After Note

A

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

Permit Number HS001924

Include Form B and C. Submit correct fee with this Application

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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 6815 W Agnew Rd (no rural route) City Valparaiso, NE Zip 68065

Legal Description NW NW 13 12 5-E (1/4 1/4 Section Township Range) Subdivison Addition Block Lot

PID

B. Owner

Name Todd Jonsa Signature

Address 880 Co Rd 20 City/State/Zip Wahoo Ne 68066

Home Phone 402-943-4112 Work Phone

C. Certified Installer

Name: Scott Subject Signature

Address 1012 Co Rd M City/State/Zip Mead Ne 68041

Work Phone 402-443-6549

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

☒ Commercial Establishment/Other Facility Specify Bathroom in a Shop Design flow in gallons per day

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 10-31-19 Amount Paid $130.00
Received By JAO Cash/Check No 002145

Attn Nate

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 6815 W Agnew Rd (no rural route) City Valparaiso NE, Zip 68065

Owner Todd Jones Address 890 C. Rd 20 Wahoo Ne. 68066

Date of Tests 10/24/19 to 10/25/19 Weather: Precipitation 0 Temperature 40

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	10/24	12:00	10/25	11:00	10/25	11:30	6	10/25	12:00	30	2	15
2	35	"	"	"	"	"	"	6	"	"	"	2	15
3	30	"	"	"	"	"	"	5	"	"	"	1½	20
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Subbert
Phone: 402-443-6549
Address 1012 Co Rd M
Mead Ne. 68041

Sum of Percolation Rates: 50
Average of Rates: 17
Rate Used for Calculation: 17

Soil type (NRCS Maps/Other)
Groundwater Depth 20'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

nsite Form B 12_06

Attn Nate

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Septic System

Print or Type

Todd Jansa — Owner First Name; Initial; Jansa — Last Name; 402-499-6112 — Owner Phone Number

Business or Legal Entity Name (if applicable)

880 C. Rd 20 — Owner Mailing Address; Wahoo — City; NE — State; 68066 — Zip

6815 W Agnew Rd — Physical address of system if different from owner's mailing address; Valparaiso — City; NE — State; 68065 — Zip

Location — Legal description — OR — Geographical coordinates to 4 decimal points

NW ¼ NW ¼ Section 13 Township 12 Range 5-E County Saunders / Latitude ____ Longitude ____

Mark One ☐ Dwelling ☑ Non-dwelling

Mark One

☑ New system ☐ Modification, reconstruction or alteration of existing system ☐ System inspection only

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

Design flow 200 gal/day — Depth to seasonal high groundwater 20 feet

Septic tank capacity 1000 gallons — Percolation rate 17 min/inch

Number of trenches 1 — Width of trenches 42 inches

Total trench length 50 feet — Total effective trench bottom area 225 sq. ft.

Soil Absorption System Description (Select one of the following):

- ☐ Gravelless chambers without filter material (inside bottom width of chamber ____ inches)
- ☐ Gravelless chambers with filter material (describe filter material ____)
- ☐ Pipe with filter material (describe filter material ____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe ____ inches)
- ☐ Gravelless pipe with filter material (describe filter material ____)
- ☑ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter 3 X 12 Infiltrator)
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material ____)
- ☐ Other (describe) ____

Previous system registration number (if applicable) TS ____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Scott — (Print or Type) First Name; J — Initial; Sybert — Last Name; C1996 — Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

Date of Inspection or completion of construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

Version 5-2012

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. HS001924

System Type: Standard

Situs: 6815 W AGNEW RD, RURAL, NE

Issued: 11/6/2019

Expires: 11/6/2020

Description: S13, T12, R5, 6th Principal Meridian, LOT 42 NW

Owner: JANSA RENTALS LLC
880 COUNTY RD 20
WAHOO, NE 68066

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

SCOTT SUBBERT
1012 COUNTY ROAD M
MEAD, NE 68041

Attn 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 HS001924

Include Form B and C. Submit correct fee with this Application

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

acres or more required for: ☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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Address 6815 W Agnew Rd (no rural route) City Valparaiso NE Zip 68065

Legal Description NW NW 13 12 5-E
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 0613000007000

B. Owner

Name Todd Jansa Signature

Address 880 Co Rd 20 City/State/Zip Wahoo Ne 68066

Home Phone 402-443-4112 Work Phone

C. Certified Installer

Name: Scott Subject Signature Scott Subject

Address 1012 Co Rd M City/State/Zip Mead Ne 68041

Work Phone 402-443-6549

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

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Garbage Grinder? ☐ Yes ☒ No

☒ Commercial Establishment/Other Facility Specify Bathroom in a Shop Design flow in gallons per day

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 11/6/19
Date frwd 11/6/19
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 11/6/19

Business Office Use Only
Date Received 10-31-19 Amount Paid $130.00
Received By JAO Cash/Check No CC 2145

Received Time Oct. 22. -2019 8:03AM No. 1157

Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/

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

Permit Number: 15001974

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/6/19 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6815 W. Agnew 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 225 Sq. Ft. Tank Size 1000 gals

Total length of laterals 60' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) _____
E2 - Flow

No. of Absorption Laterals 1 Width 3' No. of Drop Boxes 0 Distribution Box 0

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 ☒	2 ☒	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DH Date 11/1/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/6/19

Field Note Drawing (See Reverse Side):

Pumpe
Ø 75 x 15
Ø 90
Ø 90