REC'D JUN 18 2020

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

A

Permit Number HS002031

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* 6601 SW 32nd Cir (no rural route) City Lincoln, NE Zip 68523

Legal Description S17 T9 R6 Twin Pines Addition Block1 Lot3

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

PID 09-17-401-003-000 *Approx. Address (If to be determined)

B. Owner

Name Kenneth Frey Signature

Address 4445 392 TRL City/State/Zip Hay Springs, NE 69347

Home Phone Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek

Address 11195 E St Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402-984-8425

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 3

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 6-18-20 Amount Paid $430.00

Received By JAD Cash/Check No 2005

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

Form A Updated: 4/15

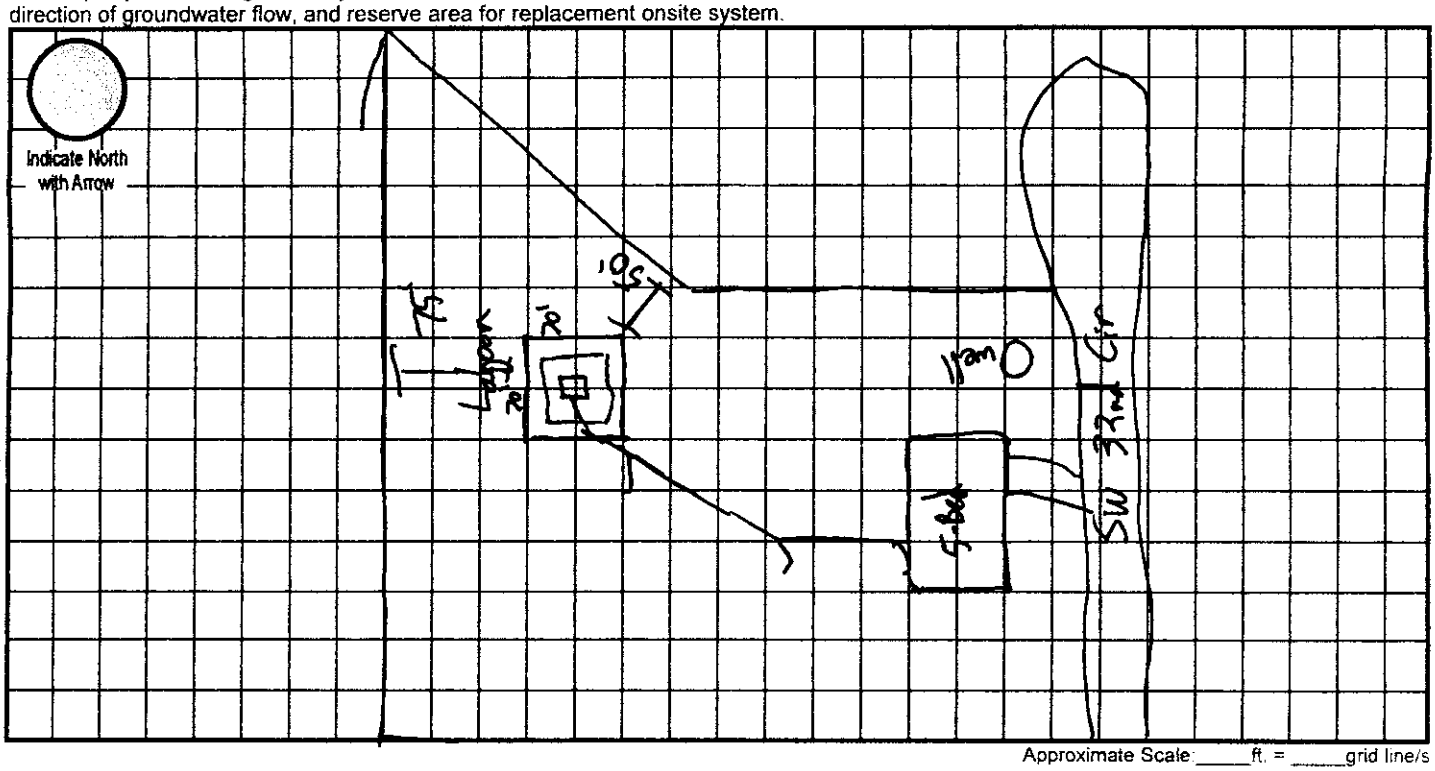
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 6601 SW 32nd Cir City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s
Septic Tank Cap._____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) X Lagoon

D. Drainfield Absorption System
Percolation 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.

Total length of laterals _____ Type of Distribution: ❑ Perforated Pipe ❑ Half-Round ❑ Chambers ❑ Other _____

No. of Absorption Trenches _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

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

Installer Brandon Sedlacek Date 6-16-20

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. HS002031

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/19/2020

Expires: 6/19/2021

Description: TWIN PINES ADDITION, BLOCK 1, Lot 3

Owner: FREY, KENNETH & KATHLEEN R
4445 392 TRL
HAY SPRINGS, NE 69347

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

BRANDON SEDLACEK
11185 E STATE HWY 41
ADAMS, NE 68301

REC'D JUN 18 2020

SCANNED

A

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

Permit Number HS002031

Onsite Wastewater Treatment System Permit Application

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

PLEASE PRINT OR TYPE

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(no rural route)

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

PID 09-17-401-003-000 *Approx. Address (If to be determined)

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Name Kenneth Frey Signature

Address 4445 392 TRL City/State/Zip Hay Springs, NE 69347

Home Phone Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature

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Work Phone 402-984-8425

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 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 11/17/20 D.C
Comments
Date rec'd 6/19/20
Date frwd 6/19/20
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 11/23/20

