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

**A**

Permit Number
HS001790

# 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 6500 Prairie Rim Rd (no rural route) City Lincoln, NE Zip 68526

Legal Description SW S 13 T 9 R 7 Hidden Valley Acres 5 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 16-13-405-004-000

## B. Owner

Name Sally Hearsty Signature

Address City/State/Zip

Home Phone Work Phone

## C. Certified Installer

Name: Kelly Wolfwd. Signature Kelly Wolfwd

Address 3130 S 6th Suite 100 City/State/Zip Lincoln NE 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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.5 ±
Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

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
Comments
Date rec'd
Date frwd
**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 01-10-14 Amount Paid $420.00
Received By JAO Cash/Check No. 57498

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

Form A Updated: 1/13

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

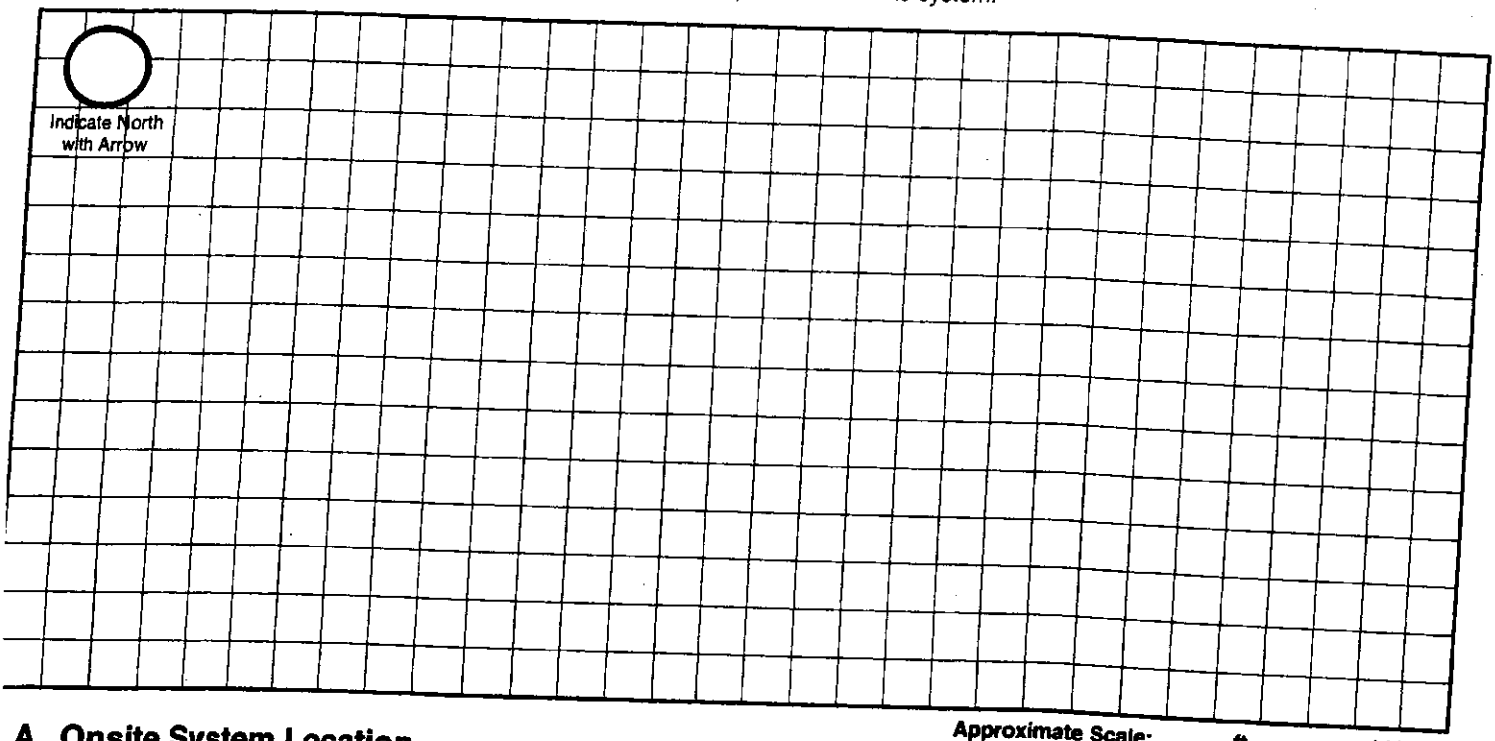
**C**

Permit Number:

# Onsite Wastewater Treatment System

## Preliminary Plan Specifications

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




Approximate Scale: _____ft. = _____ grid line/s

## A. Onsite System Location

Address (no rural route) 6500 Prairie Rin Rd City Lincoln NE, Zip 68526

## B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

## C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

## D. Drainfield Absorption System

Percolation Rate 50 (min/inch = mpi) No. of Bedrooms 5 Soil Type_____ Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1750 sq.ft.

Total length of laterals 400' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches 4 Width 3' No. of drop boxes_____ Distrubtion Box 1

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

## E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☐ | 500 ☐ | 50 ☐ | NA ☐ | 25 ☐ | 20 ☐ | 15 ☐ | 25 ☐ | ☐ |
| Field (ft) | 100 ☐ | 500 ☐ | 50 ☐ | 4 ☐ | 30 ☐ | 20 ☐ | 30 ☐ | 40 ☐ | ☐ |
| agoon (ft) | 100 ☐ | 500 ☐ | 50 ☐ | N/A ☐ | 30 ☐ | 50 ☐ | 100 ☐ | 200 ☐ | ☐ |

## . Required Signatures

ome Building Contractor_____ Date_____

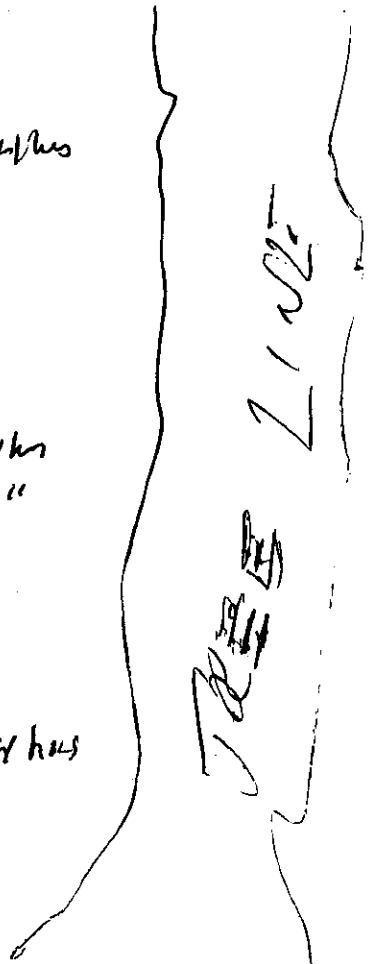
staller_____ Date_____

N

7 • 6.5
8 7.5
9 8.5 3.5" 4 hrs
10 9
11 10

• 6.5
7.5
8.25 " 4 hrs
9.25 4.25"
10.75

• 6
6.75
8 4" 4 hrs
9.25
10



120


FLOWSERVE® Pump Division

Hastings, NE 800-437-8671
Fresno, CA 800-437-8672
Lakeland, FL 800-437-8673
Plainview, TX 800-417-8676


