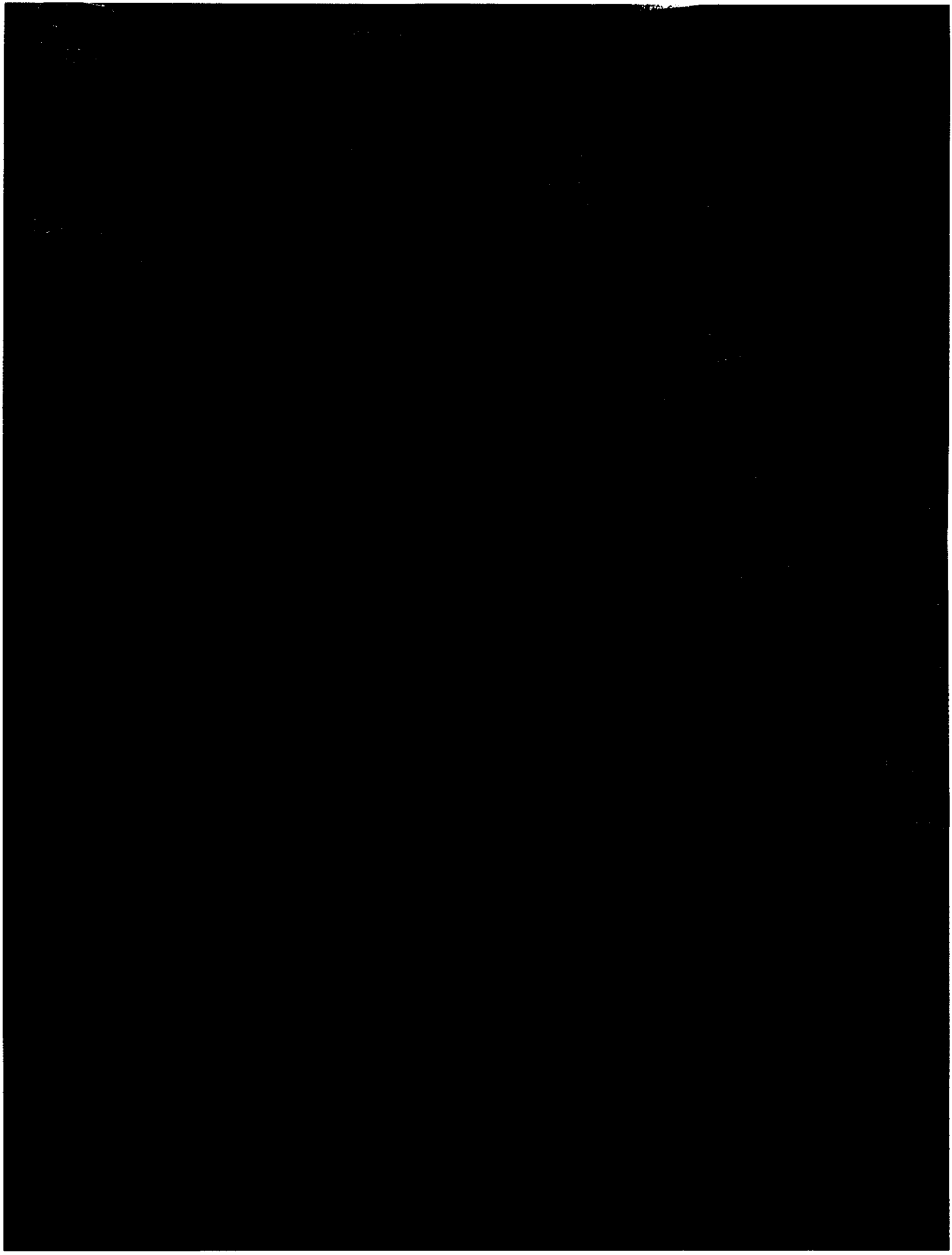
