Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002330

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/17/2021

Expires: 11/17/2022

Description: ANDERSON ESTATES, Lot 1

Owner: ANDERSON, MICHAEL A & KATHRYN G
ATTN: KINTOSON LLC (CONTRACT)
2670 M RD
DAVID CITY, NE 68632

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

JON SMISEK
402 MEADOW CREEK
GRETNA, NE 68028

SCANNED

HS 002330 $240

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☒ **ALTER** ☐ **REPAIR** an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 100 McKelvie Road

   Legal Description of Property: Township: 11 Range: 6 Section: 23

   Block ____ Lot 1 SubDivsion Anderson Est. Add: ____

   ***Parcel ID** 12-23-301-001-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☐ Residential ☒ Commercial ☐ Other use (Describe: ____)
   Number of bedrooms ____ Does the system have a: ☐ Garbage Grinder ☐ Large Capacity Tub

3. **Type of Present Individual Disposal System** ☐ septic system ☒ lagoon ☐ other

4. **Description of proposed alteration or repair:** Reconstructing existing lagoon, resize in place

5. **Current Type of Lateral** X **Current Linear Ft. Of Lateral -** X N/A

   Current Tank Gallonage ____

6. Print Name Jon Smisek Address 462 Meadow Circle Gretna, Ne Phone: 402-658-3959

   Applicant Signature: Jon Smisek

Please contact LLCHD for the current permit fee for this application

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

Date received 11/16/21 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any): see the many notes attached - NH

Site visits
Date 4/19/22 By NH
Date 9/15/22 By NH Pervis Dashke

Installation final written approval
Date 9/15/22 By [signature]

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 11/16/21 Amount 240.00 Check No. CC4697 Initials KJ

Revised 2/18

* Lagoon was rebuilt in Place
- Needs Demo

4/20/22

Nate C. Hartman

From: Petersen, Tyler <tyler.petersen@chiefind.com>
Sent: Tuesday, November 16, 2021 10:08 AM
To: Nate C. Hartman
Subject: Fwd: Driftwood Vet Clinic

Nate,

See below from Dr. Tony.

Good to go!

Get Outlook for Android

From: A Morvets <morvets@hotmail.com>
Sent: Tuesday, November 16, 2021 10:07:03 AM
To: Petersen, Tyler <tyler.petersen@chiefind.com>
Subject: Re: Driftwood Vet Clinic

Tyler,

I have read and accept the commentary in the aforementioned two attached letters. Please feel free to contact me with any other questions that you may have!

Thank you,
Dr. Tony Moravec

"Nec timore mortis, nec negare vitae."
+ Neither fear death, nor refuse life. +

> On Nov 16, 2021, at 9:59 AM, Petersen, Tyler <tyler.petersen@chiefind.com> wrote:
>
> Tony,
>
> See attached. Can you respond to this email with your acknowledgement of these two letters per Nate's comment below?
>
> Thanks!

Tyler Petersen, Project Manager
<image005.png>
Chief Construction | Office: (402) 323-5612 Cell: (402) 660-7033

From: Nate C. Hartman <nhartman@lincoln.ne.gov>
Sent: Tuesday, November 16, 2021 9:57 AM
To: Petersen, Tyler <tyler.petersen@chiefind.com>
Subject: FW: Driftwood Vet Clinic

Tyler:

Please have the owner acknowledge these two letters in writing (an email WILL suffice) and I will get the permit going yet today. Again, we simply want the owner to acknowledge that there will NOT be non-domestic waste going into the lagoon and that all disposal will be through solid waste measures. (...i.e. the comments previously provided by the engineer-Attached)

Let me know if you have any questions..

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP

Senior Environmental Health Specialist

3131 'O' Street, Lincoln, NE 68510

O: 402-441-8643 F: 402-441-3890

<image001.jpg>

<image002.png>

From: Larry Schmidt <larry.schmidt@hotmail.com>
Sent: Monday, October 18, 2021 11:07 AM
To: Scott, Tricia <tricia.scott@nebraska.gov>
Cc: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: Driftwood Vet Clinic

Tricia and Nate

Attached are the cover letter and site plan for the Driftwood Vet Clinic for your review for granting the construction permit to Chief Construction for the new building. Per the conversation with Tricia, I will design and inspect the installation of the new mound system or modification of the existing lagoon to bring it in compliance with Title 124 the choice of system will depend on cost which has not been determined at this time. All waste in the system will be **domestic waste** as the kennels are all outdoors and are not washed down, and all sugeries are cleaned with anticeptic wipes and disposed of in garbage bags.

Feel free to cantact me with any concerns at this email address or by phone at 308-380-7144.

Larry Schmidt, PE

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

EXTERNAL EMAIL: Do not click any links or open any attachments unless you trust the sender and know the content is safe.

