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

SEP 20 2018

A

Permit Number HS001737

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* 4300 W 176th St (no rural route) City Waverly, NE Zip 68521

Legal Description S12 T10 R8 Erskine 1

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

PID 23-12-101-001-000 *Approx. Address (If to be determined)

B. Owner

Name Kevin Erskine Signature

Address PO Box 22529 City/State/Zip Lincoln, NE 68542

Home Phone 402-416-6236 Work Phone

C. Certified Installer

Name: Marcus Hachtel Signature

Address PO Box 142 City/State/Zip Eagle, NE 68347

Work Phone 402-730-7749

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 4.74

Garbage Grinder? ☐ Yes ☐ No

☑ Commercial Establishment/Other Facility Specify Shop Design flow in gallons per day 100

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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 9-21-18 Amount Paid $405.00

Received By SKW Cash/Check No. 163

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

Form A Updated: 4/15

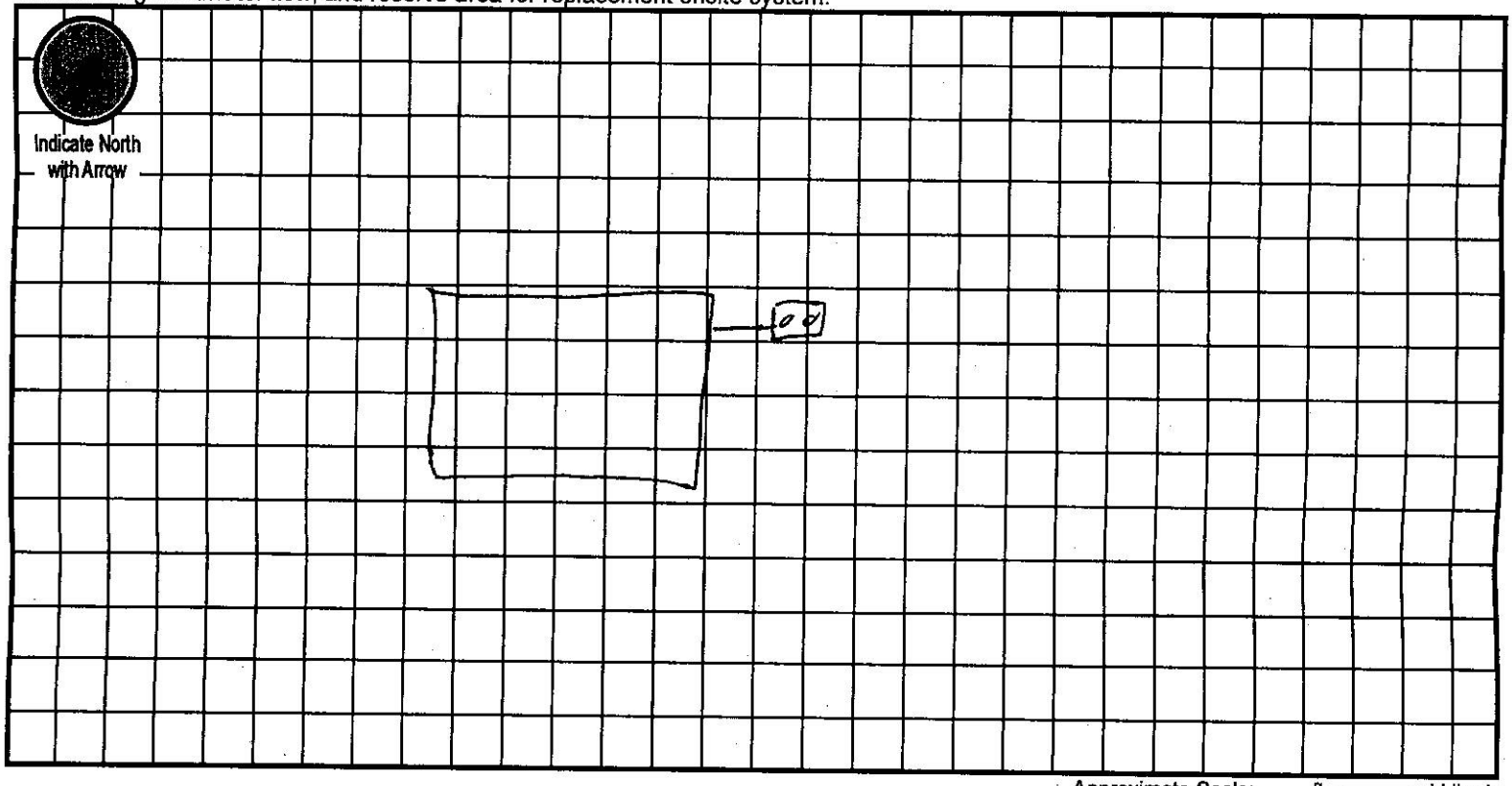
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale:____ft. = ____grid line/s

A. Onsite System Location

Address (no rural route) 4300 W 176th St. City Waverly NE, Zip 68507

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/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 ☐ Chambers ☐ Other _____

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

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Marcus Hochstein Date: 9-18-18

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. HS001737

System Type: Holding Tank

Situs: 4300 N 176TH ST, WAVERLY, NE 68527

Issued: 9/24/2018

Expires: 9/24/2019

Description: ERSKINE ADDITION, Lot 1

Owner: KLE ENTERPRISES LLC
PO BOX 22529
LINCOLN, NE 68542

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

MARCUS HOCHSTEIN
PO BOX 142
EAGLE, NE 68347

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

SEP 20 2018

SCANNED

A

Permit Number
HS001737

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Garbage Grinder? ☐ Yes ☐ No

☑ Commercial Establishment/Other Facility Specify Shop Design flow in gallons per day 100

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 10/24/18
Comments Holding Tank
Date rec'd 9/21/18
Date frwd 9/21/18
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 Doug Imel
Date 10/25/18

Business Office Use Only
Date Received 09-21-18 Amount Paid $405.00
Received By Cash/Check No. 163

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

Exhibit 5

Permit Number: NS001737

Onsite Wastewater Treatment System

Inspection Sheet

Enclose Add.

Date 10/25/18 Legal Description ¼ ¼ 12/10/8 Lot 1

Onsite System Location

Address (no rural route) 4300 N 176th 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: Holding Tank for an out-building

☐ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☒ Holding Tank ☐ Trench

Total square feet of drainfield Sq. Ft. Tank Size 1,000 gals

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 ☐	2 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank

Lateral #1 N/A Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 10/24/18

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thiele

Date 10/25/18

Field Note Drawing (See Reverse Side):

Updated 4/15

NOV 0 2 2018