SCANNED

H50017125

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

AUG 29 2018

acres or more required for: ☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C) with this Appli

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 11751 A Street (no rural route) City Walton NE Zip

Legal Description 1/4 1/4 Section Township Range Subdivision Addition Block 3

PID

B. Owner

Name Robert Rybak Signature

Address City/State/Zip

Home Phone 402-580-0122 Work Phone

C. Certified Installer

Name Scott Mercier Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-436-2946

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 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 fwd ACTION ☐ Approved ☐ Disapproved Signature

Comments

2. Supt. 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

Installation Final Written Approval By Date

Business Office Use Only
Date Received 8- Amount Paid
Received By Cash/Check No

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

8-29-18 # 405.00
LC CC7194

SCANNED

Lori A. Cook

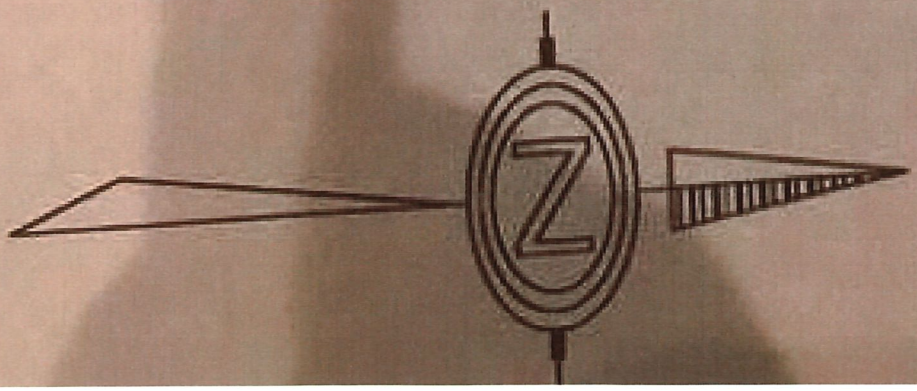
From: Nate C. Hartman
Sent: Wednesday, August 29, 2018 10:12 AM
To: Lori A. Cook
Subject: FW: Rybak's septic application

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

From: Madison Mueller [mailto:madison.mueller2@icloud.com]
Sent: Wednesday, August 29, 2018 10:10 AM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: Rybak's septic application

