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

REC'D OCT 10 2019

A

Permit Number
#5001912

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* _____ City Denton, NE Zip 68339
(no rural route)

Legal Description S24 T9 R5 Bronco Hills Estate 2nd 1 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-24-206-003-000 *Approx. Address (If to be determined) _____

B. Owner

Name Brian & Holly Christiansen Signature _____
Address 2610 SW 18th City/State/Zip Lincoln, NE 68522
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Marcus Hackbart Signature _____
Address PO Box 142 City/State/Zip Eagle, NE 68347
Work Phone 402-730-7749

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 4.78
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 10-10-19 Amount Paid #430.00
Received By JAO Cash/Check No. 275

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 PID 03-24-206-003.000 (no rural route) City Denton NE, Zip 68339

Owner Brian & Kelly Christiansen Address 2610 S 18th, Lincoln, NE 68522

Date of Tests 9-09 to 9-10 Weather: Precipitation 0 Temperature 87°F

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				
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	40	9-9	5:00	9-9	8:15	9-10	12:45	6	9-10	1:15	30m	4 3/4	6.86
2	"	"	"	9-10	"	"	"	6	"	"	"	5	6
3	"	"	"	9-10	"	"	"	6	"	"	"	4 3/4	6.32
4	"	"	"	9-10	"	"	"	6	"	"	"	4	7.5
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hochstein
Phone: 402-730-7749
Address PO Box 142
Eagle, NE 68347

Sum of Percolation Rates: 26.67
Average of Rates: 6.67
Rate Used for Calculation: 6.67

Soil type (NRCS Maps/Other) 22 Judson silt loam
Groundwater Depth 10+

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

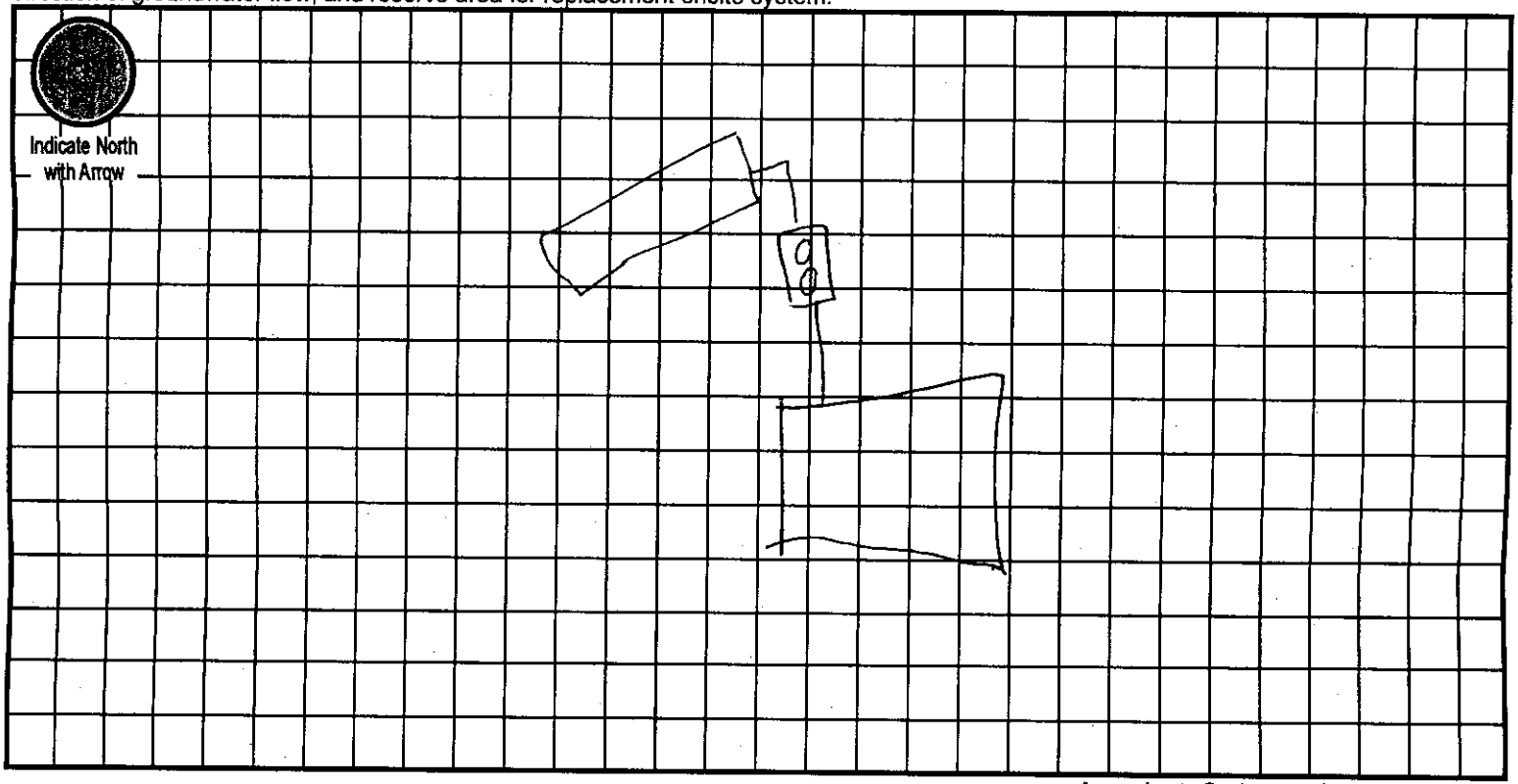
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) RD 03-24-206.003.000 City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 6.67 (min/inch = mpi) No. of Bedrooms 4 Soil Type Judson silt loam Land Slope 0-1 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 675 Sq. Ft.

