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

A

Permit Number 4500 1812

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* 10909 W. Haines Circle (no rural route) City Denton NE Zip 68339

Legal Description 28 9N 5E West Yankee Hill Acres 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-28-101-005-000 *Approx. Address (If to be determined)

B. Owner

Name Kelsie & Dustin Scott Signature Kelsie Scott

Address 6800 W. Bluff Rd City/State/Zip Malcolm NE 68402

Home Phone 402-802-7606 Work Phone

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature Justin Peterson

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174 cell

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.71 A
Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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 4-17-19 Amount Paid $420
Received By JAO Cash/Check No. 2208

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

Form A Updated 4/15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
5140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address West yankee Hill Acres Lot 5 City Denton NE Zip
(no rural route)

Owner Patric Allen Holmes Address

Date of Tests 6-21-16 to 6-22-16 Weather: Precipitation 0 Temperature 97°

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. Results	N.
		Start		End		Start		Initial	End				
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)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rate (Min/in =)
1	35	6-21	5pm	6-22	6:pm	6-22	6 pm	6	6-22	6:30	.30	1	30
2								6				7/8	48
3								6				3/4	40
4								6				1/2	20
5								6				5/8	48
6								6				1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln Ne 68523

Sum of Percolation Rates: 246
Average of Rates: 41
Rate Used for Calculations: 60

Soil type (NRCS Maps/Other)
Groundwater Depth over 12

DO NOT WRITE BE

Reviewing Action

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

Signature of Reviewing Official

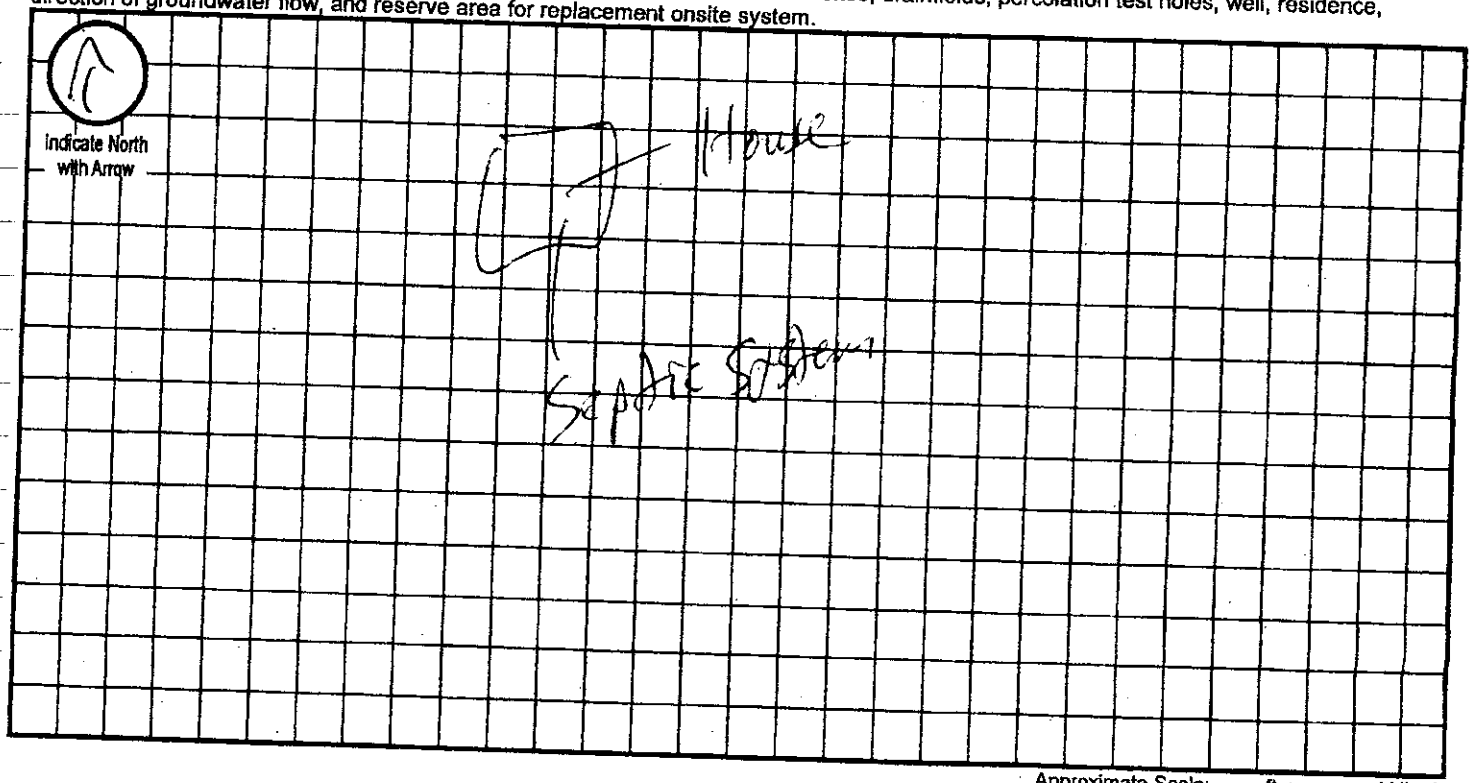
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 10904 W Hames Circle City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type Clay Loam Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1053 Sq. Ft.

