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

SCANNED

A

Permit Number HS001729
HS001464

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* 17550 Autumn Blaze Dr (no rural route) City Bennet, NE Zip 68317

Legal Description 11 8 NEMAHA RIDGE ADDITION 1 2

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

PID 21-11-201-002 - 000 *Approx. Address (If to be determined)

B. Owner

Name MARTY CARR Signature

Address P.O. BOX 6231 City/State/Zip LINCOLN, NE 68506

Home Phone Work Phone

C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

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 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5.36
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 visits
Comments
Date rec'd 6/13/17
Date frwd 6/13/17
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 Approval
By
Date

NOTE
PERMIT EXPIRED

8-30-18 $405
$345

Business Office Use Only
Date Received 5-31-17 Amount Paid
Received By SB Cash/Check No. 2922

5/1/18 contacted JP 6/14/18

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

CC 0089

Form A Updated: 4/15

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

SCANNED

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Name: JASON KUBIK Signature Jason Kubik

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Date frwd
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Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments OK
Date rec'd 6-7-2017
Date frwd 6-7-2017
ACTION ☒ Approved ☐ Disapproved
Signature Pat Rule

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 5-31-17 Amount Paid $345
Received By SK Cash/Check No. 2922

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

Form A Updated: 4/15

Nate C. Hartman

From: Village of Bennet <bennetvlg@diodecom.net>
Sent: Monday, June 12, 2017 5:10 PM
To: Nate C. Hartman
Subject: bennet
Attachments: Scan.pdf

So you did not get this before?

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. HS001729

System Type: Lagoon

Situs: 17550 AUTUMN BLAZE DR, BENNET, NE 68317

Issued: 9/5/2018

Expires: 9/5/2019

Description: NEMAHA RIDGE ADDITION, BLOCK 1, Lot 2

Owner: CARR, MARTY L & KIMBERLY D
PO BOX 6231
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

MARTY CARR
PO BOX 6231
LINCOLN, NE 68506

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

A

Permit Number H500 1129

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* 17550 AUTUM BLAZE DR (no rural route) City BENNET, NE Zip 68317

Legal Description ____ NEMAHA RIDGE ADDITION 1 2

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

PID ~~22-11-201-002~~ 21-11-201-002-000 *Approx. Address (If to be determined) ____

B. Owner

Name MARTY CARR Signature ____

Address P.O. BOX 6231 City/State/Zip LINCOLN, NE 68506

Home Phone ____ Work Phone ____

C. Certified Installer

Name: JASON KUBIK Signature ____

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number: ____

Designer Name ____ Firm ____ Work Phone ____

E. This system will serve a

O.S – Verified in conversation w/ Jason Kubik

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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

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Comments ____
Date rec'd 9/5/18
Date frwd 9/5/18
ACTION ☒ Approved ☐ Disapproved
Signature ____

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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 6/24/19

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

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: HS 001729

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/20/19 Legal Description Nemaha Ridge Blk 1 Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 17530 Autumn Blaze 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 1,400 1,440 installed Sq. Ft. Tank Size 1,500 gals

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

No. of Absorption Laterals 5 Width _____ No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Level

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 DS Date 5/17/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thiele

Date 6/24/19

Field Note Drawing (See Reverse Side):

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

D

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon **(Skip to Back Page)** ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 21-11-201-002

Owner: MARTY CARR Address 17550 AUTUMN BLAZE RD

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 60 ft.

B. Septic Tank

1. Material PLASTIC - INFILTRATOR 1530
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well NA ft.
   Pressure line 50 ft
   Property Line +50 ft.
   Foundation 60 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 20 ft. N

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☑ Perforated Pipe ☑ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ FLOW 1203
2. Number of Laterals: 5
3. Length of each lataral (linear): ft. 80 ft. 80 ft. 70 ft. 50
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☑ No

If Yes, the Certified Professional must sign below for final approval:

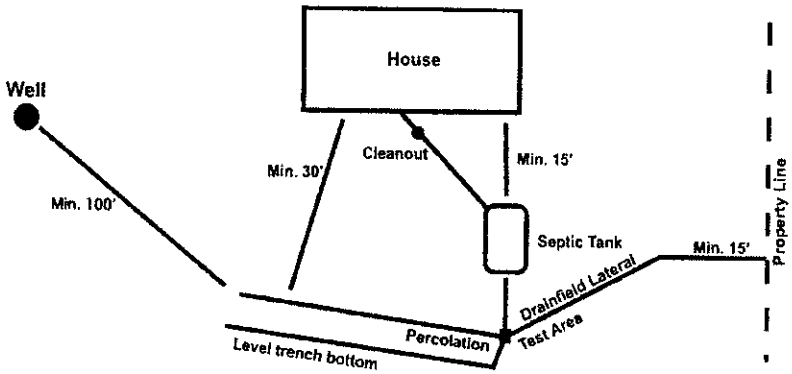
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 5/17/19

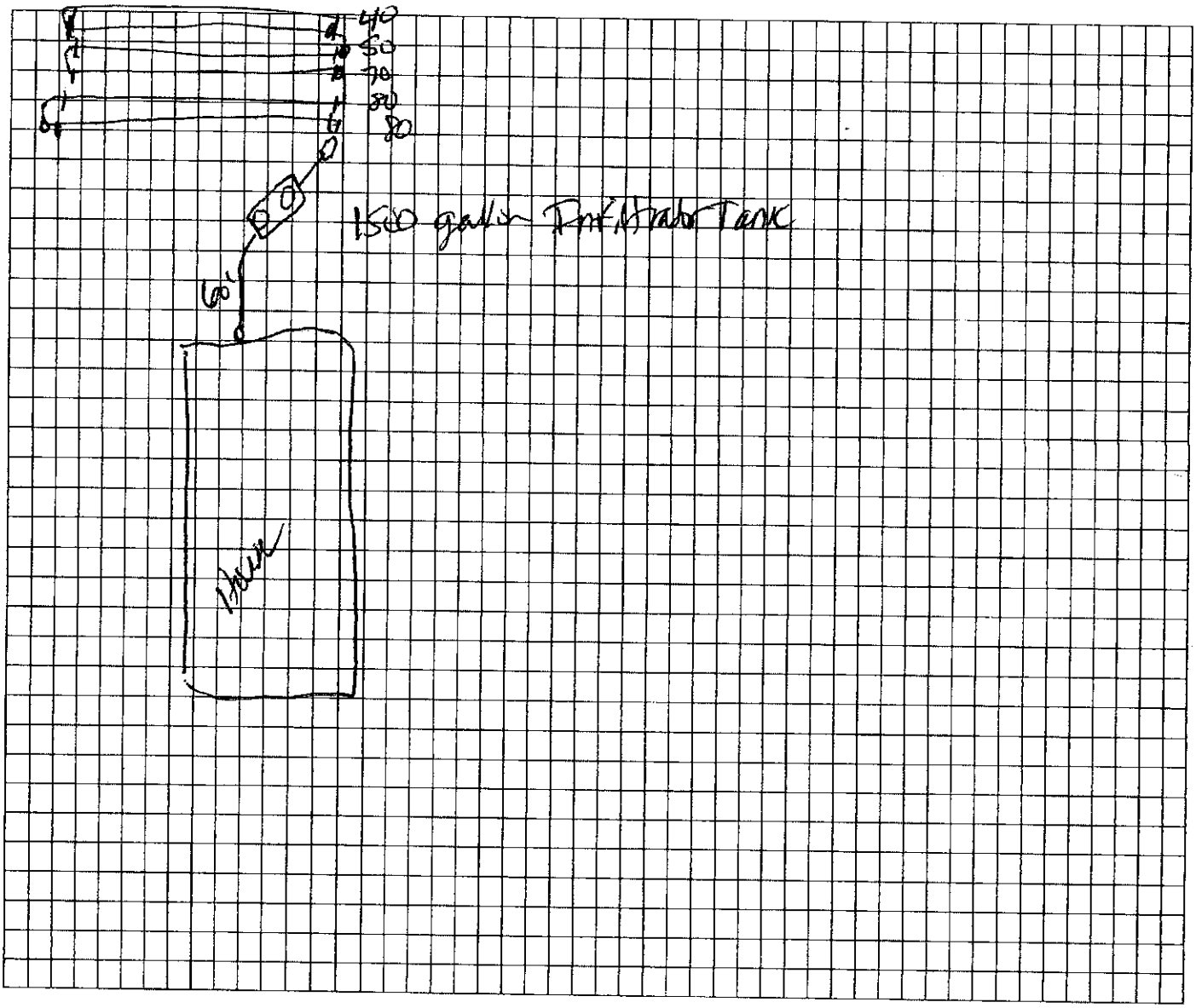
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 17550 AUTUMN BLAZE RD (no rural route) City BENNET NE, Zip 68317

