Received Time May. 3. 2021 5:34PM No. 1855

Letter Date

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

A

Permit Number HS002211

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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

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 6700 Little Salt Road (no rural route) City Cortesco, NE Zip 68017

Legal Description SW SE 4 12 7-E 13 JAW

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

Geographical Location (if known): Lat/Long: PID 19-04-400-002-000

B. Owner

Name JJK Construction (Jeremy Kynel) Signature

Address 6200 Little Salt Road City/State/Zip Cortesco NE 68017

Home Phone 402-432-2605 Work Phone

C. Certified Installer

Name: Scott Swibert Signature

Address 1018 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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.1

☒ Commercial Establishment/Other Facility Specify Shop office Design flow in gallons per day 300

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☒ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
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 5-06-21 Amount Paid $1440 @
Received By JAW Cash/Check No. CC 1303

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

Form A Updated

Received Time May. 3. 2021 5:34PM No. 1855-

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Septic System

Print or Type

Owner First Name: Jeremy | Initial: | Last Name: Kynch | Owner Phone Number: 402-432-2605

Business or Legal Entity Name (if applicable):

Owner Mailing Address: 6700 Little Salt Rd | City: Carson | State: Ne | Zip: 68017

Physical address of system if different from owner's mailing address:

Location: Legal description OR Geographical coordinates to 4 decimal points

¼: SW ¼: SE | Section: 4 | Township: 12 | Range: 7-E | County: Lancaster | 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: 300 gal/day | Depth to seasonal high groundwater: 10+ feet

Septic tank capacity: 1000 gallons | Percolation rate: 29 min/inch

Number of trenches: 1 | Width of trenches: 54 inches

Total trench length: 120 feet | Total effective trench bottom area: 540 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 12" x 3 in.) Eco Flo
- ☐ 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.

(Print or Type) First Name: Scott | Initial: J | Last Name: Sybert | Certificate/License Number: 11996

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

May 03 21 03:58p 1-402-624-2011 p.2

Received Time May. 3. 2021 5:34PM No. 1855

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Jeremy Kyncl Phone 402-432-2605

Address 6700 Little Salt Rd City Conesco State NE Zip 68017

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

SW ¼ SE ¼ Section 4 Township 12 Range 7-E County Lancaster

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay ✓

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date 4/18 to End Date 4/19 .2018

Weather Conditions

Precipitation 0 Avg. Temp 50 °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 (n ÷ l) (Minutes per inch)
1	30	4/18	9:00	4/19	9:30	4/19	11:00	10	11:30	9	30	1	30
2	32	"	"	"	"	"	"	12	"	11	"	1	30
3	30	"	"	"	"	"	"	8	"	6.75	"	.125	25
4	34	"	"	"	"	"	"	13	"	12	"	1	30

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

Signature Scott Sukup

Certificate or License # 1996

Address 1012 L Rd

City Mead St NE Zip 68041

Phone 402-443-6549

Sum of Percolation Rates = 115

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 29.5

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

Version 9-2014

May 03 21 03:58p 1-402-624-2011 p.3

6700 Little Salt Blvd
Gourney Kynch

Received Time May. 3. 2021 5:34PM No. 1855

Received Time May. 3. 2021 5:34PM No. 1855

DOUGLAS COUNTY Health Department

APPLICATION FOR PERMIT FOR PRIVATE WATER SUPPLY SYSTEM

Sanitary Engineering
Midtown Campus, 1111 So. 41st St., Ste 130, Omaha, NE 68105

Please print or type. Enclose $157.00 County ☐ or City and three (3) mile limit ☐
$25.00 Non Drinking Water Well (Irrigation, horizontal or vertical geothermal loop system, etc) REGISTRATION ONLY