Total length of laterals 312' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☒ Chambers ☐ Other _____

No. of Absorption Trenches 3 Width 36" No. of Drop Boxes 0 Distribution Box 0

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

Installer _____ Date: 4/16/19

Updated 2/18

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. HS001812

System Type: Standard

Situs: 10909 W HAINES CIR, DENTON, NE 68339

Issued: 4/19/2019

Expires: 4/19/2020

Description: WEST YANKEE HILL ACRES, Lot 5

Owner: SCOTT, DUSTIN LEE &
VANDERKOLK, KELSIE RENEE
10909 W HAINES CIR
DENTON, NE 68339

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

KIM VANDERKOLK
9800 W BLUFF RD
MALCOLM, NE 68402

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

D Exhibit 4

Permit Number: HS001817

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) _____

Owner: Dustin & Kelsie Scott Address 10909 W. Haines Circle

A. Wastewater Piping

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

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft
   Property Line 100+ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box NA

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 152 ft. 152 ft. _____ ft. _____
4. Drainfield size: 1,026 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 40+ ft.
   Depth of Groundwater 86

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.

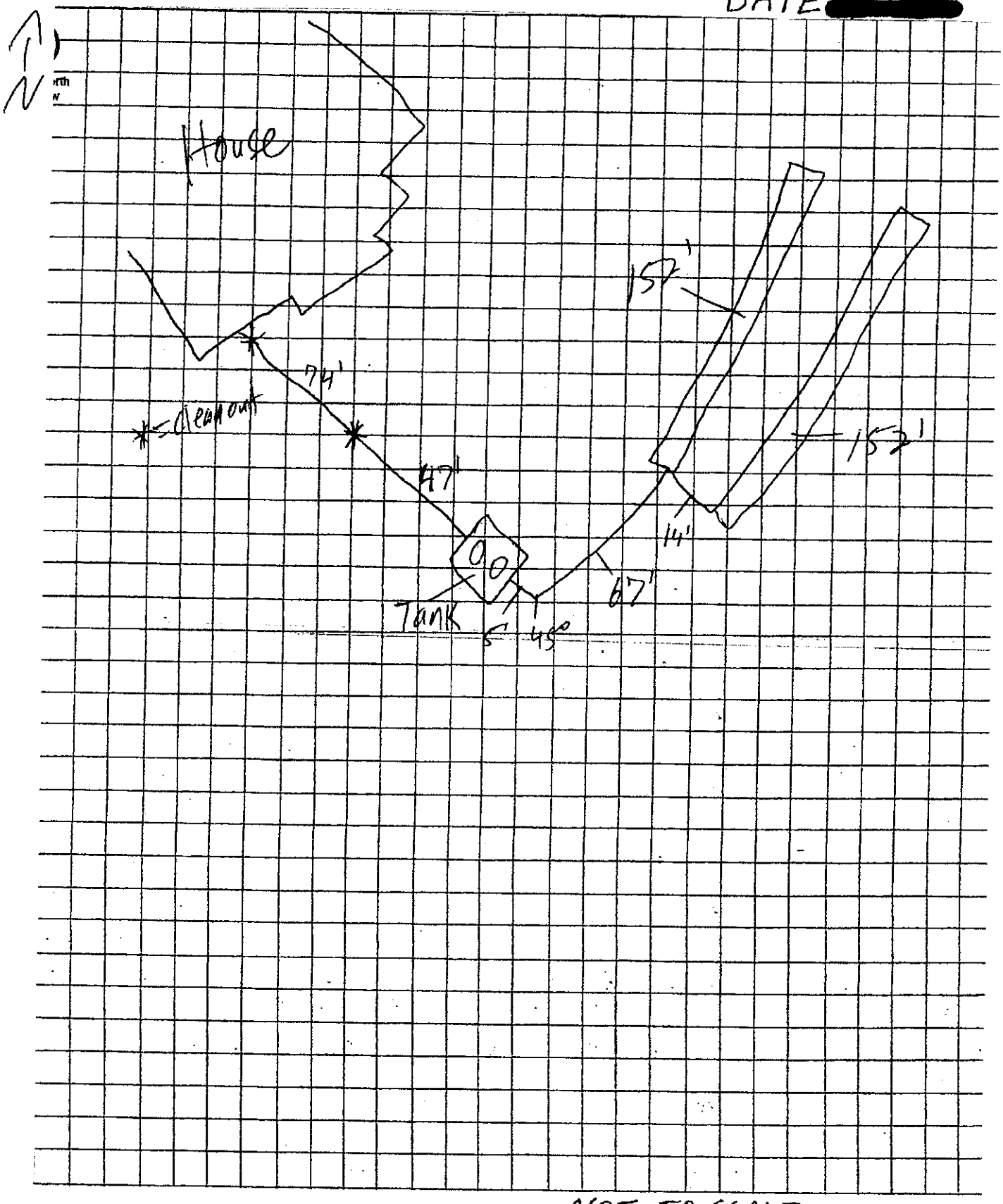
Certified Professional Signature: _____ Date: 9/26/19