6500 Plains Rim Rd

TITLE 124 – NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

## Attachment C
Soil Absorption Test Data Report

**Owner Information:**

Owner Name Sally Heasty Phone (___)___-___

Address 6500 Prairie Run Rd City Lincoln State NE Zip 68527

**Location:** (Attach a sketch of the property showing test hole locations.)

___ ¼ Sec. of the ___ ¼ Sec., Section___, Township___N, Range___,

Lot #___, Subdivision___, County___

**Soil Type:** (Check one.)

Sand___ Silt___ Clay X Sandy Clay___ Loamy Sand___

Silty Clay___ Silty Clay Loam___ Sandy Loam___ Silt Loam___

**Dates of Test:**

Start Date 7-13 to End Date 7-14, 2018

**Weather Conditions:**

Precipitation 0 Avg. Temp. 80 °F

**Percolation Test Measurements and Data**

| a | b | c | d | e | f | g | h | i | j | k | l | m | n |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-saturation Period | | | | Percolation Readings (last period) | | | | | Results | | |
| | | Start | | End | | Start | | | End | | | | |
| Hole No. | Hole Depth (in.) | Date (Mo./ Day) | Time (Hr./ Min) | Date (Mo./ Day) | Time (Hr./ Min) | Date (Mo./ Day) | Time (Hr./ Min) | Water Level (inch) | Time (Hr./ Min) | Water Level (inch) | Elapsed Time (minutes) | Drop in Water Level (inches) | Percolation Rate (l ÷ m) (Minutes per inch) |
| 1 | 40" | 7-13 | 7 AM | | | 7-14 | 10 AM | 31" | 11 AM | 30" | 60 | 1 | 60 |
| 2 | 40" | 7-13 | 7 AM | | | 7-14 | 10 AM | 30.75 | 11 AM | 29.25 | 60 | 1.5 | 40 |
| 3 | 40" | 7-13 | 7 AM | | | 7-14 | 10 AM | 30.75 | 11 AM | 30" | 60 | .75 | 75 |

Tests must be performed by a certified on-site professional, a professional engineer or a registered environmental health specialist.

(Signature of certified on-site professional, professional engineer, or R.E.H.S.)

Certificate or License # C1997

Address 3130 S 6th St 100

City Lincoln St. NE Zip 68502

Phone (402 434-2400

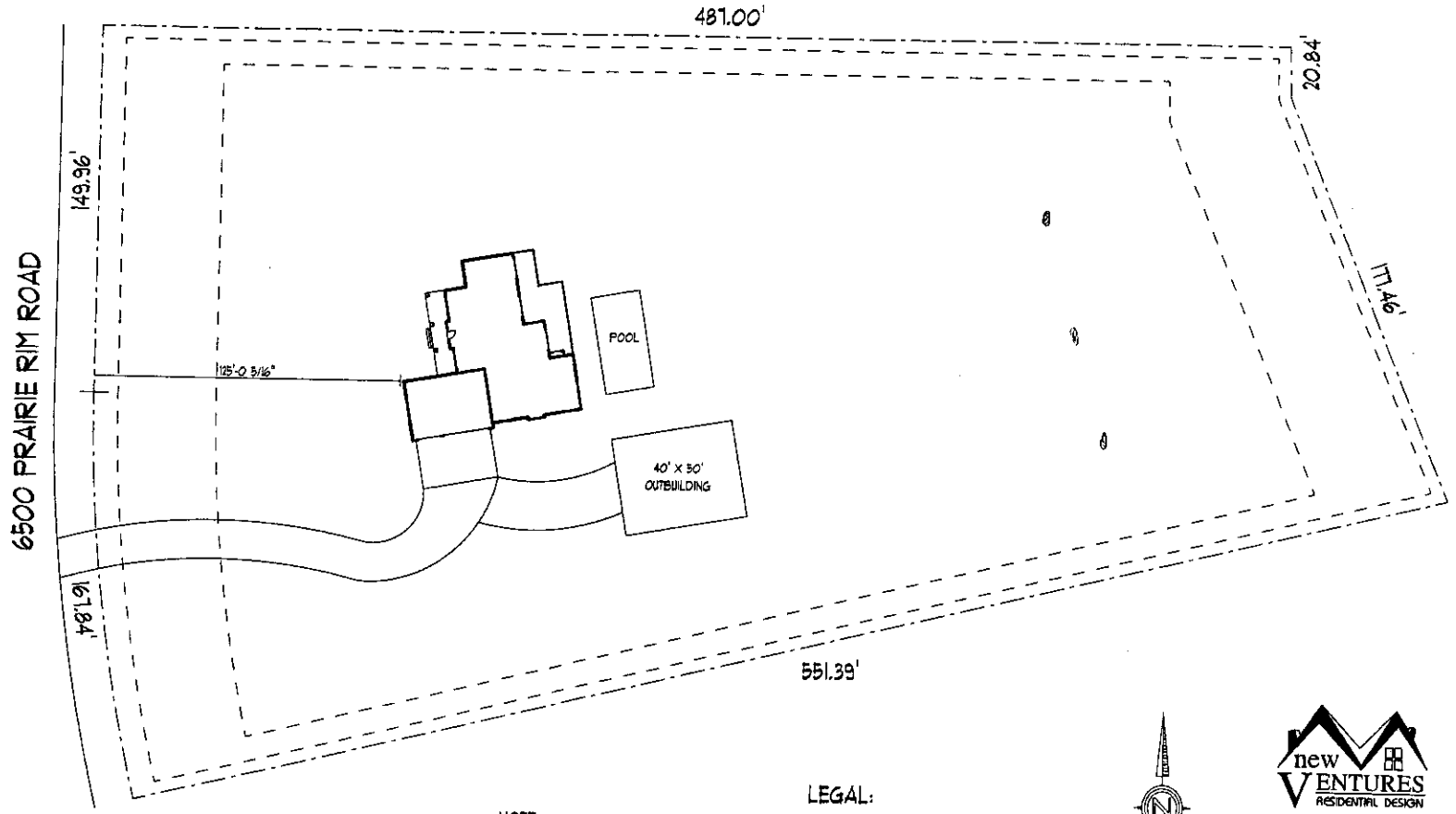
Sum of Percolation Rates = 175

Avg. of Percolation Rates* = 58
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Send completed Attachment C with Form B – Construction Operating Permit Application to:
Nebraska Department of Environmental Quality, On-Site Wastewater Unit, P.O. Box 98922, Lincoln, NE 68509

PATIO



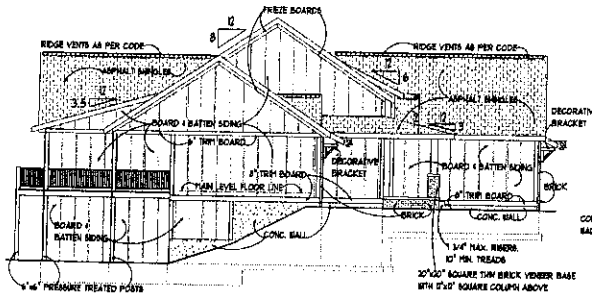

NOTE:
BUILDING MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA OF LOT.