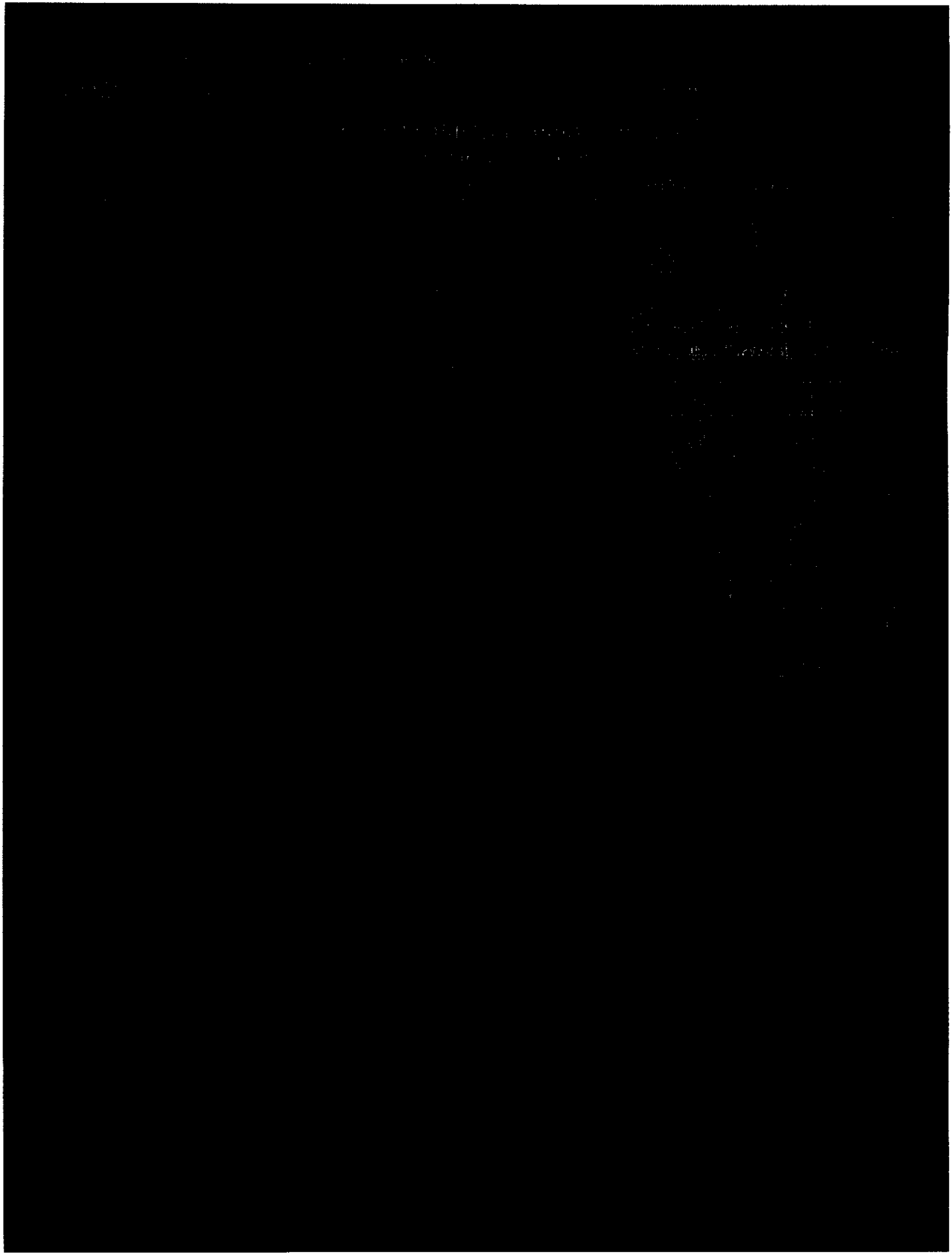




Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED A

Permit Number HS001973

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* 15175 MIDWAY RD (no rural route) City BENNET, NE Zip 68317

Legal Description 22 09 08 HAASE PT LOT 2
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 2222301004000 *Approx. Address (If to be determined)

B. Owner

Name MICHAEL + JESSICA MULLENDORE Signature

Address 4700 WOODHAVEN DR City/State/Zip LINCOLN NE 68516

Home Phone Work Phone

C. Certified Installer

Name: TAYLOR BUSS Signature

Address 8770 WAVERLY RD City/State/Zip LINCOLN NE 68517

Work Phone 402-430-8380

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.20
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 450

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 3-23-20 Amount Paid 430.00
Received By LC Cash/Check No. CC
4833

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated:

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

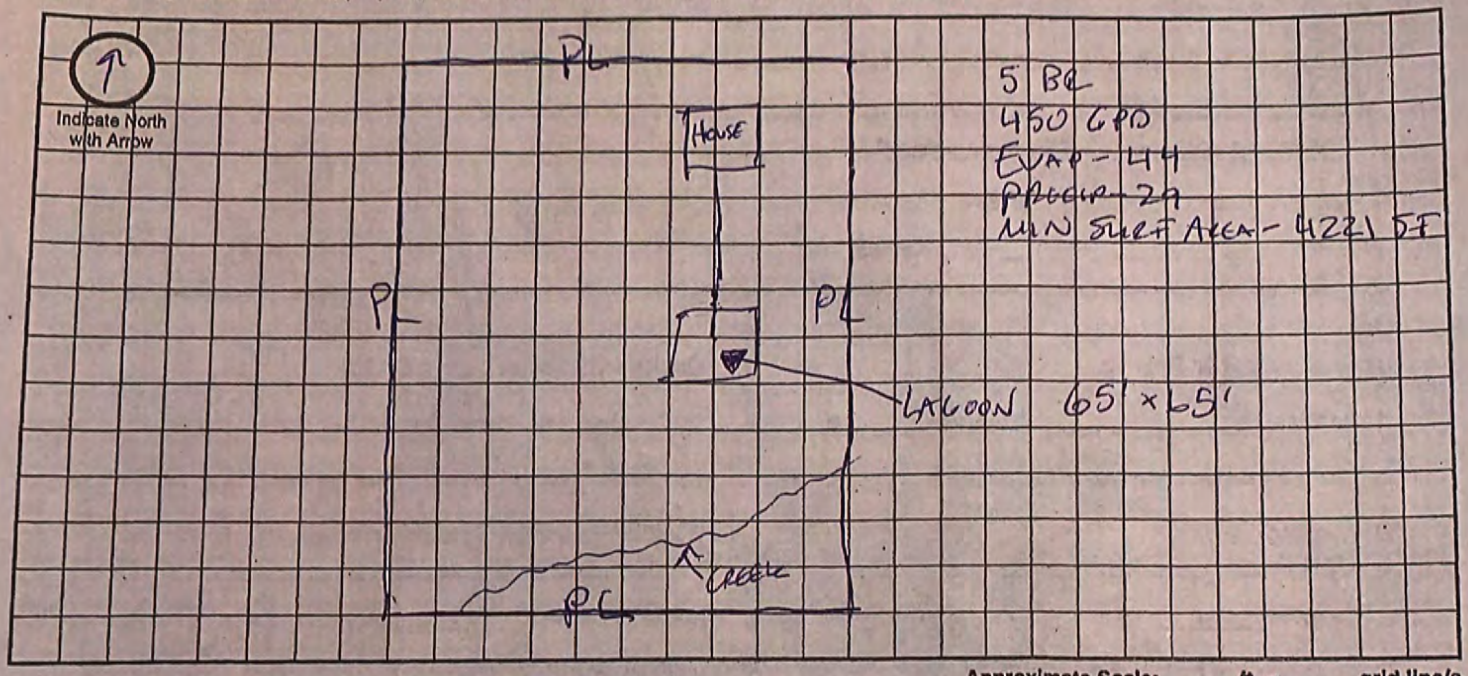
SCANNED C

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: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 15175 MIDWAY RD. City BENNET NE, Zip 68517

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms 5 Soil Type WYMORE SILTY CLAY Land Slope 3-6 %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

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

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

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

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☐

F. Required Signatures

Home Building Contractor DAN VODICKA Date _____

Installer TAYLOR BOSS Date 3/23/2020

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. HS001973

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/23/2020

Expires: 3/23/2021

Description: HAASE ADDITION, PT LOT 2 (DESC IN INST #2017-44709 AS PARCEL B)

Owner: MULLENDORE, MICHAEL A &
JESSICA M
4700 WOODHAVEN DR
LINCOLN, NE 68516

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

TAYLOR BUSS
8770 WAVERLY RD
LINCOLN, NE 68517

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

SCANNED

Permit Number
H3001

Onsite Wastewater Treatment System Permit Application

Include Form B and submit concurrently with this Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 15175 MIDWAY RD (no rural route) City BENNET, NE Zip 68317

Legal Description 22 09 08 HAASE PT LOT 2
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 222230100 4000 *Approx. Address (If to be determined)