Owner MARTY CARR Address P.O. BOX 6231 LINCOLN NE 68506

Date of Tests 10/29/17 to 10/30/17 Weather: Precipitation 0 Temperature 60

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	30	10/29	5:00	10/30	8:00	10/30	11:30	6	10/30	12:00	30	1/2	60
2	30	10/29	5:00	10/30	8:00	10/30	11:30	6	10/30	12:00	30	5/8	48
3	30	10/29	5:00	10/30	8:00	10/30	11:30	6	10/30	12:00	30	5/8	48
4	30	10/29	5:00	10/30	8:00	10/30	11:30	6	10/30	12:00	30	1/2	60
5	30	10/29	5:00	10/30	8:00	10/30	11:30	6	10/30	12:00	30	5/8	48
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN, NE 68372

Sum of Percolation Rates: 264
Average of Rates: 52.8
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7501 Pawnee, 7616 Steinauer
Groundwater Depth +12 FT

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

CONDUCTING A PERCOLATION TEST

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Natural Ground Level

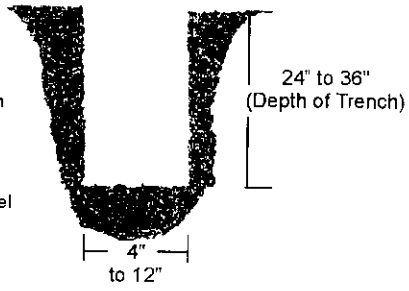
I. Number, Size and Location of Test Holes

A. Dig six or more holes spaced evenly over proposed drainfield.

B. Scratch smeared areas on the bottom 12" of hole.

C. Remove loose material from hole.

D. Add 2" layer of clean gravel in hole. Gravel (1/4"-3/4") may be placed in a nylon mesh bag so it can be used again.



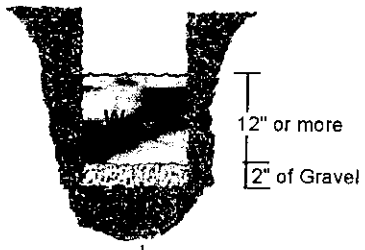
II. Saturation/Swelling of Soil

A. Fill hole with at least 12" of clear water.

B. **MAINTAIN THIS WATER LEVEL FOR 4 HOURS.**

C. Record on Form B, Columns A to F

D. **Must wait 24 hours before beginning Step III.**



24 Hours Later

III. Water Level Drop Measurement (Refer to instructions 4a, b or c)

A. Adjust water level to 6".

B. Measure from fixed reference point (nail) to water, or use a percometer.

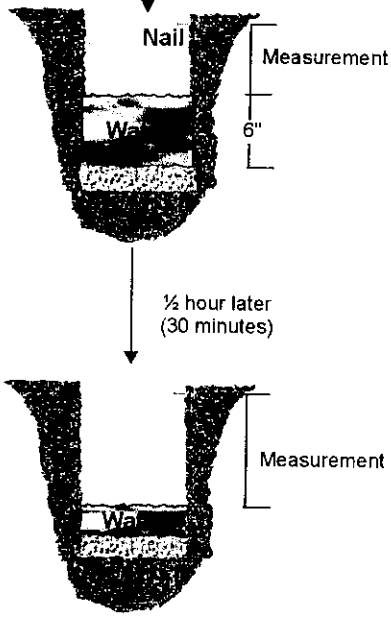
C. Record measurement and time on scratch paper.