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

Owner
Dustin Scott

EARNEST WELL DRILLING INC.
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 9/26/19



NOT TO SCALE

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: VanderKolk Construction
Address: 10909 W. Haines Circle

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 7/13/19 to 7/14/19 **Weather:** Precip. Ø Temp. 90s

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	7/13	9:40am	7/13	1:40pm	7/14	10:05am	6	10:35am	5½	30	½
2	36	7/13	9:40am	7/13	1:40pm	7/14	10:05am	6	10:35am	5¼	30	¾
3	36	7/13	9:40am	7/13	1:40pm	7/14	10:05am	6	10:35am	5¼	30	¾

Sum of Water Level Drops (in.) [Column m]: 2
Average of Water Level Drops (in.) [Column m]: .67
~~Inches per Minute:~~ 44.78 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322 238th
Milford NE 68405
Phone: 402-641-6174
Signature: _____

Square Feet of Lateral per Bedroom: 330

SKETCH SHOWING HOLE LOCATION:

↑ N

3 bedroom
294' needed



_____
Officials Signature

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

SCANNED

A

Permit Number H5001812

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* 10909 W. Haines Circle (no rural route) City Denton NE Zip 68339

Legal Description 28 9N 5E West Yankee Hill Acres 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-28-101-005-000 *Approx. Address (If to be determined)

B. Owner

Name Kelsie & Dustin Scott Signature Kelsie Scott

Address 9410 W. Rille Rd City/State/Zip Malcolm NE 68462

Home Phone 402-802-7466 Work Phone

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature Justin Peterson

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174 cell

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.71

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 03/16/20
Comments
Date rec'd 4/19/19
Date frwd 4/19/19
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
Date 03/18/20

Business Office Use Only
Date Received 4-17-19 Amount Paid $420
Received By JAO Cash/Check No. 2208

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: HS001812

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/18/20

Legal Description ¼ ¼ 29/9/5 Section/Township/Range

Were Yankee Hill Acres

Onsite System Location

Address (no rural route) 10909 W. Hamer Circle 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 1,026 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 304' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 8.625 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 ☐

- Covered prior to inspection — installation confirmed — Not inspected

Geographical Coordinates to 6 Decimals:

Tank _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 03/16/20

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 03/18/20

Field Note Drawing (See Reverse Side):