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

A

Permit Number HSCC1852

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* 13210 W Rokeby (no rural route) City Denton, NE Zip 68339

Legal Description ___ 30 T9 R5 Omel ___ lot 2

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

PID 03-30-401-002-000 *Approx. Address (If to be determined) ___

B. Owner

Name John Fuerstenau Signature ___

Address 40741 Raynor Pkwy Apt 726 City/State/Zip Bellevue NE 68123

Home Phone 605 381 3505 Work Phone ___

C. Certified Installer

Name: Cody Price Signature ___

Address 225 W G st City/State/Zip Elmwood NE 68349

Work Phone 402 658 2084

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 20

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 ___ 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 7-11-19 Amount Paid #424.00
Received By ___ Cash/Check No. ___

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

Form A Updated: 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address NW Omel Addition Lot 2 (no rural route) City Denton NE, Zip 68339

Owner Fuerstenau Address 4074 Raynor Pkwy Apt 726 Bellevue NE 68123

Date of Tests 6-4-19 to 6-5-19 Weather: Precipitation Sunny clear/none Temperature 60-80°F

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		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 Rates (Min/in = mpi)
1	36	6/4	3:00	6/5	5:30	6/5	7:00	6	6/5	7:30	30	1/4	120
2	36	6/4	3:00	6/5	5:30	6/5	7:02	6	6/5	7:32	30	3/8	80
3	36	6/4	3:00	6/5	5:30	6/5	7:04	6	6/5	7:34	30	1/4	120
4	36	6/4	3:00	6/5	5:30	6/5	7:06	6	6/5	7:36	30	1/8	240
5	36	6/4	3:00	6/5	5:30	6/5	7:08	6	6/5	7:38	30	1 1/8	27
6	36	6/4	3:00	6/5	5:30	6/5	7:10	6	6/5	7:40	30	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: Andrew W Degrmont, PE E-7729
Phone: 402 440 1214
Address 21635 S. 68th St
Hickman NE 68372

Sum of Percolation Rates: 635
Average of Rates: 105
Rate Used for Calculation:

Soil type (NRCS Maps/Other) StF Steinauer loam – SW 1/4 of SW 1/4 & SE 1/4 Sec. 30, T9N, R6E
Groundwater Depth Not encountered.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date