Business Office Use Only
Date Received 6-18-20 Amount Paid $430.00
Received By JAO Cash/Check No 2005

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: HS00 2031

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/23/20 Legal Description Twin Pines Addition Blk 1, Lot 3
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6601 SW 32nd Circle 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 1,750 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 4.5 factor No. of Drop Boxes _____ Distribution Box _____

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: NA

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DF Date 11/12/20

Follow-Up _____ Date _____

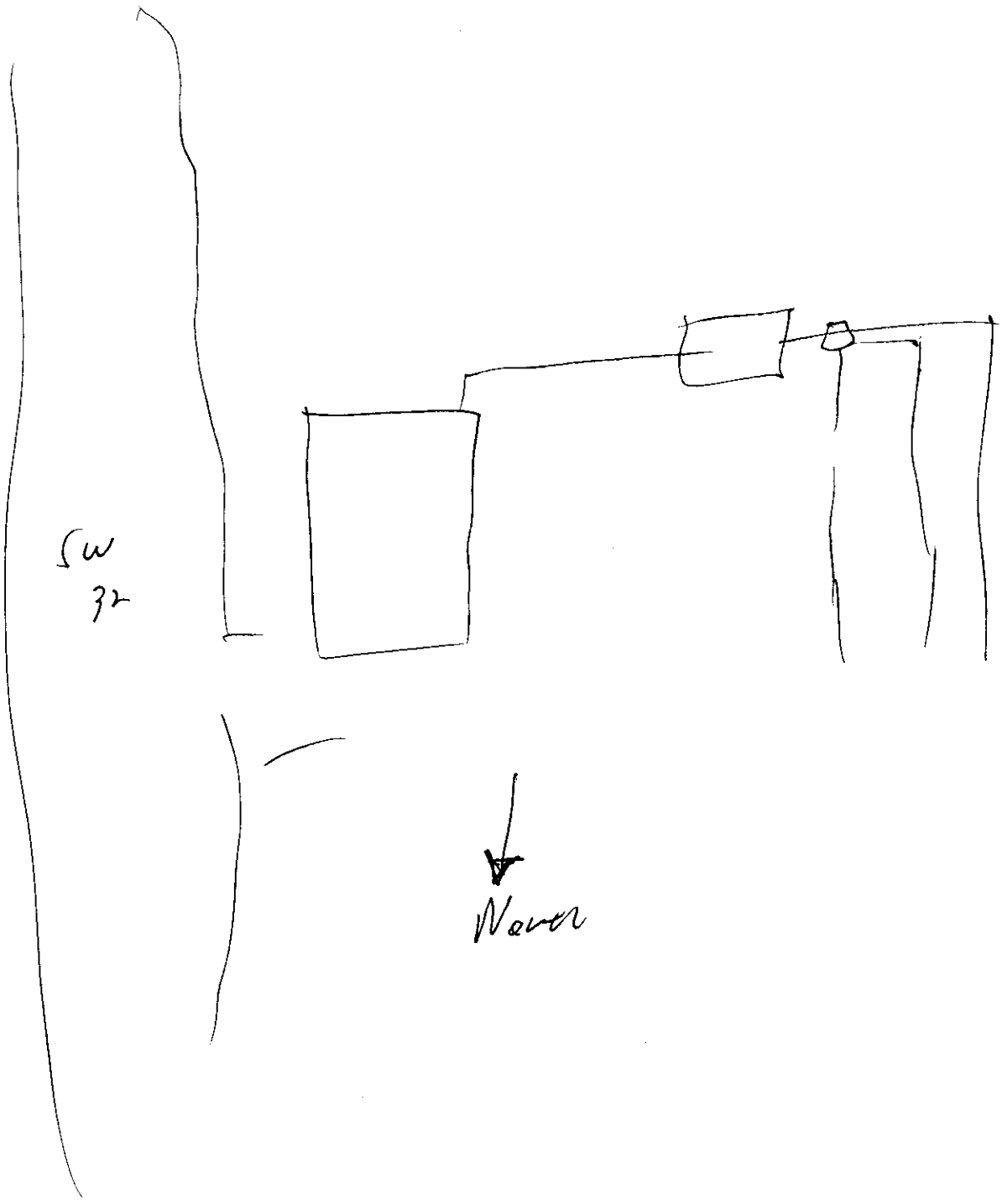
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mutch

Date 11/23/20

Field Note Drawing (See Reverse Side):

Updated 4/15


SW
32
North

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

B

Permit Number

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6601 SW 32nd Cir City Lincoln NE Zip 68523
(no rural route)

Owner Kenneth Frey Address 4445 392 TRL Hay Springs, NE 69347

Date of Tests 6/16 to 6/17 Weather: Precipitation D Temperature 95°

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	36"	6/16	8 am	6/17	8:30am	6/17	8:30 am	6	6/17	9 am	30	1/2"	60 mpi
2	36"	"	"	"	"	"	"	6	"	"	30	5/8"	48 mpi
3	36"	"	"	"	"	"	"	6	"	"	30	1/2"	60 mpi
4	36"	"	"	"	"	"	"	6	"	"	30	3/4"	40 mpi
5	36"	"	"	"	"	"	"	6	"	"	30	1/2"	60 mpi
								6					
								6					
								6					

Person Conducting Percolation Test

Name Brandon Sedlacek
Phone 402-988-8425
Address 11185 E St Hwy 41
Adams, NE 68301

Sum of Percolation Rates 268
Average of Rates 53.6
Rate Used for Calculation 51-60 mpi

Soil type (NRCS Maps/Other)
Groundwater Depth > 9'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date