LEGAL:
HIDDEN VALLEY ACRES
BLOCK 5, LOT 4

PLOT PLAN SCALE: 1" = 60'-0"

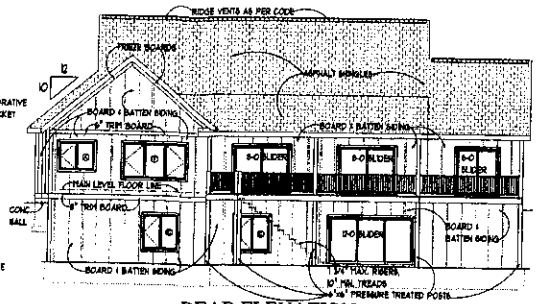
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www.newventures.com

NV22518
MANN CUSTOMS, INC.
HEASTY RESIDENCE



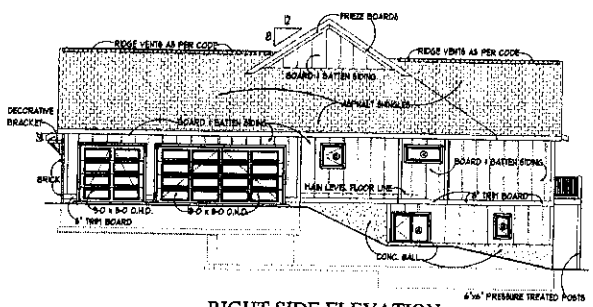

## LEFT SIDE ELEVATION

SCALE: 1/8" = 1'-0"



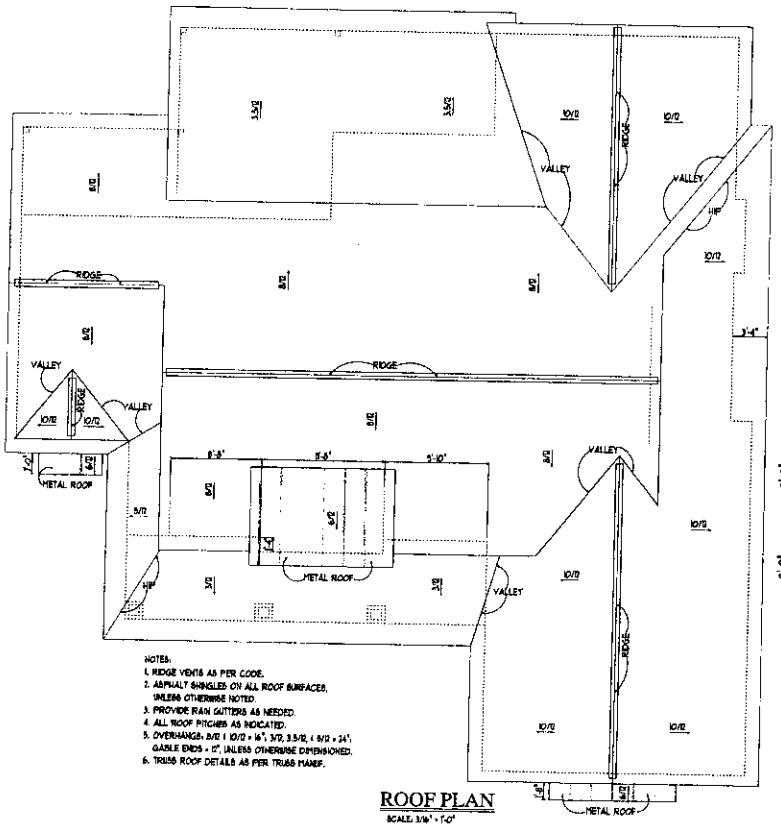

## REAR ELEVATION

SCALE: 1/8" = 1'-0"




## RIGHT SIDE ELEVATION

SCALE: 1/8" = 1'-0"




NOTES:
1. RIDGE VENTS AS PER CODE.
2. ASPHALT SHINGLES ON ALL ROOF SURFACES, UNLESS OTHERWISE NOTED.
3. PROVIDE RAIN GUTTERS AS NEEDED.
4. ALL ROOF PITCHES AS INDICATED.
5. OVERHANGS: 8/12 & 10/12 = 16", 3/12, 3.5/12, & 5/12 = 24", GABLE ENDS = 12", UNLESS OTHERWISE DIMENSIONED.
6. TRUSS ROOF DETAILS AS PER TRUSS MANF.

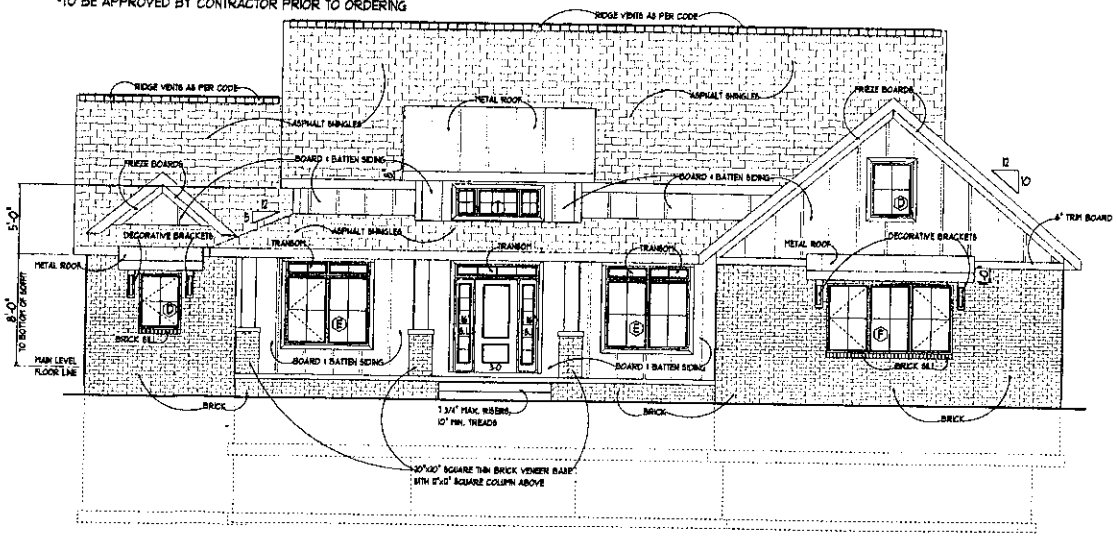
## ROOF PLAN

SCALE: 3/16" = 1'-0"

