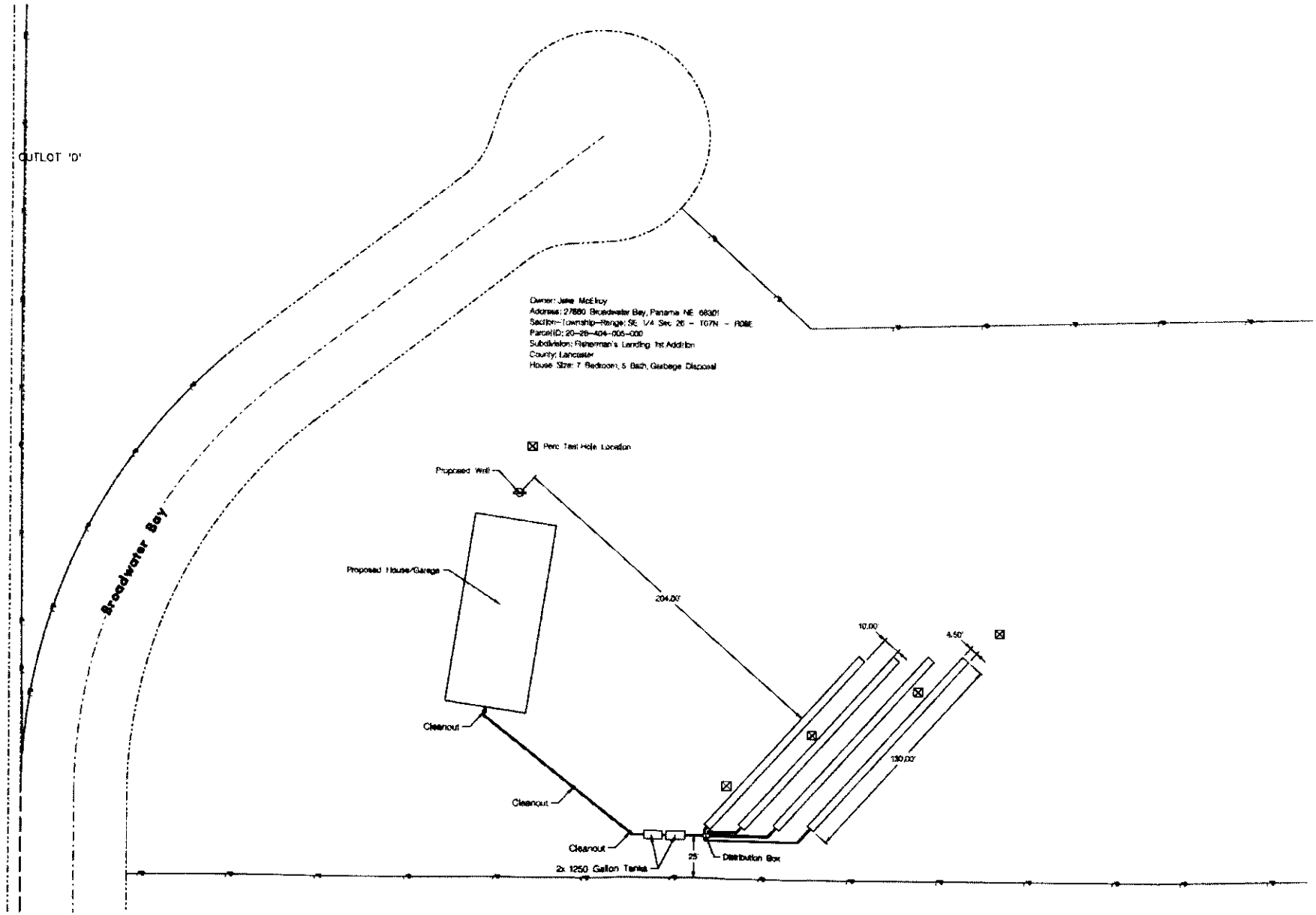
[illegible] SCL

[illegible] 15'

DO NOT WRITE BELOW THIS LINE

[illegible]

[illegible] (type, groundwater, floodplain, etc.)