30 09 05
140
Proj. Site



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

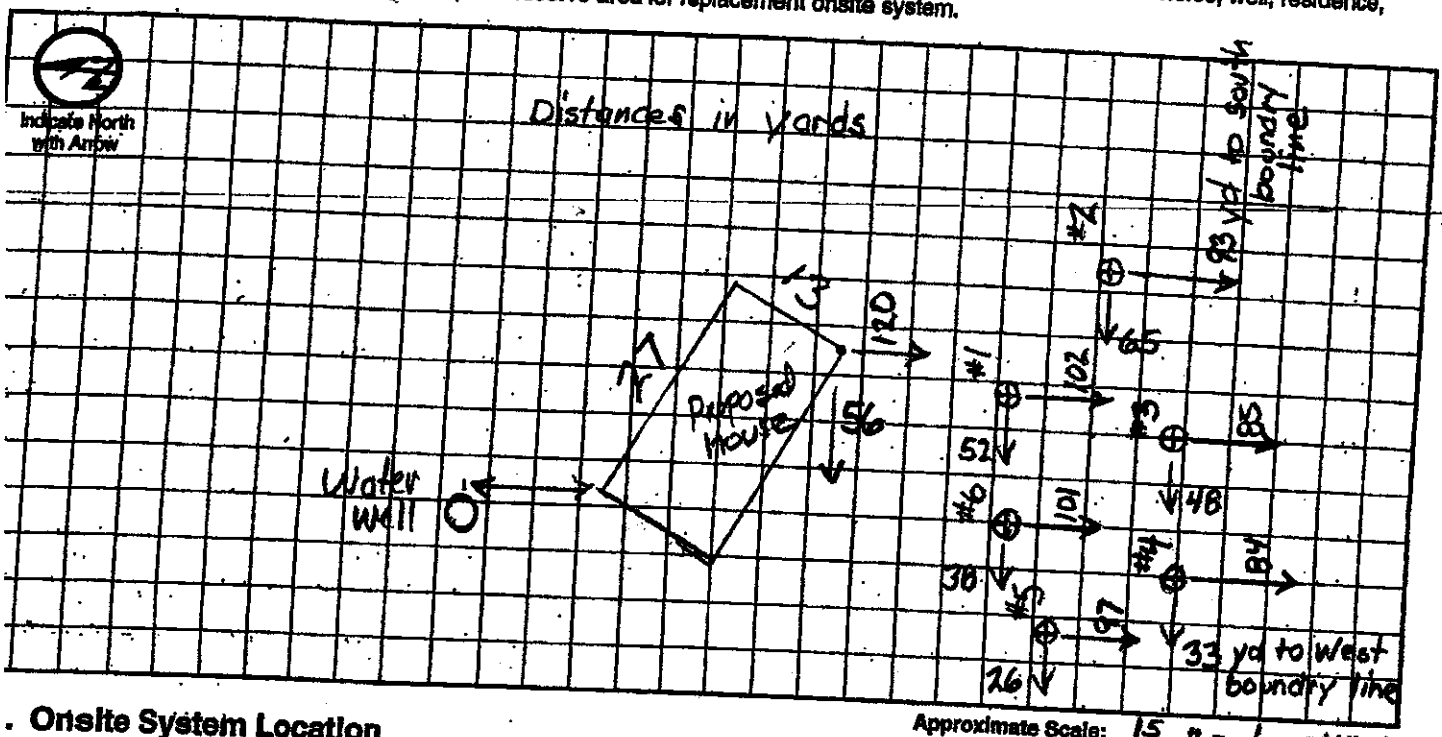
C

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: 15 ft. = 1 grid line/s

Onsite System Location

dress (no rural route) n/a Omel Addition Lot 2 City Denton NE, Zip 68339

Proposed Septic Tank/s

tic Tank Cap_____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

Reserve Area for Replacement Onsite System

Drainfield Absorption Area (percolation test required) ☐ Lagoon

Drainfield Absorption System

olation 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.

length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

absorption beds_____ Width_____ No of Distribution lines per bed_____

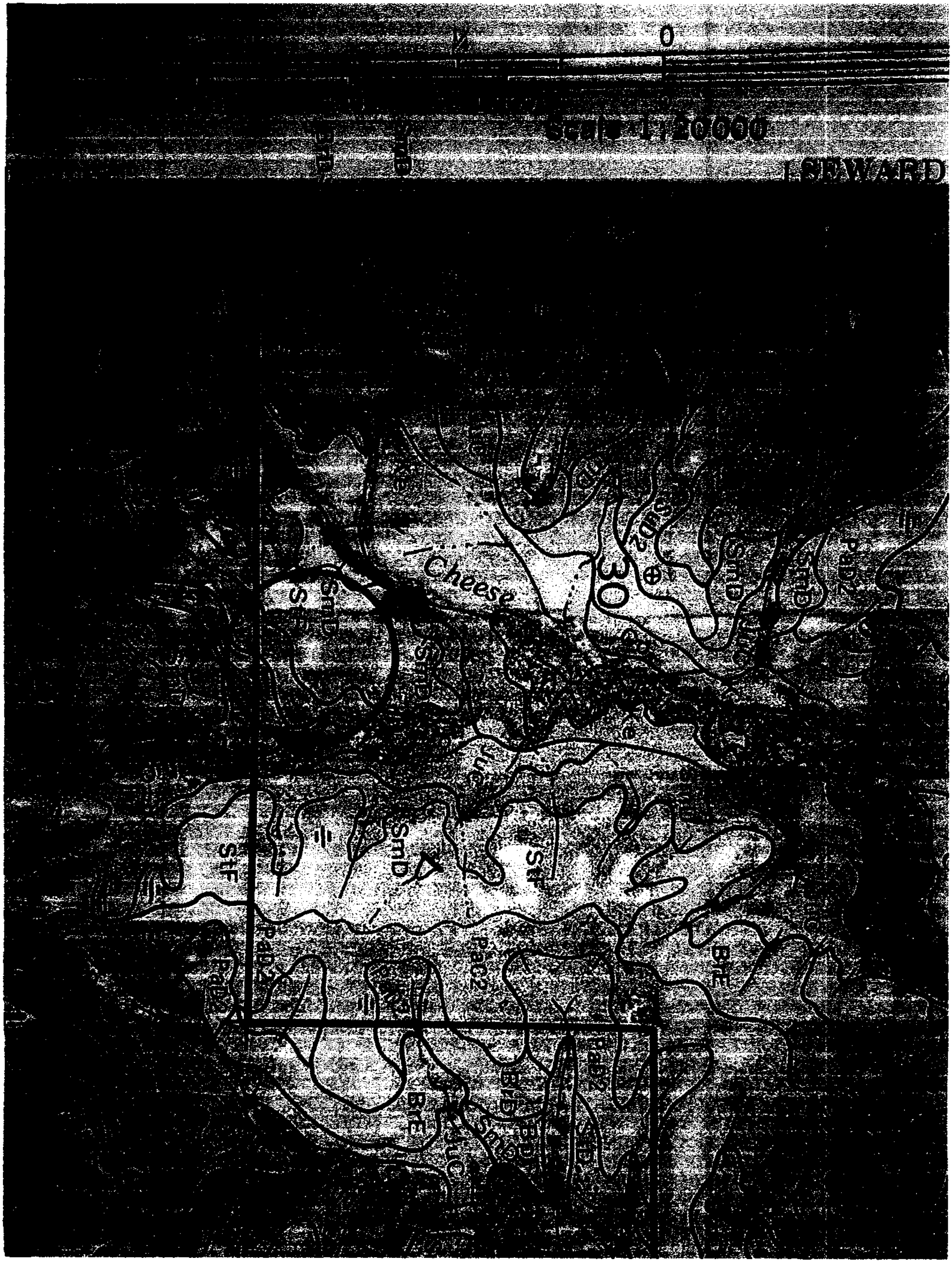
Setbacks Check the Boxes Below if the Required Setback has been Satisfied