Property 6550 Rainwood Rd City Omaha Ne

Well Driller Scott Sybert Address 1012 Co Rd M Mud Telephone 402-443-6540

Homeowner Nagendra Natarajan Address 6550 Rainwood Rd

City Omaha State Ne Zip Code _____ Telephone 1-913-787-4771

System to serve: Home ( ); Other (specify) Hele irrigate Lawn Hose through Flo
Distance from proposed well site to any pit toilet, septic tank system, cess-pool, feed lot, sanitary landfill, barnyard, or run
Animal or fowl pen or any other known source of possible contamination or pollution 100 F Yar
Water from proposed well to be used to water livestock or fowl _____ Yes ___Y___ No
Well Casing: Size 4"
Material Plastic Thickness .25 Type of Joint Glued
Material to be used in sealing top 10 feet of well _____ . Thickness _____
Well discharge above ground ( ); below ground ( ); If below, depth of discharge below ground surface 5 ft
Proposed well depth 250 ft
Well platform to be used _____ Yes ___X___ No. If yes, state distance casing will project above platform _____ inches; If no, state distance casing will project above ground surface 18 inches
State method of sealing casing top against leaking water Benonite

Will a pitless adapter be used ___X___ Yes _____ No. If yes, state type Baker
Type of pump to be used Submersible
Type of water storage reservoir to be used Pressure tank Material fiberglass
Where will storage reservoir be located By well

Type of pipe used for distribution of water from well to plumbing system Pure Core Plastic

Has the well been drilled? _____ Yes ___X___ No If yes, when? _____

WATER SAMPLE FOR LABORATORY ANALYSIS CANNOT BE TAKEN UNTIL WELL WATER PLUMBING DISTRIBUTION IS COMPELTE. APPLICANT MUST CALL FOR FINAL INSPECTION AND ANALYSIS (BACTERIA AND NITRATE) FOR APPROVAL OF WELL AT 444-7485.

FOR THE USE OF THE HEALTH DEPARTMENT OFFICIAL REVIEWING APPLICATION ONLY

Application Approved: Date _____ 20 _____ Signed _____

Permit Number _____ Receipt _____ Title _____

Well water analysis approved: Date _____ 20 _____

Signed _____ Title _____

File # _____

1/2012

May 03 21 03:58p 1-402-624-2011 p.5

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. HS002211

System Type: Standard

Situs: No Site Address Specified

Issued: 5/6/2021

Expires: 5/6/2022

Description: S4, T12, R7, Acres 6th Principal Meridian, LOT 13 SE

Owner: ASCHOFF, JAMES G & TONDA A
86145 537 AVE
PLAINVIEW, NE 68769

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
Health Director

SCOTT SUBBERT
1012 COUNTY RD M
MEAD, NE 68041

Received Time May. 3. 2021 5:34PM No. 1855

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

SCANNED

A

Permit Number
HS0022-11

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

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 6700 Little Salt Road (no rural route) City Cresco, NE Zip 68017

Legal Description SW SE 4 12 7-E 13

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

Geographical Location (if known): Lat/Long: PID 19-04-400-002-000

B. Owner

Name JJK Construction (Jeremy Kynci) Signature

Address 6700 Little Salt Road City/State/Zip Cresco, NE 68017

Home Phone 402-432-2605 Work Phone

C. Certified Installer

Name: Scott Swibert 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 0 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.1

☒ Commercial Establishment/Other Facility Specify Shop office Design flow in gallons per day 300

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☒ No ☐ Not Applicable

19.13

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. **Health Department** Date rec'd 5/6/21 ACTION ☒ Approved ☐ Disapproved
Site visits Date frwd 5/6/21 Signature

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd ACTION ☐ Approved ☐ Disapproved
Comments Date frwd Signature

3. **City or County Engineer** Date rec'd ACTION ☐ Approved ☐ Disapproved
Comments Date frwd Signature

Installation Final Written Approval
By
Date 5/18/21

Business Office Use Only
Date Received 5-06-21 Amount Paid $440.00
Received By JAW Cash/Check No. cc 1303

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

Form A Updated

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

Permit Number: HS022211

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/18/21 Legal Description T12N, R7E, Sec 4 Lot 43
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6700 Little Salt Rd 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 540 Sq Ft (500 gpd) Tank Size 1500 gals

Total length of laterals 120' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ-Flow

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

Leveling Method Used Level

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 #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 5/13/21

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 5/18/21

Field Note Drawing (See Reverse Side):

N
shed
shed
120'
1500
1000 ft
house
well
house