WINDOW SCHEDULE *

| KEY | NO. | SIZE | MANUF. | R.O. | GLASS SZ. | STYLE | HDR. | EGRESS |
|---|---|---|---|---|---|---|---|---|
| A | 2 | 2847-2 | PELLA | 59 3/4" x 47 3/4" | 24" X 42" | CASEMENT | (3)2x12 | YES |
| B | 1 | 2335-1 | II | 23 3/4" x 35 3/4" | 18" X 30" | II | II | NO |
| C | 2 | 2855-2 | II | 59 3/4" x 59 3/4" | 24" X 54" | II | II | YES |
| D | 2 | 3547-1 | II | 35 3/4" x 47 3/4" | 30" X 42" | II | II | NO |
| E | 2 | 3955-2 | II | 10 3/4" x 59 3/4" | 30" X 54" | II | HDR. AS PER MANF. | YES |
| F | 2 | 3955-3 | II | 106 3/4" x 59 3/4" | 30" X 54" | II | II | YES |
| G | 1 | 3535-1 | II | 35 3/4" x 35 3/4" | 30" X 30" | II | (3)2x12 | NO |
| H | 1 | 5925-1 | II | 59 3/4" x 75 3/4" | 54" X 20" | FIXED | II | NO |
| I | 1 | 5525-1<br>3725-1<br>5525-1 | II | 69 1/8" x 25 3/4" | 10" X 20"<br>32" X 20"<br>10" X 20" | FIXED | HDR. AS PER MANF. | NO |

*TO BE APPROVED BY CONTRACTOR PRIOR TO ORDERING



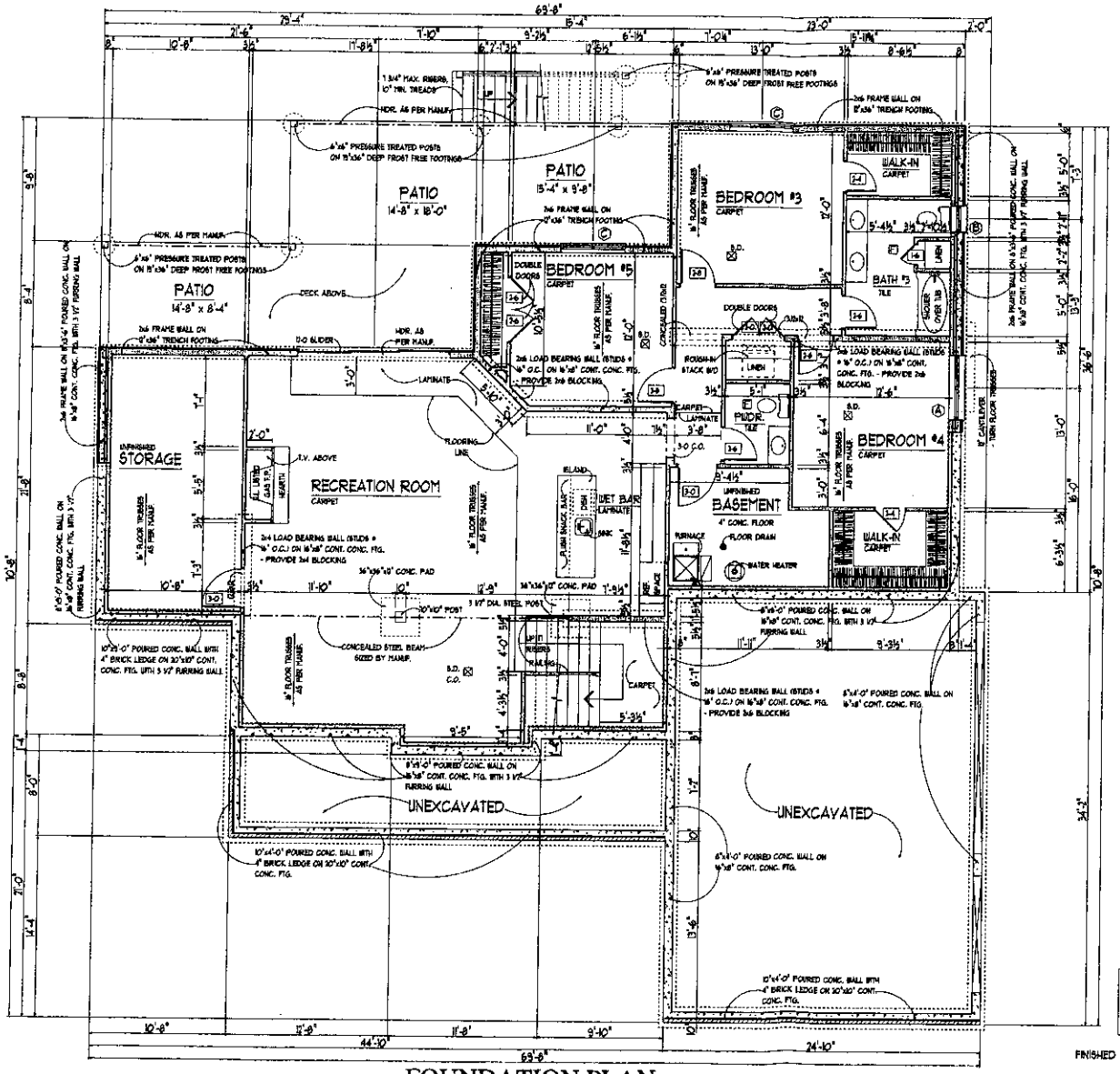

## FRONT ELEVATION

SCALE: 1/4" = 1'-0"

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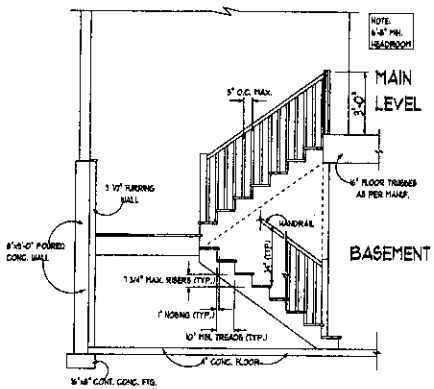
Designer is not an architect or engineer and construction from these plans should not be undertaken without the assistance of a construction professional. Because site conditions may vary, designer does not warrant the suitability of these plans for use on your specific site. Consult your construction professional to determine the suitability of these plans for your specific site and application.

NV2258
MANN CUSTOM HOMES
HEAGTY RESIDENCE
SHT 2 OF 5




## FOUNDATION PLAN

SCALE: 1/4" = 1'-0"




## STAIR DETAIL

SCALE: 3/8" = 1'-0"

