420 Nate

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

A

Permit Number HS001873

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* 14260 NW 140th City GARLAND, NE Zip 68360
(no rural route)

Legal Description NE ~~Quarter~~ SW¼NW¼ 6 11N 5E 6th pm Lancaster Co. Strode 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 05-06-101-002-000 *Approx. Address (If to be determined)

B. Owner

Name JERRY Strode Julie Strode Signature Jerry Strode Julie Strode
Address 14260 City/State/Zip GARLAND NE 68360
Home Phone 402 499-1569 Work Phone

C. Certified Installer

Name: Stuart Way Signature Stuart Way C-1981
Address P.O. Box 246 City/State/Zip Mead NE 68041
Work Phone 402 624 3895

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 5.11
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500
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 8-09-19 Amount Paid $420.00
Received By BE Cash/Check No. 6197

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

Form A Updated: 4/15

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. HS001873

System Type: Lagoon

Situs: No Site Address Specified

Issued: 8/9/2019

Expires: 8/9/2020

Description:

Owner: STRODE, TERRY D & JULIE M
5610 S 90 ST
LINCOLN, NE 68526

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

TERRY STRODE
5610 S 90TH ST
LINCOLN, NE 68526

420 Nate

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

SCANNED

A

Permit Number HS001873

Onsite Wastewater Treatment System Permit Application

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PLEASE PRINT OR TYPE

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(no rural route)

Legal Description NE SW¼NW¼ 6 11N 5E 4th pm Lancaster Co. Strade 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 05-06-101-002-000 *Approx. Address (If to be determined)

B. Owner

Name Jerry Strade Julie Strade Signature Jerry Strade Julie Strade
Address 14260 City/State/Zip Garland NE 68360
Home Phone 402 499-1569 Work Phone

C. Certified Installer

Name: Stuart Way Signature Stuart Way C-1981
Address P.O. Box 246 City/State/Zip Mead NE 68041
Work Phone 402 624 3895

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Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 11/19/19
Comments
Date rec'd 8/9/19
Date frwd 8/9/19
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 Ahlers
Date 12/5/19

Business Office Use Only
Date Received 8-09-19 Amount Paid $420.00
Received By Cash/Check No. 6992

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: HS001873

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/5/19 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14260 NW 140th 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 180' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) with gravel – 5' wide bed

No. of Absorption Laterals 3 Width 5' 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 ____

Lateral #1 N/A Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 11/19/19

Follow-Up ____ Date ____

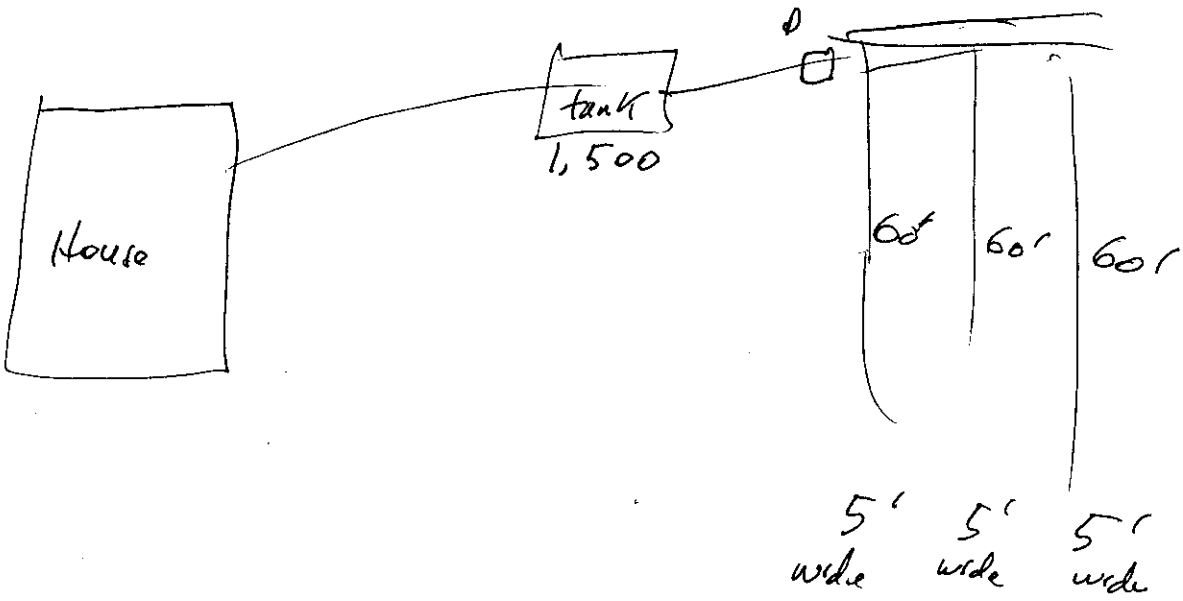
Follow-Up ____ Date ____

Installation Final Written Approval
By ____
Date 12/5/19

Field Note Drawing (See Reverse Side):

Field Notes

N



- Infiltrator with 5' wide gravel bed

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Terry Strode Phone 402-499-1516

mail Address 5610 S 90th Str. Lincoln NE 68526

Property: 14260 NW 140th St. Malcolm 68402
City State Zip

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

SW NW 6 11 5E Lancaster
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay ____

Silty Clay Loam X Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date 27 Sep to End Date 28 Sep, 2019

Weather Conditions

Precipitation _____ Avg. Temp _____ °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ i) (Minutes per inch)
1	36	9/27	11:00	9/28	11:30	9/28	11:35	34	12:05	32	30	2	15
2	36	9/27	11:00	9/28	11:30	9/28	11:37	34	12:07	32.5	30	1.5	20
3	36	9/27	11:00	9/28	11:30	9/28	11:39	34	12:09	32	30	2	15
4	36	9/27	11:00	9/28	11:30	9/28	11:41	34	12:11	32.5	30	1.5	20

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

Signature

Certificate or License # C-1981

Address AWS WELL CO., INC.

City 1597 Co. Rd. 10 Box 246 St. _____ Zip _____
MEAD, NE 68041

Phone 402-624-3895

Sum of Percolation Rates = 70

Avg. of Percolation Rates* = 17.5
(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.

Version 9-2014