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

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

A

Permit Number HS001783

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

, 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 6450 Buckboard (no rural route) City Denton NE Zip 68339

Legal Description 3 9 5-E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID

B. Owner

Name Jerry Powell Signature

Address 7700 S 40 City/State/Zip

Home Phone 402-890-0854 Work Phone

C. Certified Installer

Name: Scott Sabbar Signature Scott Sabbar

Address 1212 Co Rd M City/State/Zip Mead Ne 68041

Work Phone 402-443-1549

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 12-19-18 Amount Paid $420.00
Received By JMO Cash/Check No. CC 21495

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

Form A Updated: 1/11

Dec 19 18 07:29a 1-402-624-2011 p.2

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

B

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 8450 Buckboard (no rural route) City Denton NE, Zip 68339

Owner Jerry Powell Address 7300 S 40 Lincoln Ne 68516

Date of Tests 12/17/18 to 12/18/18 Weather: Precipitation 0 Temperature 45

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		Initial	End		Elapsed	Water	
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Time Interval	Level Drop (in)	Percolation Rates (Min/in = mpi)
1	24	12/17	10:00	12/18	10:30	12/18	11:00	6	12/18	11:30	:30	2	15
2	30	"	"	"	"	"	"	6	"	"	"	2	15
3	26	"	"	"	"	"	"	6	"	"	"	2	15
4	32	"	"	"	"	"	"	6	"	"	"	1½	20
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Sybert

Phone: 402-432-6544

Address 1012 Cherry Mead Ne 68041

Soil type (NRCS Maps/Other) Silt Loam

Groundwater Depth over 10 ft

Sum of Percolation Rates: 65

Average of Rates: 16.25

Rate Used for Calculation: 16.25

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

Onsite Form B 12_06

Nebraska DEQ

Print or Type

System Registration For Onsite Wastewater Treatment System - Septic System

Jerry | Initial: | Powell | 402-890-0854

Owner First Name | Initial | Last Name | Owner Phone Number

Business or Legal Entity Name (if applicable)

7300 S 40 | Lincoln | NE | 68516

Owner Mailing Address | City | State | Zip

8450 Buckboard Lane | Denton | NE | 68339

Physical address of system if different from owner's mailing address

Location | *Legal description* | OR | *Geographical coordinates to 4 decimal points*

__ ¼ __ ¼ | 3 Section | 9 Township | 5-E Range | Lancaster County | / | Latitude | Longitude

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 10 feet

Septic tank capacity 1500 gallons | Percolation rate 16.5 min/inch

Number of trenches 2 | Width of trenches 52 inches

Total trench length 200 feet | Total effective trench bottom area 900 sq. ft.

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 material _____)
- ☐ 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.)
- ☐ 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.

Scott | J | Sabbatt | C1996

(Print or Type) First Name | Initial | Last Name | Certificate/License Number

Scott Sabbatt

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

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. HS001783

System Type: Standard

Situs: No Site Address Specified

Issued: 12/26/2018

Expires: 12/26/2019

Description: S3, T9, R5, 6th Principal Meridian, LOT 29 NE

Owner: POWELL, JERRY DEAN &
KILLION-POWELL, PATRICIA L
7300 S 40 ST
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

SCOTT SUBBERT
1012 CO RD M
MEAD, NE 68041

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

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

SCANNED

A

Permit Number HS001783

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

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

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Address 6450 Buckboard (no rural route) City Denton, NE Zip 68339

Legal Description ____ 3 9 5-E ____

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

PID ____

B. Owner

Name Jerry Powell Signature ____

Address 7700 S 40 City/State/Zip ____

Home Phone 402-890-0854 Work Phone ____

C. Certified Installer

Name: Scott Sabbar Signature Scott Sabbar

Address 1212 Co Rd M City/State/Zip Mead Ne 68041

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 12/19/18 Date rec'd 12/26/18 Date frwd 12/26/18

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 Doug Thrasher

Date 01/08/19

Business Office Use Only

Date Received 12-19-18 Amount Paid $420.00

Received By JAO Cash/Check No. CC 81965

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

Form A Updated: 1/17

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

Exhibit 5

Permit Number: HS001783

Onsite Wastewater Treatment System

Inspection Sheet

Date 01/03/19 Legal Description ¼ ¼ 3 / 9 / 5 Section/Township/Range

Onsite System Location

Address (no rural route) 8450 Burke Board 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 900 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 200' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 2 Width 4.5 feet 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 N/A

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DG Date 12/19/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Burke

Date 01/02/19

Field Note Drawing (See Reverse Side):