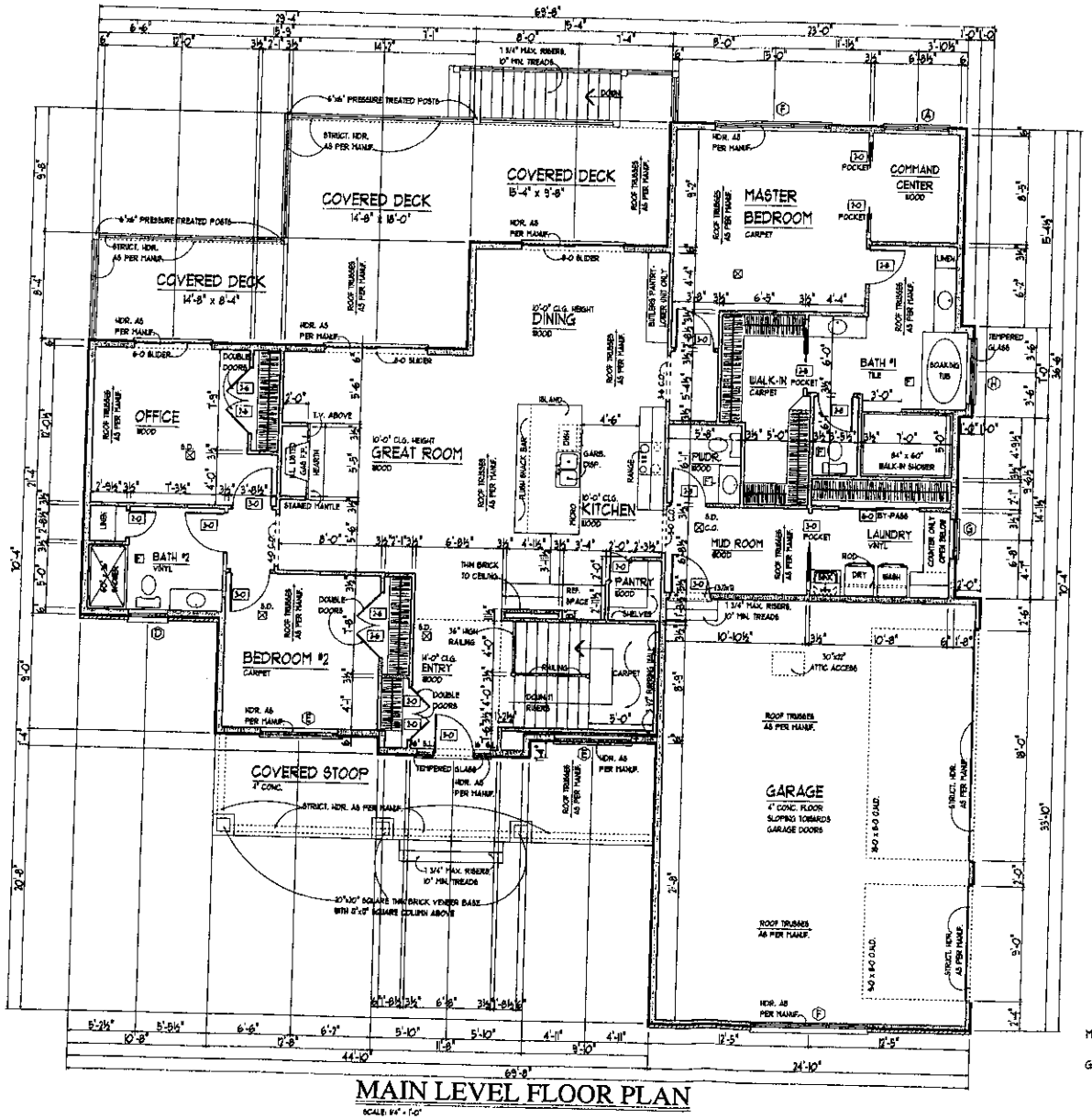
NOTE:
9'-0" FOUNDATION WALL HEIGHT UNLESS OTHERWISE SPECIFIED.

FINISHED BASEMENT 1104 SQ. FT.

Designer is not an architect or engineer and construction from these plans should not be undertaken without the assistance of a construction professional. Because site conditions may vary, designer does not warrant the suitability of these plans for use on your specific site. Consult your construction professional to determine the suitability of these plans for your specific use and application.

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Fax: (402) 420-0089
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NV2516
MANN CUSTOM HOMES
HEABTY RESIDENCE
SHT 3 OF 5




# MAIN LEVEL FLOOR PLAN

SCALE: 1/4" = 1'-0"

NOTE:
9'-0" CEILING HEIGHT ON MAIN LEVEL UNLESS OTHERWISE SPECIFIED.

| | |
|---|---|
| MAIN LEVEL | 2168 SQ. FT. |
| GARAGE | 823 SQ. FT. |

Designer is not an architect or engineer and construction from these plans should not be undertaken without the assistance of a construction professional. Because site conditions may vary, designer does not warrant the suitability of these plans for use on your specific site. Consult your construction professional to determine the suitability of these plans for your specific site and application.

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www.newventures.com

KV12518
MANN CUSTOM HOMES
MEASTY RESIDENCE
SHT 4 OF 9

**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. HS001790**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 1/23/2019

Expires: 1/23/2020

**Description:** HIDDEN VALLEY ACRES, BLOCK 5, Lot 4

**Owner:** HEASTY, SCOTT A & SALLY A
6700 PRAIRIE RIM RD
LINCOLN, NE 68526

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

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

*Lincoln-Lancaster County Health Department*
*Environmental Health Division*
*3131 O Street*
*Lincoln, Nebraska 68510*
*(402) 441-6280 FAX (402)441-6206*

# PLAN OF ACTION

**TO PREVENT RECURRING VIOLATIONS**
**Keep a copy at your establishment**

**HIDDEN VALLEY GOLF CLUB**
Establishment

**10501 PINE LAKE RD**
Address

**LINCOLN NE, 68526**
City, State Zip Code

**(402) 434-5152**
Phone:

[signature] 6/27/19
Signature of Manager Date

BRAD NEUNABER
Print Name

*Notice of Violation (NOV) Completed Plan of Action must be submitted to LLCHD within 7 days*

*Due By:* Monday, July 1, 2019

***Instructions:***

***1. Fill out all pages***
***2. Sign and Date***
***3. Make a Copy***
***4. Deliver or Fax it to LLCHD (address above)***

***A change in management does not release the establishment from the terms of this action plan. Contact the Lincoln-Lancaster County Health Department in case of a change in management.***

**Environmental Health Specialist**
ANDREA R. BETHKE, EHS 67
abethke@lincoln.ne.gov (402) 441-8074

215469320624201913403 2

*Printed 06/24/2019 2:03:29 PM FIR301*

☒ Reviewed ☐ Needs Modification This Section for LLCHD Use Only

Notes:

[signature] 06/28/19
Signature of EHS Date

*Keep a copy at your establishment*

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

SCANNED 1/23/19

**A**

Permit Number
HS001790

# 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 6500 Prairie Rim Rd City Lincoln, NE Zip 68526
(no rural route)

Legal Description S 13 T 9 R 7 Hidden Valley Acres 5 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 16-13-405-004-000

## B. Owner

Name Sally Heasty Signature

Address City/State/Zip

Home Phone Work Phone

## C. Certified Installer

Name: Kelly Wollwdel Signature Kelly Wollwdel

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

Work Phone 402 434 2400 890-1049

## 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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.5 +/-
Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

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 7/18/19
Comments
Date rec'd 1/23/19
Date frwd 1/23/19
**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 Ward
Date 7/18/19

***Business Office Use Only***
Date Received 01-10-19 Amount Paid $420.00
Received By JAO Cash/Check No. 57498

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: HS001790

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 07/18/19

Legal Description Hidden Valley Acres Blk 5, Lot 4
¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 6500 Prairie Rim Rd 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 1,755 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ Flow