B. Owner

Name MICHAEL + JESSICA MULLENDORE Signature

Address 4700 WOODHAVEN DR City/State/Zip LINCOLN NE 68516

Home Phone Work Phone

C. Certified Installer

Name: TAYLOR BUSS Signature

Address 8770 WAVERLY RD City/State/Zip LINCOLN NE 68517

Work Phone 402-430-8380

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.20
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 450

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Process
artment

Date rec'd 3/23/20
Date frwd 3/24/20

ACTION ☐ Approved ☐ Disapproved
Signature

sp. or Village Clerk

Date rec'd
Date frwd

ACTION ☐ Approved ☐ Disapproved
Signature

Engineer

Date rec'd
Date frwd

ACTION ☐ Approved ☐ Disapproved
Signature

Written Approval

4/9/20

See drawings provided

Business Office Use Only
Date Received 3-23-20 Amount Paid 450.00
Received By LB Cash/Check No. 2[illegible]

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Page 1

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:

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) 15175 Midway Rd Bennet NE 68317

Owner: Mike Mullendore Address 15175 Midway Rd Bennet NE 68317

A. Wastewater Piping

1. Material: Sch 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 45 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 200 + ft.
   Pressure line 20 + ft
   Property Line 50 + ft.
   Foundation 45 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 17 ft. East

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS ARC 36
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 90 ft. 145 ft. 140 ft. 75
4. Drainfield size: 1667.5 sq. ft.
5. Distance to:
   Well 200 + ft.
   Pressure line 15 + ft.
   Property line 15 + ft.
   Depth of Groundwater 60'

N

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: _____

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

Nate C. Hartman

From: Nebraska Digging Services LLC <nedigging@gmail.com>
Sent: Monday, July 6, 2020 2:55 PM
To: Nate C. Hartman
Subject: perc test for 15175 midway rd
Attachments: 20200707024305692.pdf

[CAUTION] This email comes from a sender outside your organization.

perc test for 15175 Midway Rd .let me know if you have any questions

Thanks
Cody Price
402-658-2084

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Michael J Jessen & Jill M Loder Phone _____

Address 15175 Anderson Rd Bennet NE 68317
City State Zip

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

¼ ¼ 22 Section 09 Township 08 Range Lancaster County

Lot # Pt Lot 2 Subdivision Haase

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay X

Silty Clay Loam ___ Sandy Loam ___ Silt Loam ___

Dates of Test Start Date 4/5 to End Date 4/5, 20 20

Weather Conditions Precipitation N/A Avg. Temp 52 °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 (Min. / 1 Inch) (Minutes per inch)
1	36"	4/5	8:00	4/5	12:00	4/5	12:15	10"	12:45	9¼"	30	¾"	40
2	36"	↓	↓	↓	↓	↓	12:16	11⅛"	12:46	10¼"	30	9/16"	53.33
3	36"	↓	↓	↓	↓	↓	12:17	11⅛"	12:47	10¾"	30	¾"	40