SCANNED

PLOT PLAN
WALTON NE
BLOCK 3 LOT 1 & 2
11751 A STREET



SCANNED

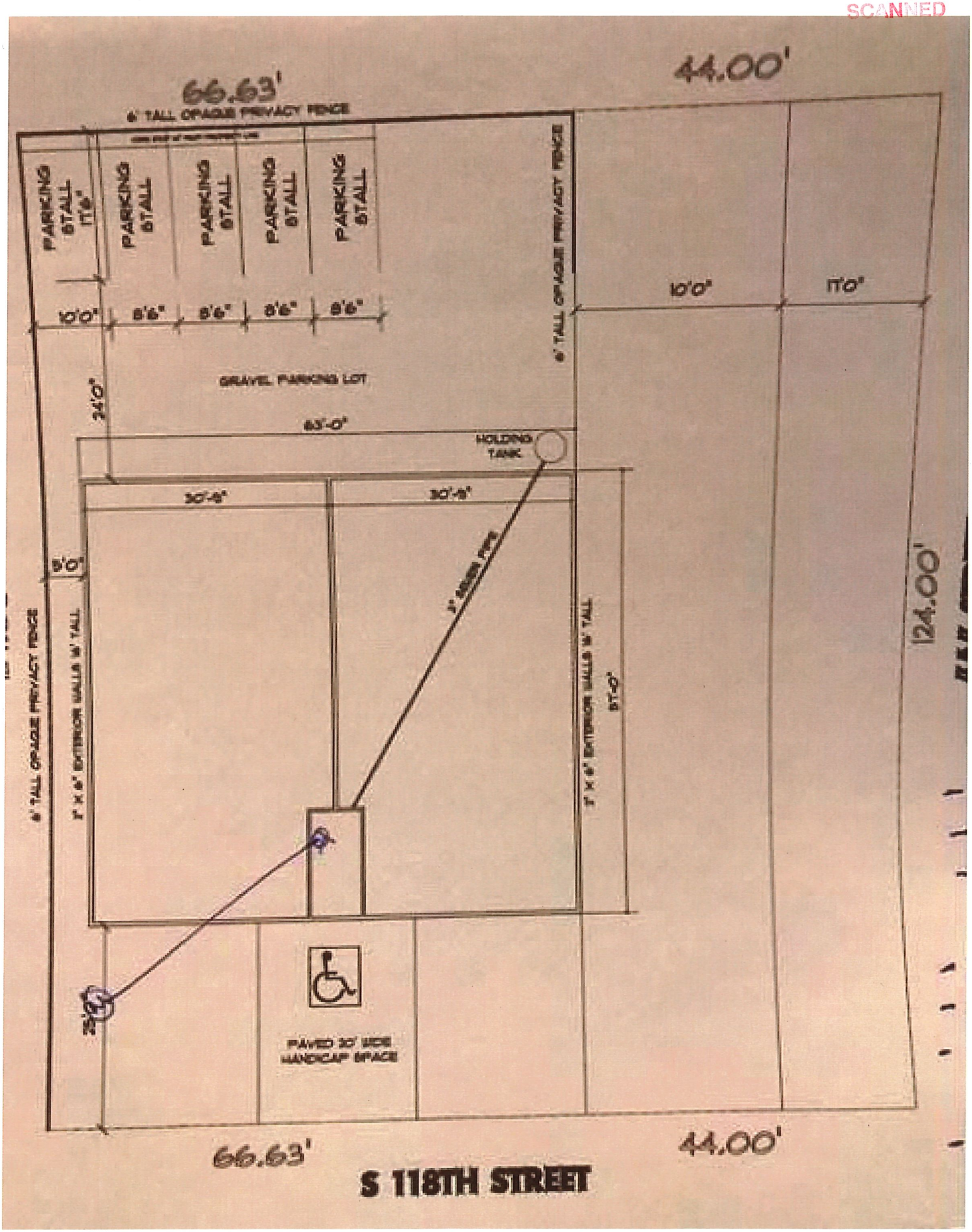
Lori A. Cook

From: Nate C. Hartman
Sent: Wednesday, August 29, 2018 10:12 AM
To: Lori A. Cook
Subject: FW: 55719638763__6FDFDEE3-297C-4828-A859-E26BA7C40EB0.jpeg

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

From: Madison Mueller [mailto:madison.mueller2@icloud.com]
Sent: Wednesday, August 29, 2018 10:09 AM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: 55719638763__6FDFDEE3-297C-4828-A859-E26BA7C40EB0.jpeg

SCANNED


66.63'
6' TALL OPAQUE PRIVACY FENCE
44.00'
PARKING 8'TALL 11'6"
PARKING 8'TALL
PARKING 8'TALL
PARKING 8'TALL
PARKING 8'TALL
10'0"
5'6"
5'6"
5'6"
5'6"
6' TALL OPAQUE PRIVACY FENCE
10'0"
11'0"
GRAVEL PARKING LOT
34'0"
63'-0"
HOLDING TANK
30'-6"
30'-6"
5'0"
3' WIDE RAMP
6' TALL OPAQUE PRIVACY FENCE
3' X 6' EXTERIOR WALLS 18" TALL
3' X 6' EXTERIOR WALLS 18" TALL
57'-0"
124.00'
PAVED 30' WIDE HANDICAP SPACE
66.63'
44.00'
S 118TH STREET

SCANNED

Lori A. Cook

From: Nate C. Hartman
Sent: Wednesday, August 29, 2018 10:12 AM
To: Lori A. Cook
Subject: FW: 55719637767__568D349F-3F9C-4B1D-B24C-42669CDB95B0.jpeg

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

From: Madison Mueller [mailto:madison.mueller2@icloud.com]
Sent: Wednesday, August 29, 2018 10:08 AM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: 55719637767__568D349F-3F9C-4B1D-B24C-42669CDB95B0.jpeg