D. 30 min. later re-measure and record time.

E. After each measurement, refill to 6" above gravel.

F. Continue for 4 hours taking readings evey 30 min. (Refer to 4b for exception)

G. Last 30 min. reading is used in filing out Form B. Record in Column G through M.



IV. The Department will calculate Percolation Rates.

Instructions

1. Percolation test holes. Percolation tests should be made in 6 or more separate holes spaced uniformly over proposed drainfield. Dig or bore holes 4 to 12" in diameter to the depth of the bottom of drainfield trench. (If sides of hole collapse, a slotted PVC plastic pipe and gravel pack may be needed to support the sides of the hole.) Do not dig holes in soil that is above the plastic limit or where frost is within 12" from the bottom of hole.

2. Preparation of test hole. Scratch any smeared areas on the bottom 12" of hole with nails driven into a 1x2" board to provide a natural soil interface for water to percolate. Remove all loose soil from bottom of hole. Add 2" of clean gravel to protect the bottom from scouring when water is put into hole.

3. Saturation and swelling of the soil. Fill holes with clear water to a depth fo 12" or more above gravel and maintain this water level at least 4 hours (add water as necessary). Do not remove water from holes. Holes should be covered with boards during the 20 hrs. wait before the test begins. Soils with slow permeability or containing greater than 30% clay will require several days saturation for thorough swelling in a dry season. The accuracy of the percolation test depends on thorough saturation and swelling of soil. Sandy soil containing no clay does not swell. The percolation test may proceed immediately if the 12" of water seeps away in 10 min. or less after filling holes twice. Proceed to Step 4c.

4. Measure percolation rate. Measurements must be made 24 hrs after starting saturation/swelling procedure described above. Record results on the front of this form and the Department will complete the calculations.

   a. If water remains in hole after the saturation/ swelling period, adjust depth to 6" above gravel. From a fixed point, measure the drop in water level over a 30 min. period to nearest 1/8". This drop is used to calculate percolation rate.

   b. If no water remains in hole after the saturation/ swelling period, add 6" of clear water above gravel. From a fixed point, measure the drop in water level to nearest 1/8" at 30 min. intervals for 4 hrs. Refill to the 6" level above gravel after each measurement. The drop that occurs during the last 30 min. of the 4 hrs. is used to calculate the percolation rate (when 3 consecutive percolation rates vary by no more than 10%, the test can stop before the end of 4 hr. period).

   c. In sandy soils, or other soils in which t he first 6" of water seeps away in less than 30 min., allow 10 min. between measurements and run the test for 1 hr. The drop that occurs during the last 10 min. of 1 hour is used to calculate the percolation rate. If 6" of water seeps away in less than 10 min., use a stopwatch.

5. Record test results on the front of this form. The average of the percolation rates calculated for all holes in 30 (10) min. will usually be the rate used to size the drainfield. Exceptions are the use of the slowest percolation rate when rates vary more than 20 mpi between holes or when other soil evaluation indicates a problem.

LLCHD reserves the right to witness or perform percolation tests and to required additional soil or groundwater information.

Doug R. Smith

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Sunday, June 23, 2019 9:13 PM
To: Doug R. Smith
Subject: 17550 Autumn Blaze
Attachments: 17550 AUTUMNN BLAZE D SHEET.pdf; 17550 Autumn Blaze Dr Perc.pdf

Doug

Attached should be the as built and perc

Thanks

Jason and Jaime Kubik

Southwick Liquid Waste
Office: 402-475-2462
www.southwickliquidwaste.com

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Friday, August 31, 2018 6:36 AM
To: Nate C. Hartman
Subject: 17550 Autum Blaze Drive A SHEET
Attachments: 17550 Autum Blaze Drive A SHEET.pdf

Nate,

I believe the owner Marty Carr or his builder Gary Johnson called this payment in yesterday late afternoon. They had pulled a permit before but it expired in June 2018. Here is their new A SHEET.

