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

**A**

Permit Number HS0020064

# 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 Benedict, NE Zip 68317
(no rural route)

Legal Description S 11 T 8 R 8 Nemaha Ridge 2 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-11-202-001-000 *Approx. Address (If to be determined) _____

### B. Owner

Name Braxton & Tiffany Roby Signature _____
Address 1540 W Garfield Circle City/State/Zip Lincoln, NE 68522
Home Phone _____ Work Phone _____

### C. Certified Installer

Name: Marcus Hachtman 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 5 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.03
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 8-03-20 Amount Paid $430.00
Received By JAC Cash/Check No 005792

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

Form A Updated: 4/15

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 PID 21-11-202-001-000 (no rural route) City Brunswick NE, Zip 68317

Owner Beata Ruby Address 1540 w. Cactus Ln, Lincoln, NE 68522

Date of Tests 9-17-19 to 9-18-19 Weather: Precipitation 0 Temperature 90°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 | 9-17 | 6:00 | 9-18 | 10:00 | 9-18 | 1:30 | 6 | 9-18 | 2:00 | 30m | 1/2 | 60 |
| 2 | " | " | " | " | " | " | " | 6 | 9-18 | " | " | 1 | 30 |
| 3 | " | " | " | " | " | " | " | 6 | 9-18 | " | " | 5/8 | 48 |
| 4 | " | " | " | " | " | " | " | 6 | 9-18 | " | " | 5/8 | 48 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

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

Sum of Percolation Rates: 186
Average of Rates: 46.5
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) Burchard clay loam
Groundwater Depth 12+

**DO NOT WRITE BELOW THIS LINE**

### Reviewing Action

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

Signature of Reviewing Official _____ Date _____

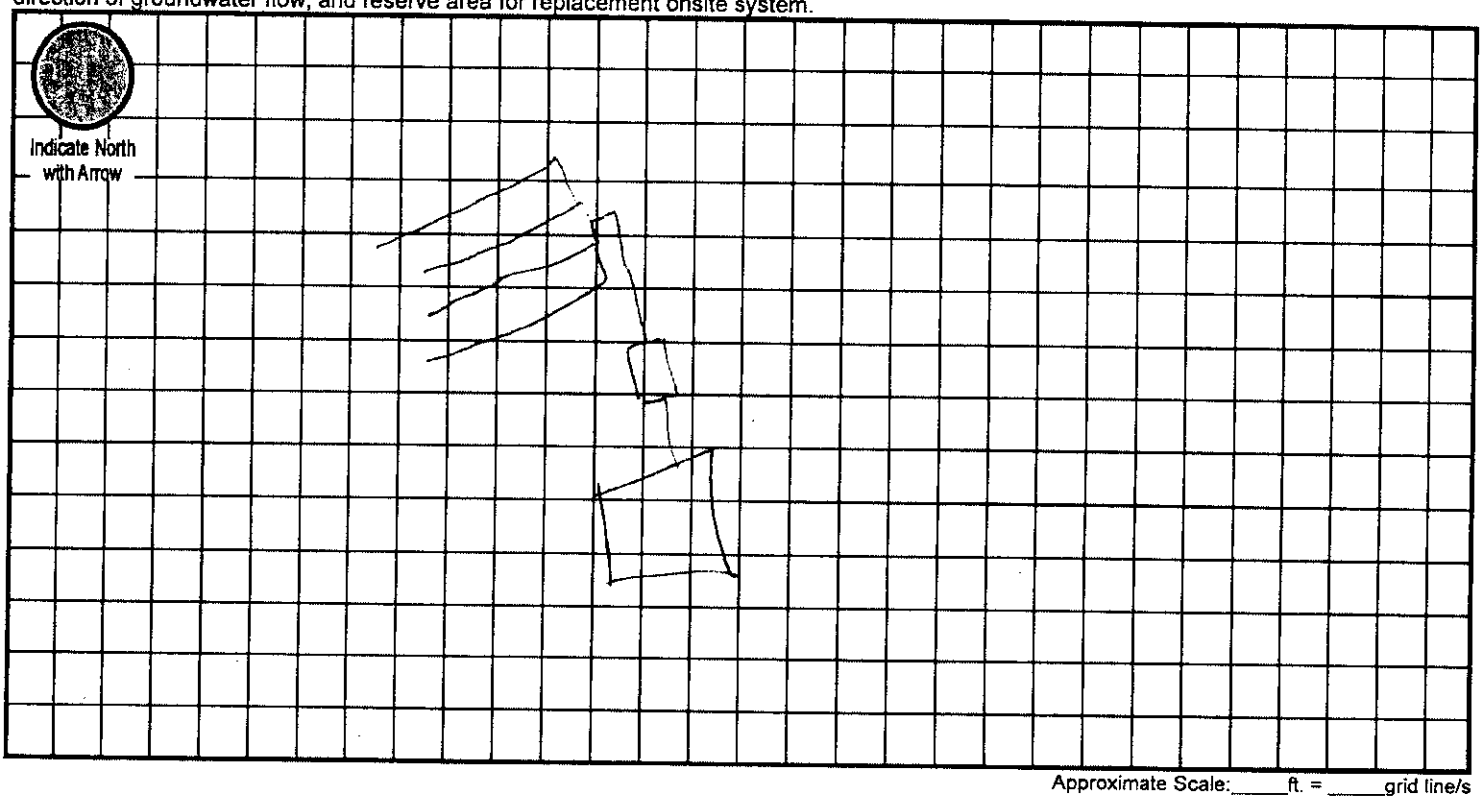
**Lincoln-Lancaster County Health Department**
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