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

Signature _____

Certificate or License # 2655

Address 8790 Waverly Rd

City Lincoln St NE Zip 68517

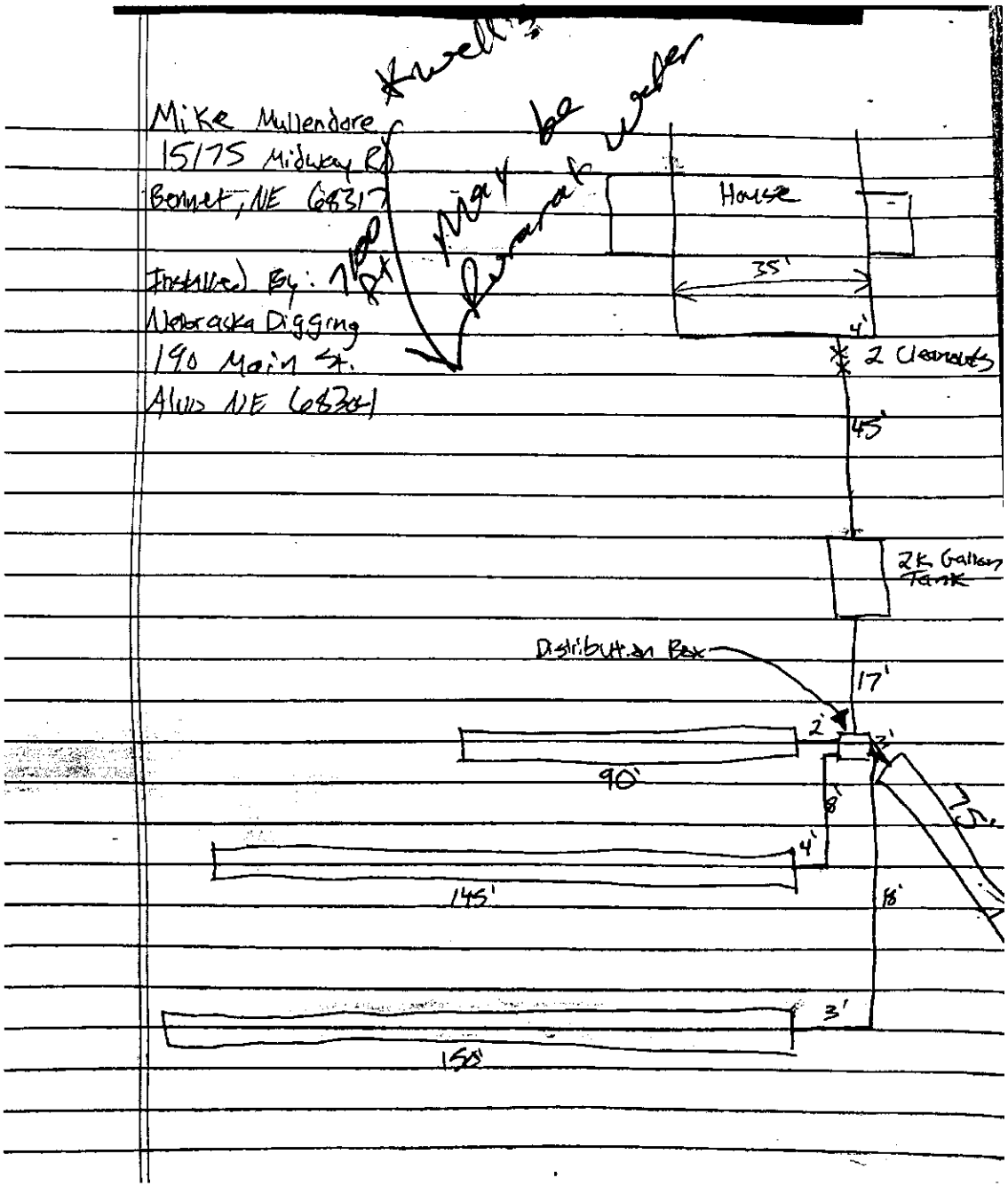
Phone 402-430-8780

Sum of Percolation Rates = 133.33

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 44.44

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 9-2014



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

SCANNED SCANNED

A

Permit Number HS001973

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* 15175 MIDWAY RD (no rural route) City BENNET, NE Zip 68317

Legal Description 22 09 08 HAASE PT LOT 2
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 2222301004000 *Approx. Address (If to be determined)

B. Owner

Name MICHAEL + JESSICA MULLENDORE Signature

Address 4700 WOODHAVEN DR City/State/Zip LINCOLN NE 68516

Home Phone Work Phone

C. Certified Installer

Name: TAYLOR BUSS Signature

Address 8770 WAVERLY RD City/State/Zip LINCOLN NE 68517

Work Phone 402-430-8380

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.20
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 450

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 3/23/20
Date frwd 3/23/20
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 8/19/20

See drawings provided

Business Office Use Only
Date Received 3-23-20 Amount Paid 430.00
Received By LC Cash/Check No. CC

4833

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

Form A Updated:

SCANNED

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Michael & Jessica Mueldoon Phone _____

Address 15175 Arbor Rd Bennet NE 68317
City State Zip

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

_____ _____ 22 09 08 Lancaster
¼ ¼ Section Township Range County

Lot # Pt Lot 2 Subdivision Haase

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay X

Silty Clay Loam ___ Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 4/5 to End Date 4/5 , 2020

Weather Conditions

Precipitation N/A Avg. Temp 58 °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 (min. / 1 inch) (minutes per inch)
1	36"	4/5	8:00	4/5	12:00	4/5	12:45	10"	12:45	9¼"	30	¾"	40
2	36"	↓	↓	↓	↓	↓	12:16	11⅛"	12:46	10½"	30	9/16"	53.33
3	36"	↓	↓	↓	↓	↓	12:17	11½"	12:49	10¾"	30	¾"	40