No. of Absorption Laterals 4 Width 4.5 Factor 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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 7/18/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

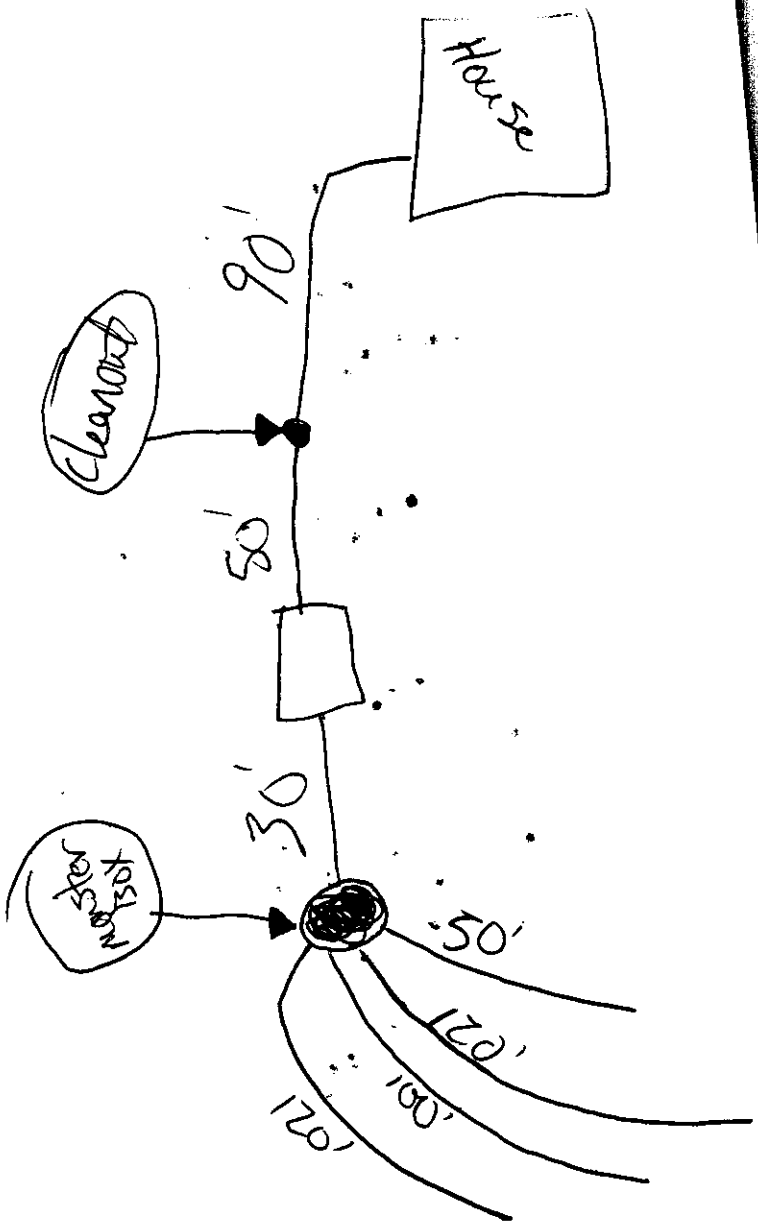
Installation Final Written Approval
By Doug Moss

Date 7/18/19

Field Note Drawing (See Reverse Side):

Wellmann
PLUMBING • HEATING • AIR

3130 South 6th Street
Lincoln, NE 68502
(402) 434-2400



## Doug R. Smith

**From:** Cameron Ristine <cristine@charter-title.net>
**Sent:** Tuesday, July 16, 2019 9:03 AM
**To:** Doug R. Smith
**Subject:** 5401 W Deercrest Drive, Denton, NE 68339

replied

Good Morning,

We need a copy of the Property Transfer Determination Letter for the above mentioned closing. Could you forward a copy? Please and thanks!

Cameron Ristine
Charter Title & Escrow Services
6333 Apples Way, Suite 115
Lincoln, NE 68516
402-435-1244
402-975-2445 (f)

IMPORTANT NOTICE ABOUT WIRE FRAUD:
Never trust wiring instructions sent via email. Never change wiring instructions based on an email. Cyber criminals are hacking email accounts and sending emails with fraudulent wiring instructions. These emails are convincing and sophisticated. Always independently confirm wiring instructions in person or via a telephone call to a trusted and verified phone number just before wiring the funds. Never wire money without double-checking that the wiring instructions are correct.

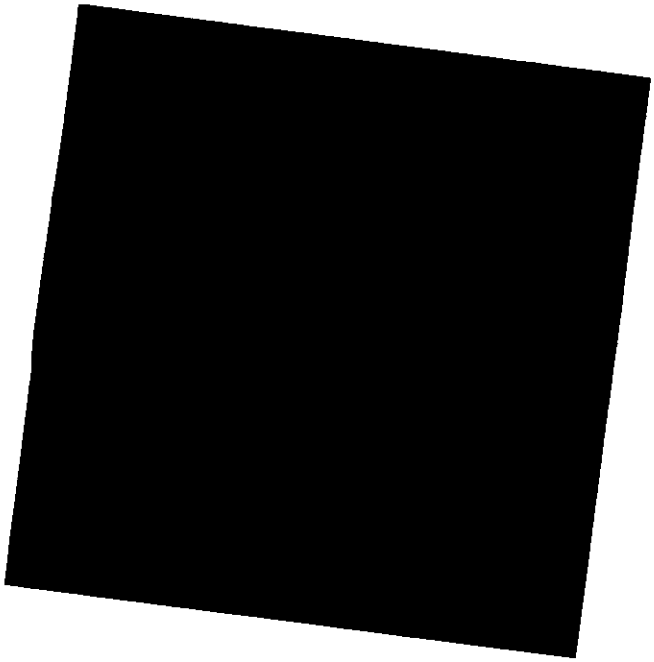
Cameron @ Charter
5401 DeerCrest
- Earnest Well