**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) RED 21-11-202-001-000 City Brunt NE, Zip 68317

## B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type Burchard clay loam Land Slope 1-3 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1755 Sq. Ft.

Total length of laterals 390 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZ Flow

No. of Absorption Trenches 4 Width 36 No. of Drop Boxes 0 Distribution Box 1

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

Installer Marcus Hoekstra Date: 8-2-20

**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. HS002064**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 8/4/2020

Expires: 8/4/2021

**Description:** NEMAHA RIDGE ADDITION, BLOCK 2, Lot 1

**Owner:** ROBY, BRENTON & TIFFANY
1540 W GARFIELD CIR
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

MARCUS HOCHSTEIN
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

SCANNED

**A**

Permit Number HS0020064

# 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 Bennet, NE Zip 68317
(no rural route)

Legal Description S11 T8 R8 Nemaha Ridge 2 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-11-202-001-000 *Approx. Address (If to be determined) _____

### B. Owner

Name Brenton & Tiffany Roby Signature _____
Address 1540 W Garfield Circle City/State/Zip Lincoln, NE 68522
Home Phone _____ Work Phone _____

### C. Certified Installer

Name: Marcus Hachtman 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 5 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.03
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 10/2/20
Comments _____
Date rec'd 8/4/20
Date frwd 8/4/20
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 11/10/20

***Business Office Use Only***
Date Received 8-03-20 Amount Paid $430.00
Received By _____ Cash/Check No 005792

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

Form A Updated: 4/15

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS002064

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 11/10/20 Legal Description ____ ¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 17575 Autumn Blaze 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 1755 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 340' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z flow

No. of Absorption Laterals 3 Width 45 Factr 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:

Tank ____ Lateral #1 ____ Lateral #2 ____

NA

Lateral #3 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DS Date 10/2/20

Follow-Up ____ Date ____

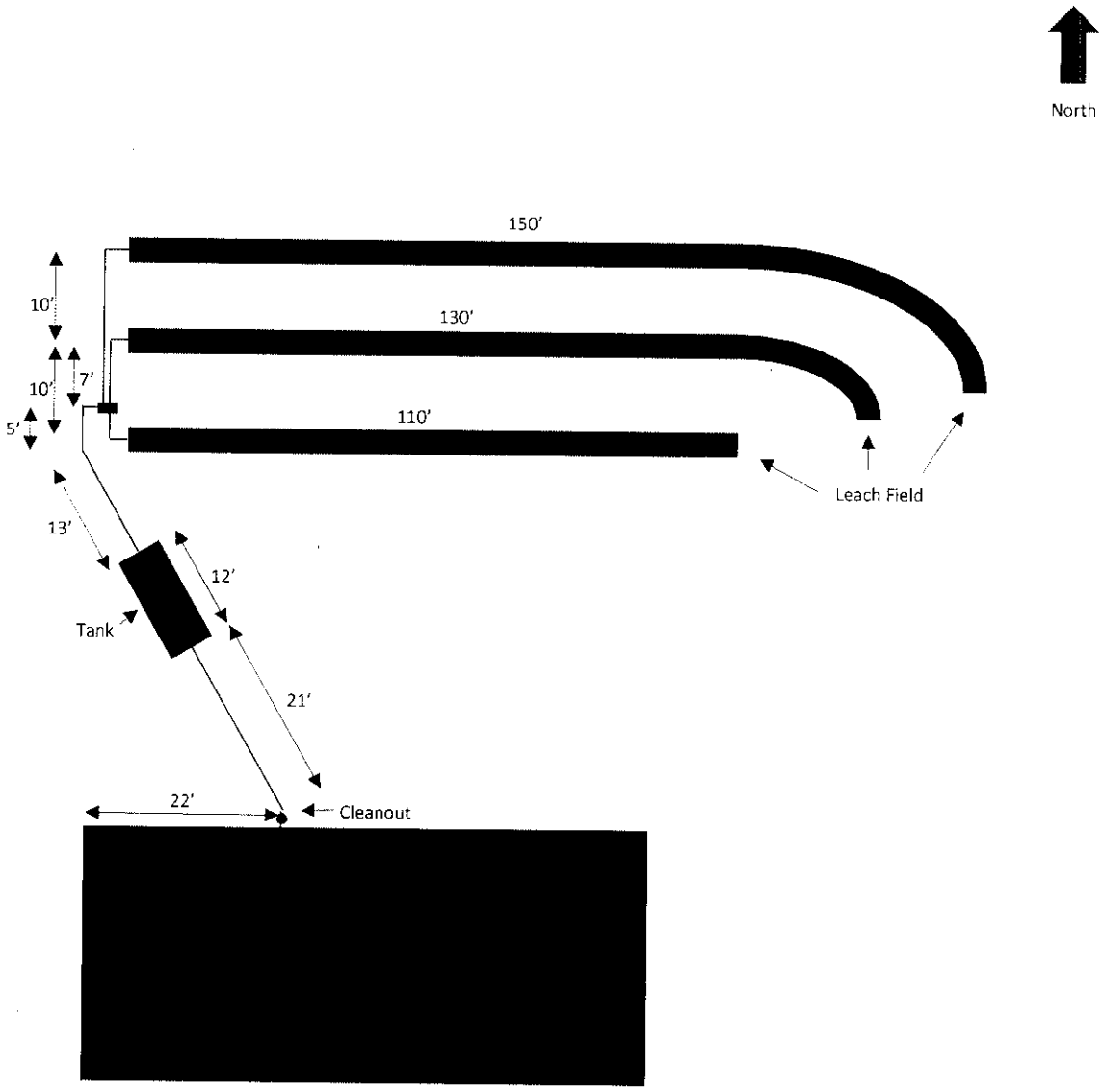
Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Arnold

Date 11/10/20

Id Note Drawing (See Reverse Side):

Updated 4/15


North
150'
130'
110'
10'
10'
7'
5'
13'
12'
Tank
21'
22'
Cleanout
Leach Field

## Nate C. Hartman

**From:** Village of Bennet <bennetvlg@diodecom.net>
**Sent:** Thursday, July 30, 2020 3:33 PM
**To:** Nate C. Hartman
**Subject:** RE: New Residence ETJ

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

Thank you.

*Michele Lincoln, CMC*
*Clerk/Treasurer*
*Village of Bennet*
*(402)782-3300*

**From:** Nate C. Hartman <nhartman@lincoln.ne.gov>
**Sent:** Thursday, July 30, 2020 3:19 PM
**To:** Village of Bennet <bennetvlg@diodecom.net>
**Subject:** RE: New Residence ETJ

Thanks! This will help speed up the process on our end. As soon as I get the permit application in, I will get you over a number for your building permit.

Thanks again and stay safe!

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

**From:** Village of Bennet [mailto:bennetvlg@diodecom.net]
**Sent:** Thursday, July 30, 2020 2:50 PM
**To:** Nate C. Hartman <nhartman@lincoln.ne.gov>
**Subject:** RE: New Residence ETJ

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

We have no objections if it is good with you.

*Michele Lincoln, CMC*
*Clerk/Treasurer*

*Village of Bennet*
*(402)782-3300*

**From:** Nate C. Hartman <nhartman@lincoln.ne.gov>
**Sent:** Thursday, July 30, 2020 10:37 AM
**To:** Village of Bennet <bennetvlg@diodecom.net>
**Subject:** RE: New Residence ETJ

Thanks for the heads-up... I have not seen anything for this project as of yet. Let me know if you will have any objections to the issuance of a wastewater permit for this parcel. If not, I will email you the permit number once it has been received, reviewed and issued for your record.

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

**From:** Village of Bennet [mailto:bennetvlg@diodecom.net]
**Sent:** Thursday, July 30, 2020 10:34 AM
**To:** Nate C. Hartman <nhartman@lincoln.ne.gov>
**Subject:** New Residence ETJ

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

Beau Daffer w/ BIC Custom Homes is wanting to get a building permit in our ETJ. No situs yet. Nemaha Ridge Addition Block 2 Lot 1. He submitted the building permit & plans, but told him he needed a situs and your blessing before we could issue.

*Michele Lincoln, CMC*
*Clerk/Treasurer*
*Village of Bennet*
*(402)782-3300*

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