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. HS001725

System Type: Holding Tank

Situs: 11751 A ST, WALTON, NE 68461

Issued: 8/30/2018

Expires: 8/30/2019

Description: WALTON, BLOCK 3, Lot 1

Owner: OLD CITY BUILDING GROUP LLC
9338 NORTHERN SKY RD
LINCOLN, NE 68505

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 MUELLER
1345 N 26 ST
SYRACUSE, NE 68446

SCANNED

H5001725

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

AUG 29 2018

acres or more required for: ☐ Septic System ☐ Lagoon ☒ Other (Refer to Form C) with this Appli

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

Holding Tank

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 11751 A Street (no rural route) City Walton NE Zip

Legal Description 1/4 1/4 Section Township Range Subdivision Addition Block 3

PID

B. Owner

Name Bobbie Rybnik Signature

Address City/State/Zip

Home Phone 402-580-0122 Work Phone

C. Certified Installer

Name Scott Mueller Signature

Address 1345 W 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-456-2946

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 N/A Whirlpool Bathtub? ☐ Yes ☒ No Total Acres .71

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Toilet & Sink for a storage facility. Design flow in gallons per day 250 gal/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 11/30/18 Date rec'd 8/30/18 Date fwd 8/30/18 ACTION ☒ Approved ☐ Disapproved Signature

Comments

2. Supt. 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

Installation Final Written Approval By Date 12/14/19

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

Business Office Use Only
Date Received 8- Amount Paid
Received By Cash/Check No.

8-29-18 #405.00
LC CC7194

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

Exhibit 5

Permit Number: H5001725

Onsite Wastewater Treatment System

Inspection Sheet

Date 1/14/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11751 A City _____

Owner _____ Address _____

Mark One: ☐ Dwelling ☒ Non-dwelling Holding tank

☐ 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 _____ Sq. Ft. Tank Size 2,000 gals Holding tank only

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

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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 DS Date 11/30/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ames

Date 1/14/19

Field Note Drawing (See Reverse Side):

SCANNED

Lori A. Cook

From: Nate C. Hartman
Sent: Wednesday, August 29, 2018 10:12 AM
To: Lori A. Cook
Subject: FW: 55719638763__6FDFDEE3-297C-4828-A859-E26BA7C40EB0.jpeg

Nate Hartman REHS, QCIS, QPSWPPP
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Subject: 55719638763__6FDFDEE3-297C-4828-A859-E26BA7C40EB0.jpeg

FILE NO. 2059

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

JULY 3, 1984
THIS LICENSE OR PERMIT EXPIRES

LEE D. GARTNER — 4740 "A" STREET — LINCOLN, NE 68510
LICENSEE OR PERMITTEE — ADDRESS

T10N; R8E; Sec. 31; Block 3; Lot 1; Addition: Walton, NE. 118 Street & "A"
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NONTRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
66110	7-4	60.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH
APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

-11751 A -

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60

FILE NO. 2059

DATE: 12-30-83

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range 8E ; Section 31 ;
Block 3 : Lot 1 : Addition WALTON Nebraska
Street Address 118 STREET & A

2. Property Use: Residential ☐ ; Commercial ☒ Other Use ☐
No. of Bedrooms _____. Describe WALTON GARAGE

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: 3 miles ft. HOLDING SYSTEM ONLY

Lee D Garton
Signature of Applicant (Owner or Lessee)

4740 "A" LINCOLN NEBR 68510
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/30/83. Date Frwd. 1/3/83. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 1/3/83. Date Frwd. 1/3/83. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N. Stewart

3. City or County Engineer: Date Rec'd. 1-3-84. Date Frwd. 1-3-84. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Burling

REMARKS OR REASONS FOR DISAPPROVAL EXISTING BUSINESS, HOLDING TANK ONLY, INADEQUATE AREA AND DISTANCE FOR LATERAL SYSTEM.