Total length of laterals 150 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZ Flow

No. of Absorption Trenches 2 Width 36 No. of Drop Boxes _____ Distribution Box 0

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

Installer Marcus Hachten Date: 10-7-18

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. HS001912

System Type: Standard

Situs: No Site Address Specified

Issued: 10/11/2019

Expires: 10/11/2020

Description: BRONCO HILLS ESTATES 2ND ADDITION, BLOCK 1, Lot 3

Owner: CHRISTIANSEN, BRIAN E & KELLY M
2610 SW 18 ST
LINCOLN, NE 68522

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

MI DIGGERS
PO BOX 142
EAGLE, NE 68347

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

REC'D OCT 10 2019
SCANNED

A

Permit Number
#5001912

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* 7321 SW 61st City Denton, NE Zip 68339
(no rural route)

Legal Description S24 T9 R5 Brenca Hills Estate 2nd 1 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-24-206-003-000 *Approx. Address (If to be determined)

B. Owner

Name Brian + Holly Christiansen Signature

Address 2610 SW 18th City/State/Zip Lincoln, NE 68522

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hackbarth Signature

Address PO Box 1412 City/State/Zip Eagle, NE 68347

Work Phone 402-730-7749

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 4.78
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 12/19/19
Comments
Date rec'd 10/11/19
Date frwd 10/11/19
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 12/20/19

Business Office Use Only
Date Received 10-10-19 Amount Paid $430.00
Received By JAV Cash/Check No. 275

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: HS001912

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/20/19 Legal Description Bronco Hills Blk 1 3
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7321 SW 61st 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 675 Sq. Ft. Tank Size 1500 gals

Total length of laterals 150' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 1 Width 45 Inches 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 ☐

Water Well not installed at time of onsite install

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 12/19/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 12/20/19

Field Note Drawing (See Reverse Side):

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

REC'D OCT 10 2019
SCANNED
SCANNED

A

Permit Number
#5001912

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* 7321 SW 61st (no rural route) City Denton, NE Zip 68339

Legal Description S24 T9 R5 Bronco Hills Estate 2nd 1 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-24-206-003-000 *Approx. Address (If to be determined)

B. Owner

Name Brian & Kelly Christiansen Signature

Address 2610 SW 18th City/State/Zip Lincoln, NE 68522

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hackbarth Signature

Address PO Box 142 City/State/Zip Eagle, NE 68347

Work Phone 402-730-7749

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 4.78
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 12/19/19
Comments
Date rec'd 10/11/19
Date frwd 10/11/19
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 12/20/19

Business Office Use Only
Date Received 10-10-19 Amount Paid #430.00
Received By JMO Cash/Check No. 275

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

SCANNED

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 PID 03-24-206-003-000 (no rural route) City Denton NE, Zip 68339

Owner Brian & Kelly Christiansen Address 2610 S w 18th, Lincoln, NE 68522

Date of Tests 9-09 to 9-10 Weather: Precipitation 0 Temperature 87°F

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			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	40	9-9	5:00	9-10	8:15	9-10	12:45	6	9-10	1:15	30m	4 3/4	6.86
2	"	"	"	9-10	"	"	"	6	"	"	"	5	6
3	"	"	"	9-10	"	"	"	6	"	"	"	4 3/4	6.32
4	"	"	"	9-10	"	"	"	6	"	"	"	4	7.5
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hochstein
Phone: 402-770-7749
Address PO Box 142
Eagle, NE 68347

Sum of Percolation Rates: 26.67
Average of Rates: 6.67
Rate Used for Calculation: 6.67

Soil type (NRCS Maps/Other) Judson silt Loam
Groundwater Depth 10+

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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

