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. HS002232

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/10/2021

Expires: 6/10/2022

Description: DAKOTAH ACRES ADDITION, Lot 1

Owner: WILLIAMS, LINCOLN & KRISTI
5111 NEW CASTLE 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
Health Director

LINCOLN WILLIAMS
6550 W DENTON RD
DENTON, NE 68339

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

SCANNED

A

Permit Number HS002232

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* 6550 W DENTON RD City DENTON, NE Zip 68339
(no rural route)

Legal Description S13 T9 R5 PAKOTAH ACRES ADDITION 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-13-301-001-000 *Approx. Address (If to be determined)

B. Owner

Name LINCOLN WILLIAM Signature
Address 6550 W DENTON RD City/State/Zip DENTON, NE 68339
Home Phone 402-430-8761 Work Phone

C. Certified Installer

Name JANE KLEIK Signature Jane Kleik
Address 105 LOCUST ST P.O. BOX City/State/Zip HICKMAN, NE 68372
Work Phone 402-475-2462

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☒ Yes ☐ No Total Acres 3.04

☐ 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 12/9/21
Comments
Date rec'd 6/10/21
Date frwd 6/10/21
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 Doug Smith
Date 12/20/21

Business Office Use Only
Date Received 6-09-21 Amount Paid $440.00
Received By JAD Cash/Check No CC4732

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

Form A Updated: 4/15

SCANNED

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of			
		Start		End		Start		Initial Water Lev (in.)	End
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)
1	30 in	6/8	2:50 pm	6/9	8:00 am	6/9	11:30 am	6 1/2	6/9
2	30 in	6/8	2:50 pm	6/9	8:00 am	6/9	11:30 am	6	6/9
3	30 in	6/8	2:50 pm	6/9	8:00 am	6/9	11:30 am	6 7/8	6/9
3	30 in	6/8	2:50 pm	6/9	8:00 am	6/9	11:30 am	6 1/2	6/9
								6	
								6	
								6	
								6	

Person Conducting Percolation Test

Name: Jason Kubik

Phone: 402-475-2462

Address 105 Locust Street P.O. Box 191

Hickman, NE 68372

Soil type (NRCS Maps/Other) 7684 Wymore Silty Clay

Groundwater Depth +12 ft

Painter Issue

185 Sum of Percolation

46 Average of Rates:

D.S. 59 Rate Used for Calc

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____

Onsite Form B 4/15

4500232

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

Exhibit 5

Permit Number: HS002232

Onsite Wastewater Treatment System

Inspection Sheet

SCANNED

Date 12/20/21

Legal Description ____ ¼ ____ ¼ ____ Section/Township/Range

Onsite System Location

Address (no rural route) 6550 W. Denton 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 720' Sq. Ft. Tank Size 1500 gals

Total length of laterals 160' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 2 Width 4.5 Factor No. of Drop Boxes 1 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 #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval

Initial DS Date 12/9/21

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval

By Doug Shue

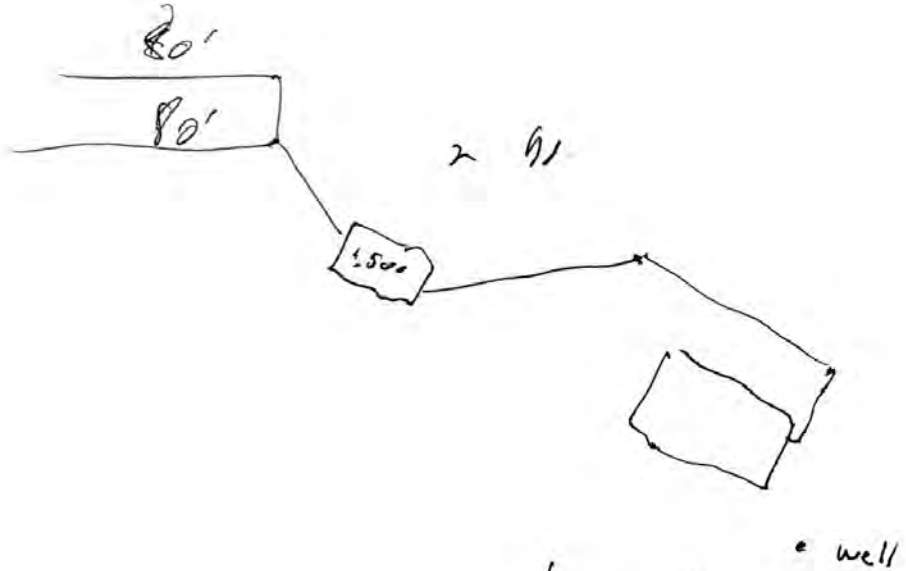
Date 12/20/21

Id Note Drawing (See Reverse Side):

Updated 4/15

12/9/24

2 - 80'



6550 W DENTON RD
HS002232