Site Visits:
Date: 3/2/84 by: L.C.H.
Date: 3/2/84 by: L.C.H.
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2059

WALTON GARAGE - NOT Applicable

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

OWNER:_____

Address:_____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

_____
Signature of Person Conducting Test

Address_____ Phone_____

(Do not write below this line)

REVIEWING ACTION

Remarks:_____

Soil Type (SCS):_____

Date:_____

Approved Percolation Rate (a)
A._____min./inch
B._____min./inch
C._____min./inch

_____
Signature of Reviewing Official

11751 A

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

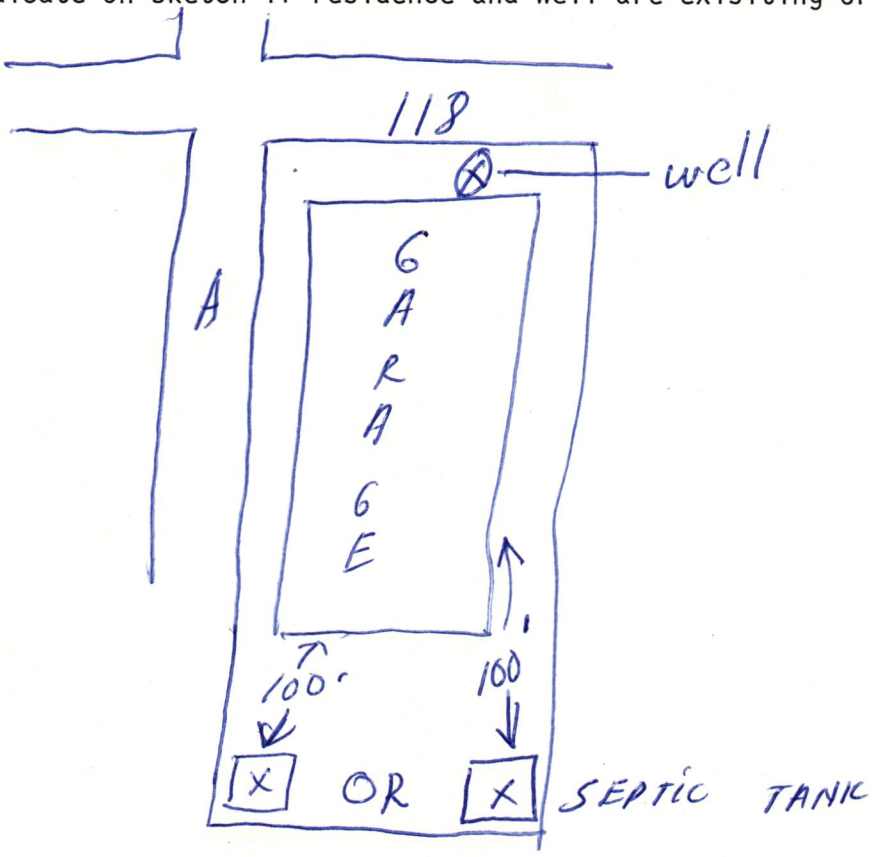
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2059

Indicate on sketch if residence and well are exisiting or proposed.



1500 pre cast reinforced concrete tank

REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 12/30/83

FILE NO. 2059

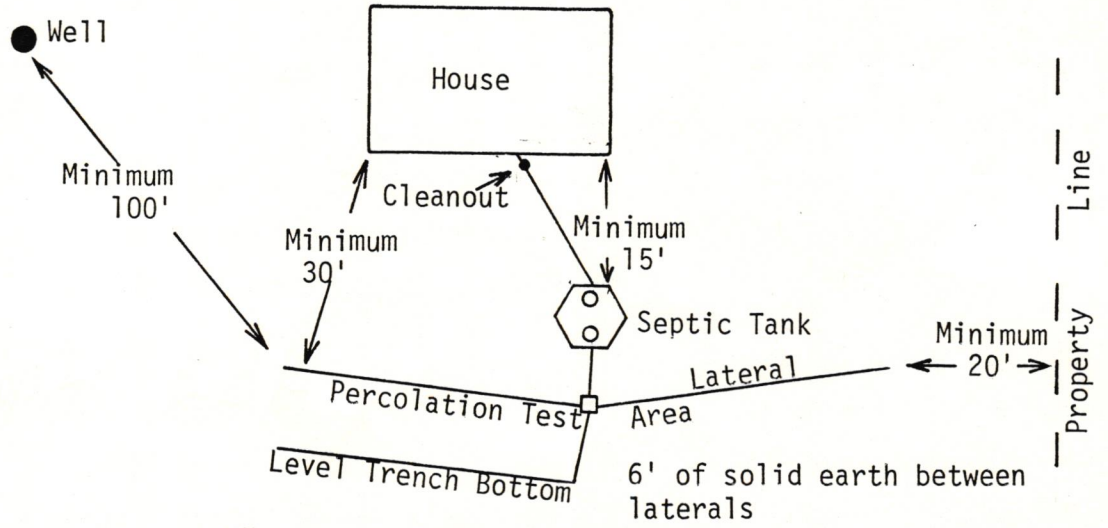
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line ~~100~~ 75 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 25 ft.

