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

A

Permit Number
HS001719

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 11400 SW 119th St City Denton, NE Zip _____
(no rural route)

Legal Description 32 9 5 18
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-32-400-006-000

B. Owner

Name Ted Alesio Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Kelly Wolinski Signature Kelly Wolinski © 1997

Address 3130 S 6th Suite 100 City/State/Zip 68502

Work Phone 402-434-2400

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 _____
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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 6-20-12 Amount Paid $405.00
Received By JAO Cash/Check No. 57085

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

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. HS001719

System Type: Lagoon

Situs: 11400 SW 119TH ST, DENTON, NE 68339

Issued: 8/30/2018

Expires: 8/30/2019

Description: S32, T9, R5, 6th Principal Meridian, LOT 18 SE

Owner: STEAR, PATRICIA A LIVING TRUST
2812 T ST
LINCOLN, NE 68503

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

WELLMAN PLUMBING INC
3130 S 6TH ST STE 100
LINCOLN, NE 68502

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

A

Permit Number HS001719

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 11400 SW 119 (no rural route) City Denton, NE Zip 68339

Legal Description 32 9 5-E
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID

B. Owner

Name Ted Alesio Signature

Address City/State/Zip

Home Phone 402-540-3926 Work Phone

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 Co Rd M Mead Ne City/State/Zip

Work Phone 402-443-6549

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

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department

Site visits Date rec'd Date frwd

Comments

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 Amount Paid

Received By Cash/Check No.

Received Time Dec. 18. 2018 8:21AM No. 0700

Yellow - Engineer Pink - Building & Safety

attn: Nate

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 11400 S W 114 (no rural route) City Denton NE, Zip 68339

Owner Ted Alesio Address

Date of Tests 9/19/18 to 9/20/18 Weather: Precipitation 0 Temperature 65

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	24	9/19	9:00	9/20	11:00	9/20	11:10	6	9/22	1200	20	3/4	40
2	32	"	"	"	"	"	"	6	"	"	"	3/4	40
3	28	"	"	"	"	"	"	6	"	"	"	1	20
4	34	"	"	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Sibbett
Phone: 402-441-6549
Address 1012

Sum of Percolation Rates: 250
Average of Rates: 37.5
Rate Used for Calculation: 37.5

Soil type (NRCS Maps/Other)
Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Site Form B 12_06

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

SCANNED

A

Permit Number
HS001719

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

PID 03-32-400-006-000

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Name Ted Alesio Signature

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Name: Kelly Wolinski Signature Kelly Wolinski C1997

Address 3130 S 6th Suite 100 City/State/Zip 68502

Work Phone 402-434-2400

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 20.1
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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits 12/19/18
Comments
Date rec'd 8/30/18
Date frwd 8/30/18
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8-24-18
Date frwd 8-24-18
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8-24-18
Date frwd 8-24-18
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 1/7/19

Business Office Use Only
Date Received 8-20-18 Amount Paid $405.00
Received By JAO Cash/Check No. 57085

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

Form A Updated: 1/13

SCANNED

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

A

Permit Number HS001719

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Legal Description 32 9 5-E
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID

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Name Ted Alesio Signature

Address City/State/Zip

Home Phone 402-540-3926 Work Phone

C. Certified Installer

Name: Scott Sybert Signature Scott Sybert

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Work Phone 402-443-6549

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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Site visits 12/19/18 Date rec'd Date frwd
Comments
ACTION ☐ Approved ☐ Disapproved
Signature

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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 1/7/19

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

Received Time Dec. 18. 2018 8:21AM No. 0700

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: HS001719

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/20/18 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11400 SW 119th 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 1,125 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 250' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width _____ 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 DC Date 12/19/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mize

Date 12/20/18

Field Note Drawing (See Reverse Side):

Received Time Dec. 19. 2018 7:41AM No. 0708

with Rate

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Septic System

Print or Type

Owner First Name	Initial	Last Name	Owner Phone Number
Ted		Alesio	402-540-3926

Business or Legal Entity Name (if applicable)

Owner Mailing Address	City	State	Zip
5900 Margo Dr.	Lincln	Ne	68510

Physical address of system if different from owner's mailing address			
11400 SW 114	Denton	Ne	68339

Location						OR	Legal description	Geographical coordinates to 4 decimal points	
¼	¼	Section	Township	Range	County			Latitude	Longitude
		32	9	5-E	Lancaster		/		

Mark One ☒ Dwelling ☐ Non-dwelling

Mark One

☒ New system ☐ Modification, reconstruction or alteration of existing system ☐ System inspection only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow 500 gal/day Depth to seasonal high groundwater _____ feet

Septic tank capacity 1500 gallons Percolation rate _____ min/inch

Number of trenches 3 Width of trenches _____ inches

Total trench length 250 feet Total effective trench bottom area _____ sq. ft.

21915 N 98 E

Soil Absorption System Description (Select one of the following):

- ☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
- ☐ Gravelless chambers with filter material (describe filter material _____)
- ☐ Pipe with filter material (describe filter materia _____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
- ☐ Gravelless pipe with filter material (describe filter material _____)
- ☒ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter 12 in.) #3 Easy Flow
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
- ☐ Other (describe) _____

Previous system registration number (if applicable) TS_____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

(Print or Type) First Name	Initial	Last Name	Certificate/License Number
Scott	J	Sybbort	C1996

Scott Sybbort

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist — Date of Inspection or completion of construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

Version 5-2012

1,500

8450 Buck + horn

200' @ 2 flow

2 — 100'