OUTLOT 'D'
Broadwater Bay
Owner: Jake McElroy
Address: 27880 Broadwater Bay, Panama NE 68361
Section--Township--Range: SE 1/4 Sec 26 - T07N - R08E
Parcel ID: 20-26-404-005-000
Subdivision: Fisherman's Landing 1st Addition
County: Lancaster
House Size: 7 Bedroom, 5 Bath, Garbage Disposal
Perc Test Hole Location
Proposed Well
Proposed House/Garage
204.00'
10.00'
4.50'
130.00'
Cleanout
Cleanout
Cleanout
2x 1250 Gallon Tanks
25'
Distribution Box

**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. HS001697**

**System Type:** Non-Standard

**Situs:** 27660 BROADWATER BAY, PANAMA, NE 68301

Issued: 7/2/2018

Expires: 7/2/2019

**Description:** FISHERMAN'S LANDING 1ST ADDITION, Lot 5

**Owner:** MCELROY, JACOB D
9431 KEYSTONE DR
LINCOLN, NE 68516

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

JAKE MCELROY
9431 KEYSTONE DR
LINCOLN, NE 68516

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

SCANNED

A

Permit Number H5001697

# 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 36 12E 7N 8E Ashburners Landing 1st 5
1/8 1/4 Section Township Range Subdivison Addition Block Lot

GPS 40-46-39.5 -96.5 *Approx. Address (If to be determined) _____

**B. Owner**

Name John McGlaun Signature _____
Address _____ City/State/Zip _____
Owner Phone _____ Work Phone _____

**C. Contractor**

Name Jake Mielke Signature _____
Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446
Contact Phone 402-450-2946

**D. Engineer** ☐ Check and complete if engineer designed system P.E. License Number: _____
Engineer Name _____ Firm _____ Work Phone _____

**E. This system will serve a:**

☒ Residential Dwelling Number of Bedrooms 7 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 8.5
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 Visit _____ Date rec'd 7/2/18
Date fwd 7/2/18
Comments _____
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Board, Bldg. Insp. or Village Clerk
Comments _____ Date rec'd 6-29-18
Date fwd 6-29-18
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____ Date rec'd 6-29-18
Date fwd 6-29-18
ACTION ☒ Approved ☐ Disapproved
Signature _____

Permit Filed with & Approved by _____
Date _____

**Business Office Use Only**
Date Received 6-28-18 Amount Paid $105.00
Received By LC Cash/Check No. CC

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

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

Exhibit 5

Permit Number: HS001697

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 11/8/18 Legal Description Fishermans Landing Lot 5

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 27660 Broadwater Bay 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

2 tanks

Total square feet of drainfield 2,250 Sq. Ft. Tank Size 1,500 + 1,000 gals

Total length of laterals 500' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 4.5 facta 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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval

Initial _____ Date 11/8/18

Follow-Up _____ Date _____

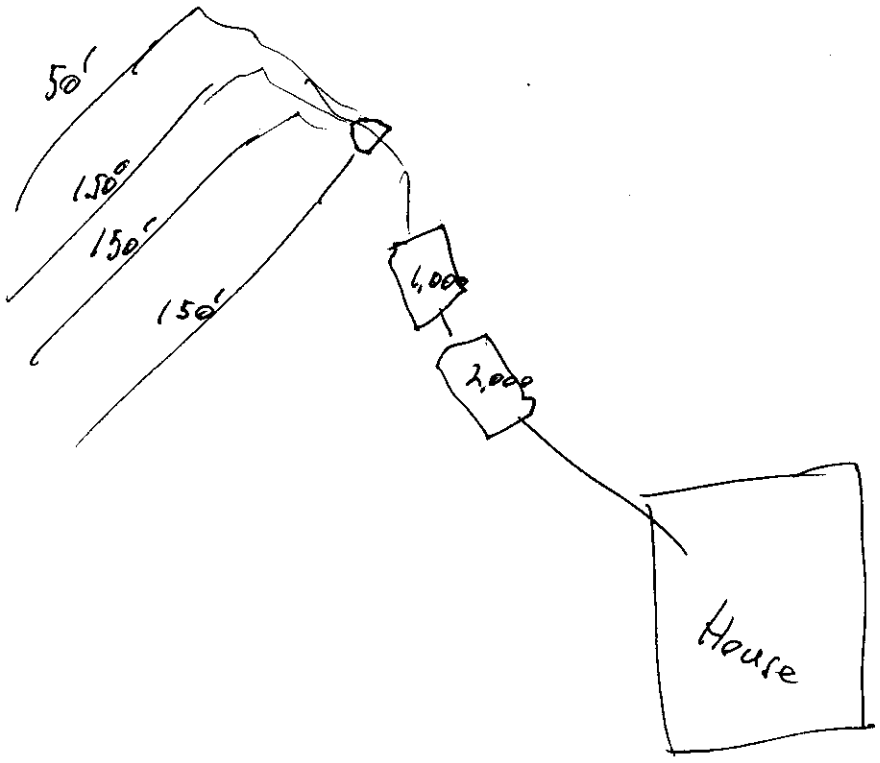
Follow-Up _____ Date _____

Installation Final Written Approval By Dave Thiel

Date 11/8/18

Field Note Drawing (See Reverse Side):

Updated 4/15


50'
150'
150'
150'
4,000
2,000
House