Thanks!
Jaime

Jason and Jaime Kubik

Southwick Liquid Waste
Office: 402-475-2462
www.southwickliquidwaste.com

SCANNED

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

A

Permit Number
H500 1129

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D. Engineer

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

E. This system will serve a

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O.S – Verified in conversation w/ Jason Kubik

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Comments
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Date frwd 9/5/18
ACTION ☒ Approved ☐ Disapproved
Signature

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Installation Final Written Approval
By
Date 6/24/19

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

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

Form A Updated: 4/15

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

SCANNED
SCANNED

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HS001464

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By NOTE
Date PERMIT EXPIRED

Business Office Use Only
Date Received 5-31-17 Amount Paid $345
Received By SB Cash/Check No. 2922
9-30-19 $405

5/1/18 contacted 2nd time 6/14/18

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

CC 0089

Form A Updated: 4/15

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

SCANNED SCANNED A

Permit Number HSC01464

Onsite Wastewater Treatment System Permit Application

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☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

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Legal Description 11 8 NEMAHA RIDGE ADDITION 1 2

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

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Home Phone Work Phone

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Name: JASON KUBIK Signature Jason Kubik

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Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments OK
Date rec'd 6-7-2017
Date frwd 6-7-2017
ACTION ☒ Approved ☐ Disapproved
Signature Pat Rula

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 5-31-17 Amount Paid $395
Received By SB Cash/Check No. 2922

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

Form A Updated: 4/15

SCANNED

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 17550 AUTUMN BLAZE RD (no rural route) City BENNET NE, Zip 68317

Owner MARTY CARR Address P.O. BOX 6231 LINCOLN NE 68506

Date of Tests 10/29/17 to 10/30/17 Weather: Precipitation 0 Temperature 60

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	30	10/29	5:00	10/30	8:00	10/30	11:30	6	10/30	12:00	30	1/2	60
2	30	10/29	5:00	10/30	8:00	10/30	11:30	6	10/30	12:00	30	5/8	48
3	30	10/29	5:00	10/30	8:00	10/30	11:30	6	10/30	12:00	30	5/8	48
4	30	10/29	5:00	10/30	8:00	10/30	11:30	6	10/30	12:00	30	1/2	60
5	30	10/29	5:00	10/30	8:00	10/30	11:30	6	10/30	12:00	30	5/8	48
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN, NE 68372

Sum of Percolation Rates: 264
Average of Rates: 52.8
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7501 Pawnee, 7616 Steinauer
Groundwater Depth +12 FT

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

SCANNED

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

D

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon **(Skip to Back Page)** ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 21-11-201-002

Owner: MARTY CARR Address 17550 AUTUMN BLAZE RD

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 60 ft.

B. Septic Tank

1. Material PLASTIC - INFILTRATOR 1530
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well NA ft.
   Pressure line 50 ft
   Property Line +50 ft.
   Foundation 60 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 20 ft. N

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☑ Perforated Pipe ☑ Chamberless ☑ Other
   Material brand and inside width of Chamberless:
   EZ FLOW 1203
2. Number of Laterals: 5
3. Length of each lataral (linear): ft. 80 ft. 80 ft. 70 ft. 50
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☑ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jason Kuth Date: 5/17/19

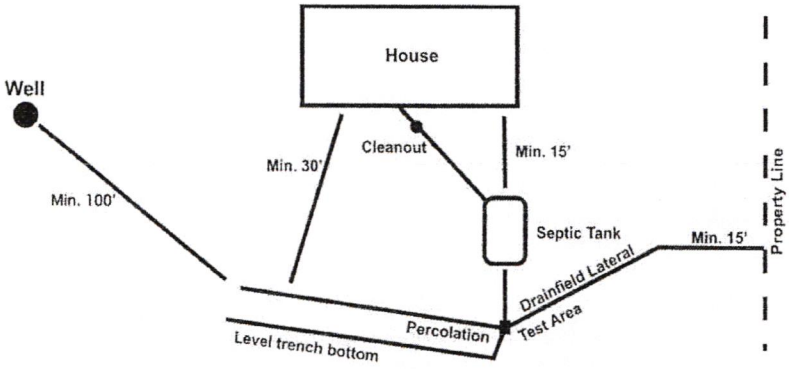
Complete As-Built drawing on the back of this form.