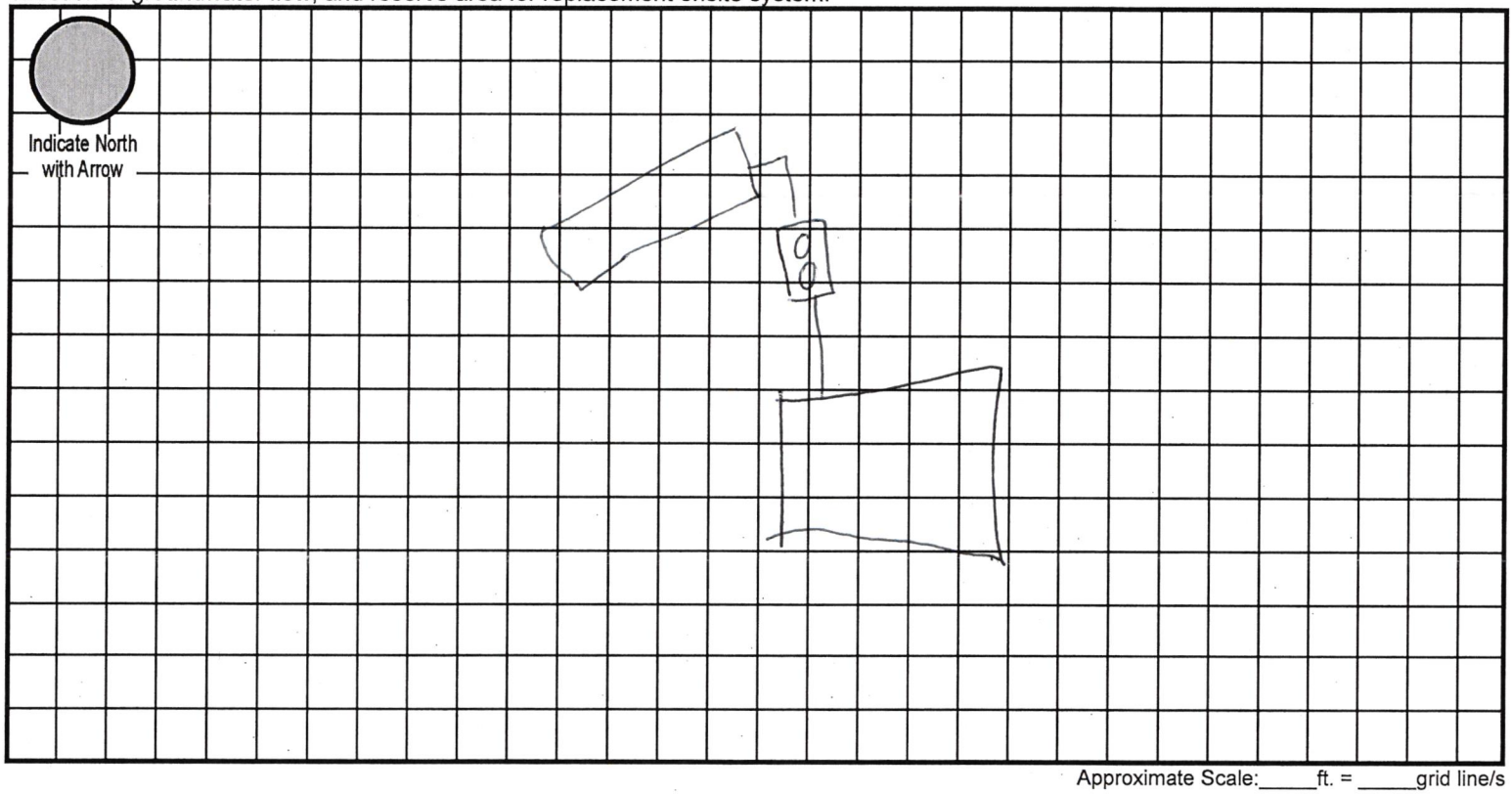
SCANNED

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) RID 03-24-206 00300 City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 6.67 (min/inch = mpi) No. of Bedrooms 4 Soil Type Judson silt loam Land Slope 0-1 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 675 Sq. Ft.

Total length of laterals 150 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZ Flow

No. of Absorption Trenches 1 Width 36 No. of Drop Boxes _____ Distribution Box 0

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

Installer Marcus Hackston Date: 10-7-18

Updated 2/18

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

SCANNED

Exhibit 5

Permit Number: HS001912

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/20/19

Legal Description Bronco Hills Blk 1 3
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7321 SW 66th 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 675 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 150' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 1 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 ☑

Water Well not installed at time of onsite install

Geographical Coordinates to 6 Decimals:

Tank N/A

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 12/19/19

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Shull
Date 12/20/19

Field Note Drawing (See Reverse Side):