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

Signature _____ Printed Name _____

Certificate or License # 2655

Address 8790 Waverly Rd

City Lincoln St NE Zip 68517

Phone 402-430-8780

Sum of Percolation Rates = 133.33

Avg. of Percolation Rates* = 44.44
(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

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

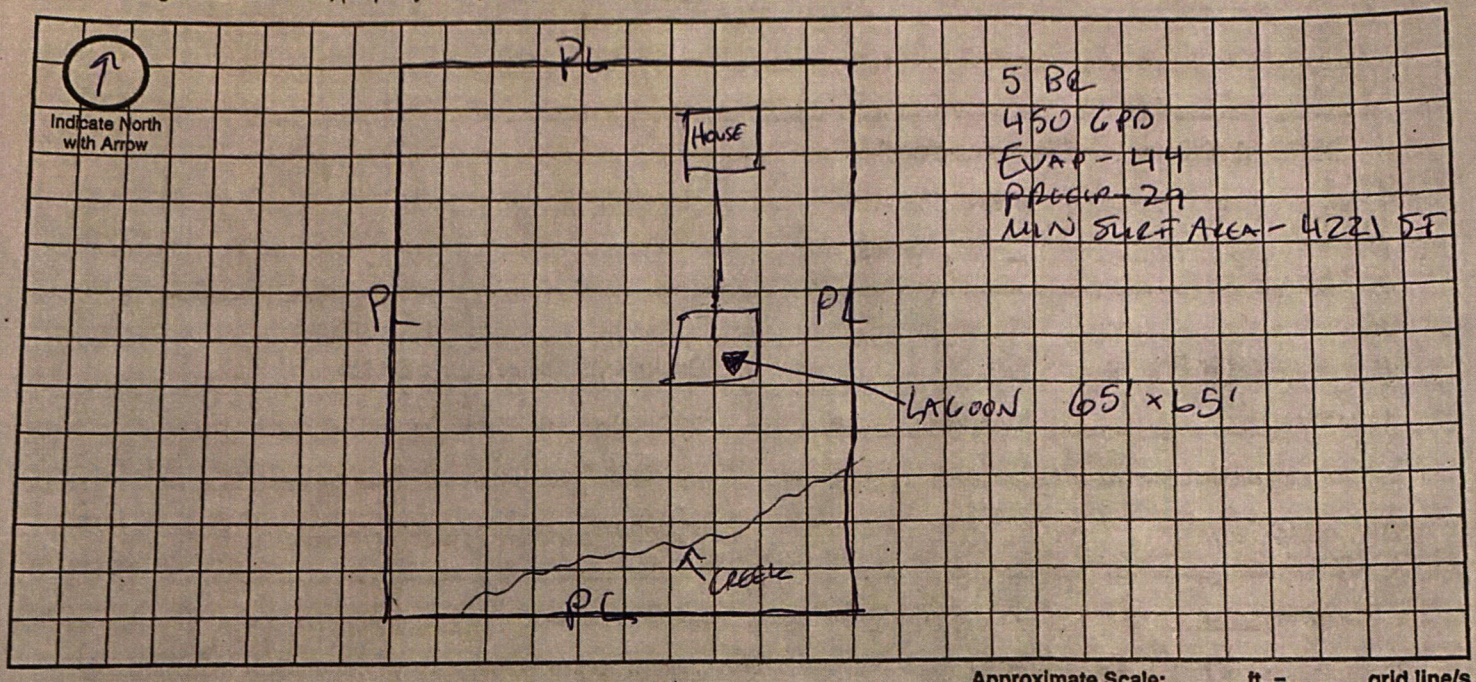
SCANNED C

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: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 15175 MIDWAY RD. City BENNET NE, Zip 68517

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms 5 Soil Type WYMORE SILTY CLAY Land Slope 3-6 %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

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

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

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

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☐	50 ☐	N/A ☐	30 ☑	50 ☐	100 ☑	200 ☐	☐

F. Required Signatures

Home Building Contractor DAN VODICKA Date _____

Installer TAYLOR BOSS Date 3/23/2020

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

SCANNED

D Exhibit 4

Permit Number:

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) 15175 Midway Rd Bennet NE 68317

Owner: Mike Mullendore Address 15175 Midway Rd Bennet NE 68317

A. Wastewater Piping

1. Material: Sch 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 45 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 200 + ft.
   Pressure line 20 + ft
   Property Line 90 + ft.
   Foundation 45 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 17 ft. East