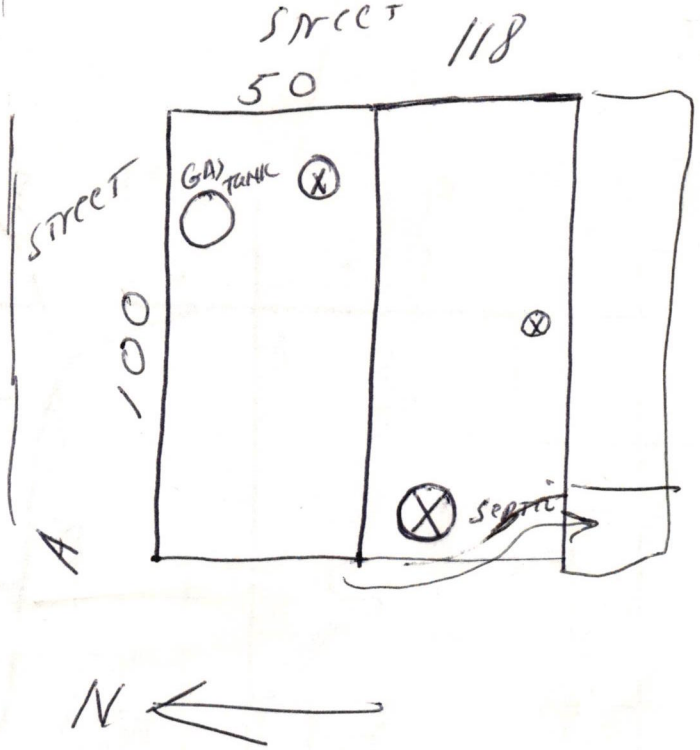
B. SEPTIC TANK:
1. Material Reinforced Concrete; No. of compartments ____.
2. Capacity 1500 GALLONS gals.;
3. Factory Built: Yes ☒ No ☐ (Company PRE CAST CONCRETE)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ in. Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 12" in.
8. Distances to: Well or Suction Line 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX: N/A
1. Material ____; Number - available outlets ____.
2. Factory Built: Yes ☐ No ☐ (Company ____)
3. Distance from Septic Tank ____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form) NA
1. Type: Half Rounds ☐ Perforated Pipe ☐ Diameter of Half Round ____ or Perforated Pipe ____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other ____.
2. Lateral Lines: Number ____; Length of each line ____, ____, ____, ____, ____ ft.; Total length of laterals ____ ft.; Distance between lateral lines ____ ft.
3. Trench dimensions: Width ____ ft.; Slope ____ in/100 ft.; Average Depth ____ in.
4. Filter Material: ____ Depth of Material ____ in.
5. Distances to: Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


STREET
118
50
STREET
GAS TANK
100
A
Septic
N

WATER WELL DATA SHEET

REC'D JAN 4 1984

LOCATION: Walton Neb.

OWNER: DR. Lee Gartner WELL # 72-83

DRILLER: Bill Moser DATE: 12-12-83

STATIC WATER LEVEL: 40 GAL.PER.MIN. 30

DEPTH- 89'

SCREEN- 10' 25 slot W.O.P. Johnson wrapped



0-20 sandy clay	
20-40 sand (fine)	
40-50 clay	
50-89 yellow turning to white sandstone	
89-90 red shale	
90-95 blue shale	
Packed with grade B gravel	

T.____N., R._____, Sec.____