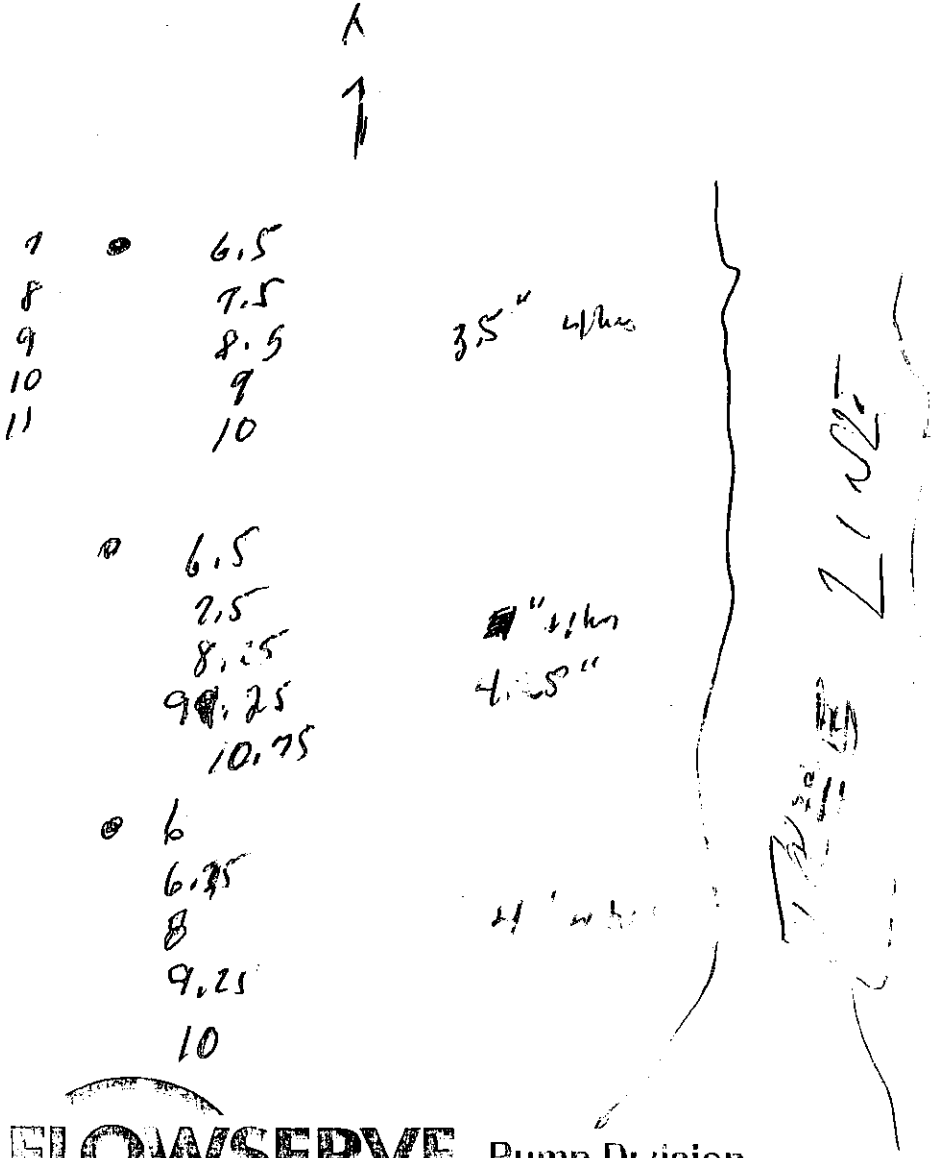
GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

# City of Lincoln\Lancaster County GIS Map




DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.






FLOWSERVE® Pump Division

| | |
|---|---|
| Hastings, NE | 800-437-867 |
| Fresno, CA | 800-437-867 |
| Lakeland, | 800-437-867 |
| Plainview, | 800-417-867 |

NEW

TITLE 124 – NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

## Attachment C
Soil Absorption Test Data Report

**Owner Information:**

Owner Name Sally Heady Phone (___)___-___

Address 6500 Prairie Pine City Lincoln State NE Zip 68516

**Location:** (Attach a sketch of the property showing test hole locations.)

___ ¼ Sec. of the ___ ¼ Sec., Section___, Township___N, Range___,

Lot #___, Subdivision___, County___

**Soil Type:** (Check one.)

Sand___ Silt___ Clay X Sandy Clay___ Loamy Sand___

Silty Clay___ Silty Clay Loam___ Sandy Loam___ Silt Loam___

NEW

**Dates of Test:**

Start Date 7-11/14 to End Date 7-8/9, 20 18/19

**Weather Conditions:**

Precipitation 0 Avg. Temp.___°F

**Percolation Test Measurements and Data**

| a | b | c | d | e | f | g | h | i | j | k | l | m | n |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-saturation Period | | | | Percolation Readings (last period) | | | | | Results | | |
| | | Start | | End | | Start | | | End | | | | |
| Hole No. | Hole Depth (in.) | Date (Mo./ Day) | Time (Hr./ Min) | Date (Mo./ Day) | Time (Hr./ Min) | Date (Mo./ Day) | Time (Hr./ Min) | Water Level (inch) | Time (Hr./ Min) | Water Level (inch) | Elapsed Time (minutes) | Drop in Water Level (inches) | Percolation Rate (l ÷ m) (Minutes per inch) |
| 1 | 46" | 7-13 | 9AM | | | 7-14 | 10AM | 31" | 11AM | 30" | 60 | 1 | 60 |
| | | | | | | | | | | | | | |
| 2 | 40" | 7-13 | 9AM | | | 7-14 | 10AM | 30.75 | 11AM | 29.25 | 60 | 1.5 | 40 |
| | | | | | | | | | | | | | |
| 3 | 40 | 7-8 | 9AM | | | 7-9 | 10AM | 29" | 11AM | 23.5 | 60 | 1.5 | 40 |
| | | | | | | | | | | | | | |
| 4 | 40" | 7-8 | 9AM | | | 7-9 | 10AM | 19" | 11AM | 15" | 60 | 4" | 15 |

Tests must be performed by a certified on-site professional, a professional engineer or a registered environmental health specialist.

Mike Weber
(Signature of certified on-site professional, professional engineer, or R.E.H.S.)

Certificate or License # C-1997

Address 3130 S 6 Suite 100

City Lincoln St. NE Zip 68512

Phone (402) 890-1049

Sum of Percolation Rates = 155

Avg. of Percolation Rates* = 38.75
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Send completed Attachment C with Form B – Construction Operating Permit Application to:
Nebraska Department of Environmental Quality, On-Site Wastewater Unit, P.O. Box 98922, Lincoln, NE 68509

* Told contractor to size the system for 60 min. – NH 2/22/19

TITLE 124 – NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

## Attachment C
Soil Absorption Test Data Report

**Owner Information:**

Owner Name Sally Heasty Phone (___) ___-___

Address 6500 Prairie Run Rd City Lincoln State NE Zip 68527

**Location:** (Attach a sketch of the property showing test hole locations.)

___ ¼ Sec. of the ___ ¼ Sec., Section ___, Township ___ N, Range ___,

Lot # ___, Subdivision ___, County ___

**Soil Type:** (Check one.)

Sand ___ Silt ___ Clay X Sandy Clay ___ Loamy Sand ___

Silty Clay ___ Silty Clay Loam ___ Sandy Loam ___ Silt Loam ___

**Dates of Test:**

Start Date 7-13 to End Date 7-14, 2018

**Weather Conditions:**

Precipitation 0 Avg. Temp. 80 °F

**Percolation Test Measurements and Data**

| a | b | c | d | e | f | g | h | i | j | k | l | m | n |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-saturation Period | | | | Percolation Readings (last period) | | | | | Results | | |
| | | Start | | End | | Start | | | End | | | | |
| Hole No. | Hole Depth (in.) | Date (Mo./ Day) | Time (Hr./ Min) | Date (Mo./ Day) | Time (Hr./ Min) | Date (Mo./ Day) | Time (Hr./ Min) | Water Level (inch) | Time (Hr./ Min) | Water Level (inch) | Elapsed Time (minutes) | Drop in Water Level (inches) | Percolation Rate (l ÷ m) (Minutes per inch) |
| 1 | 40" | 7-13 | 9 AM | | | 7-14 | 10 AM | 31" | 11 AM | 30" | 60 | 1 | 60 |
| 2 | 40" | 7-13 | 9 AM | | | 7-14 | 10 AM | 30.75 | 11 AM | 29.25 | 60 | 1.5 | 40 |
| 3 | 40" | 7-13 | 9 AM | | | 7-14 | 10 AM | 30.25 | 11 AM | 30" | 60 | .75 | 75 |
| | | | | | | | | 75 | | | | | |

Tests must be performed by a certified on-site professional, a professional engineer or a registered environmental health specialist.