SCANNED

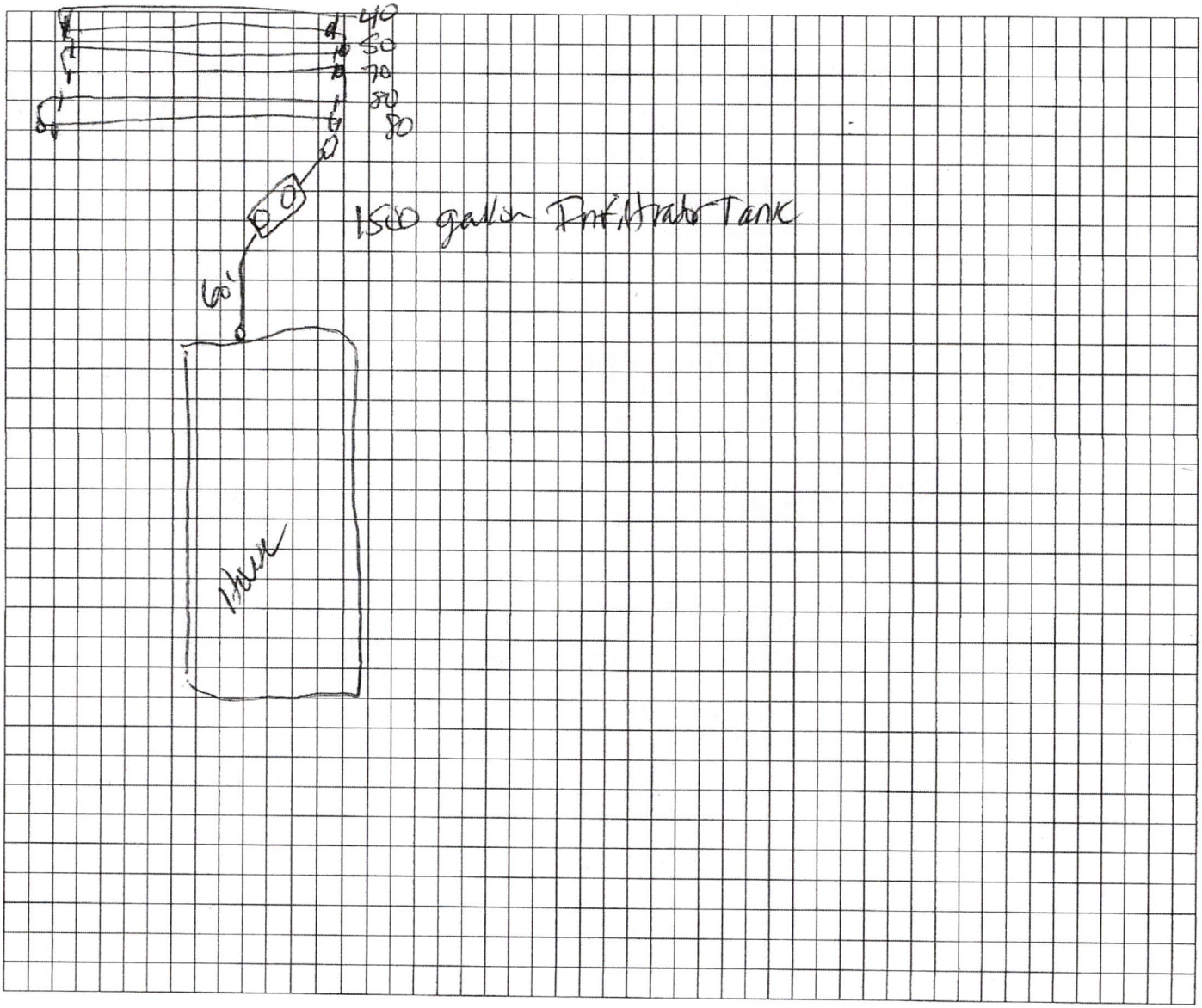
Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions



SCANNED

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

Exhibit 5

Permit Number: HS 001729

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/20/19 Legal Description Nemaha Ridge Blk 1 Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 17550 Autumn Blaze 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 1,400 Sq. Ft. 1,440 installed Tank Size 1,500 gals

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

No. of Absorption Laterals 5 Width _____ No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Level

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 DS Date 5/17/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thuss

Date 6/24/19

Field Note Drawing (See Reverse Side):

1,500 tank