ifice m	Private Well	Public Well	Surface Water	Ground Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
(ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
(ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
(ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

equired Signatures

uilding Contractor_____ Date_____

_____ Date_____


Scale 1:20000
SEWARD
Cheese
SmD
PaD2
StF
BrE
30

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. HS001852

System Type: Lagoon

Situs: 13210 W ROKEBY RD, DENTON, NE 68339

Issued: 7/3/2019

Expires: 7/3/2020

Description: OMEL ADDITION, Lot 2

Owner: FUERSTENAU, JOHN & PETERS, DARIA
4074 RAYNOR PKWY APT 726
BELLEVUE, NE 68123

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

CODY PRICE
225 W G ST
ELMWOOD, NE 68349

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

A

Permit Number 17-0052

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* 13210 W Rokeby (no rural route) City Denton, NE Zip 68339

Legal Description S30 T7 R5 Omel lot 2

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

PID 03-30-401-002-000 *Approx. Address (If to be determined)

B. Owner

Name John Fuerstenau Signature

Address 40741 Raynor Pkwy Apt 726 City/State/Zip Bellevue NE 68123

Home Phone 605 381 3505 Work Phone

C. Certified Installer

Name: Cody Price Signature

Address 225 W G st City/State/Zip Elmwood NE 68349

Work Phone 402 658 2084

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 20

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 11/5/19 NH; 11/6/19 DS

Comments

Date rec'd 7/3/19

Date frwd 7/3/19

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 3/23/20

Contacted Dustin Fuerstenau, house was not complete as of 3/4/20 2 weeks 5/1/20

Business Office Use Only

Date Received 7/3/19 Amount Paid $420.00

Received By JAC Cash/Check No CC Cody

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 6

Permit Number: HSOC1852

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 11/6/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13210 W. Rokeby City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water	Yes ☒ No ☐
Lagoon floor is level	Yes ☒ No ☐
Lagoon is equipped with a depth gage/concrete slab	Yes ☒ No ☐
Influent line is at least 4 inches and slopes no less than 1/8 inch	Yes ☒ No ☐
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ☒ No ☐
Inside slope not steeper than three horizontal to one vertical	Yes ☒ No ☐
Minimum width of the top of the dike shall be 4 feet	Yes ☒ No ☐
Fence installed Need fence 11/6/19	Yes ☒ No ☐

Top of the Dike_____ Bottom of Lagoon_____ Design Flow_____

~ 80' x 54' rectangle

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☒	Non-Community	100ft ☐	100ft ☒	50ft ☒	50ft ☒	Class 1	200ft ☐	☐
		Community	☒				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: N/A

Dike North side

Comments:

Inspections prior to Final Approval
Initial NH Date 11/5/19
Initial DS Date 11/6/19
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 3/23/20

Updated 4/15