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS ARC 36
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 90 ft. 145 ft. 140 ft. 25
4. Drainfield size: 1667.5 sq. ft.
5. Distance to:
   Well 200 + ft.
   Pressure line 15 + ft.
   Property line 15 + ft.
   Depth of Groundwater 60 +

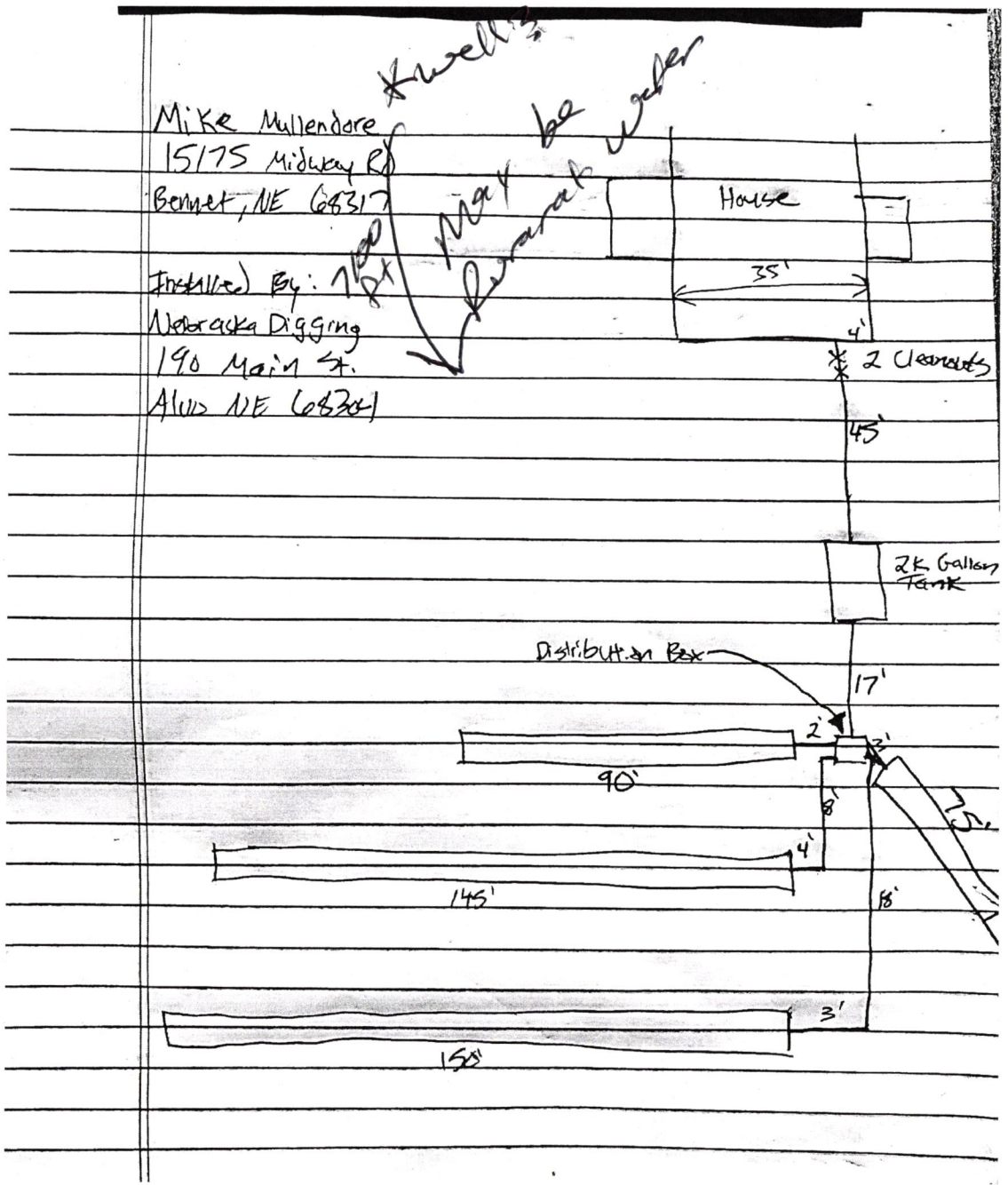
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

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: _____

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



SCANNED

Scanned with CamScanner