(Signature of certified on-site professional, professional engineer, or R.E.H.S.)

Certificate or License # C1997

Address 3130 S 6th St 100

City Lincoln St. NE Zip 68502

Phone (402 434-2400

Sum of Percolation Rates = 175

Avg. of Percolation Rates* = 58
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Send completed Attachment C with Form B – Construction Operating Permit Application to:
Nebraska Department of Environmental Quality, On-Site Wastewater Unit, P.O. Box 98922, Lincoln, NE 68509

Wellmann
PLUMBING • HEATING • AIR

3130 South 6th Street
Lincoln, NE 68502
(402) 434-2400

N

3.5"

5"

6.5"

7.5"

9"

4" 8:30

9" 9:30

14" 10:30

19 11:30

24" 12:30

Wellmann
PLUMBING • HEATING • AIR

Wellmann Plumbing Inc.
3130 South 6th Street
Lincoln, Nebraska 68502
Phone: 402-434-2400
Fax: 402-434-2402

January 14, 2019

TO: Lancaster County Health Department

RE: 6500 Prairie Rim Rd

I am writing this letter to request to get the property at 6500 Prairie Rim Rd permitted for a lagoon or an engineered system.

Thank you.

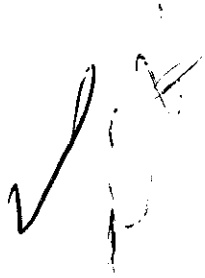
Kelly Wolinski

C1997 License

Wellmann Plumbing Inc.

3130 S 6th St #100

Licoln NE 68502



SCANNED

C

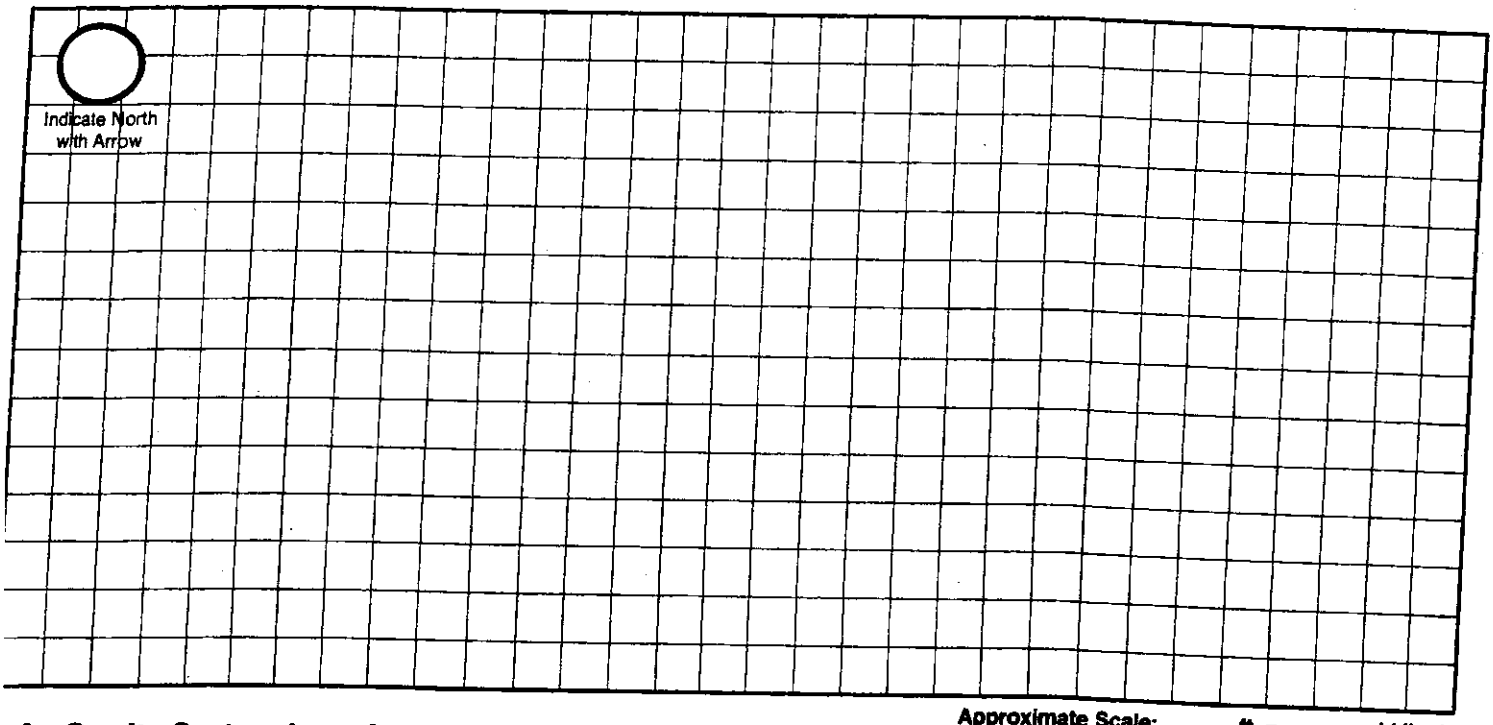
**Lincoln-Lancaster County Health Department**
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

# Onsite Wastewater Treatment System

## Preliminary Plan Specifications

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




Approximate Scale: _____ft. = _____ grid line/s

## A. Onsite System Location

Address (no rural route) 6500 Prairie Rin Rd City Lincoln NE, Zip 68526

## B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

## C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

## D. Drainfield Absorption System

Percolation Rate 58 (min/inch = mpi) No. of Bedrooms 5 Soil Type_____ Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1750 sq.ft.

Total length of laterals 400' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches 4 Width 3' No. of drop boxes_____ Distrubtion Box 1

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

## E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☐ | 500 ☐ | 50 ☐ | NA ☐ | 25 ☐ | 20 ☐ | 15 ☐ | 25 ☐ | ☐ |
| Field (ft) | 100 ☐ | 500 ☐ | 50 ☐ | 4 ☐ | 30 ☐ | 20 ☐ | 30 ☐ | 40 ☐ | ☐ |
| agoon (ft) | 100 ☐ | 500 ☐ | 50 ☐ | N/A ☐ | 30 ☐ | 50 ☐ | 100 ☐ | 200 ☐ | ☐ |

## . Required Signatures

ome Building Contractor _____ Date _____

staller _____ Date _____