<Driftwood Vet Onsite system modification cover letter.pdf>
<Driftwood Vet Clinic - Owner Approval.pdf>

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003666

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380278801

Issued 03/02/04
Expires 09/02/04
Revenue Code 3157

Establishment: MICHAEL ANDERSON
T11N R6E SEC 23 QTR SW
LOT 14IT
100 MCKELVIE RD

FEES: $200.00

Permittee: MICHAEL ANDERSON
9201 AVON LN
LINCOLN NE 68505

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380278801

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 100 McKelvie Road (no rural route) City Lincoln NE, Zip _____

Legal Description Lot 14 SW 23 11N 6 EAST of 6th PM 14 I.T.
(1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Michael Anderson Signature Michael Anderson

Address 9201 Avon Lane City/State/Zip Lincoln NE 68505

☐ Check if owner designed system Home Phone 402 486-4225 Work Phone 450-2172

C. Contractor

Name HARPER WELL Company Name HARPER WELL

Address P.O Box 15 City/State/Zip Adams NE 68301

☑ Check if contractor designed system Work Phone 402 432-2204

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES (NO)

☑ Commercial Establishment/Other Facility Specify BATHROOM + DOG KENNEL 250 GAL. PER DAY

Design flow in gallons per day _____ Type of Wastewater: ☑ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** (6-9-04, rec'd to seal, drawing + 2 sheets)
   Date rec'd 3/2/04 Date frwd 3/3/04
   ACTION ☑ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 3/3/04 Date frwd 3/3/04
   ACTION ☑ Approved ☐ Disapproved
   Signature _____

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

Installation Final Written Approval

By Ron Mangum

Date 2-14-05

Business Office Use Only

Date Rec'd 3/2/04

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1522

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 043802788

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 100 McKelvie Road (no rural route) City Lincoln NE, Zip _____

Owner Michael A. Anderson Addresss 9201 Adam Lane Lincoln NE.

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
		Bentonite											
			Bottom of Lagoon										

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Harper Well

Phone: 402 932-2204

Address Adams NE 68301

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

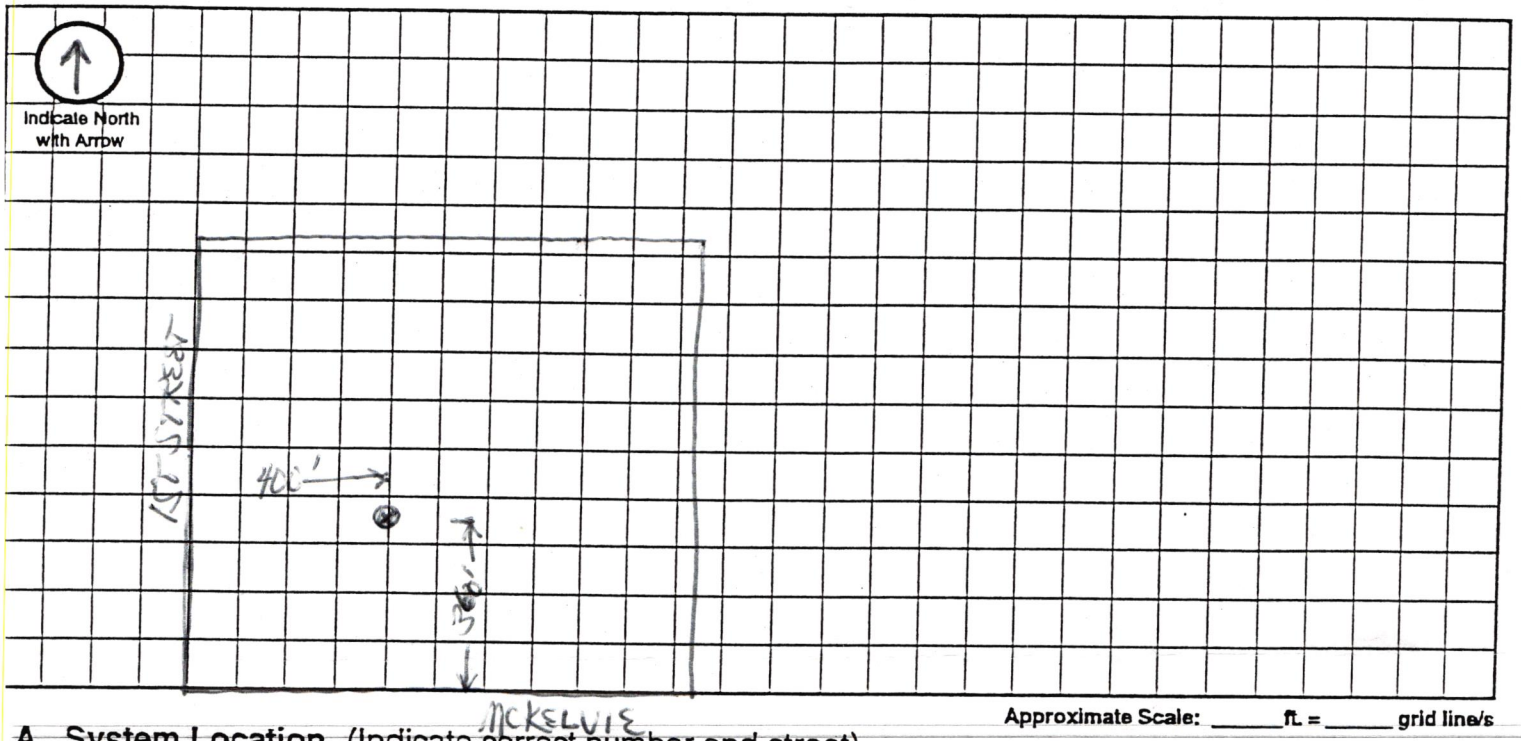
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 04 3802788

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Beds to be sealed to no more than ½" seepage/day

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. 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 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 3-3-04

RM 23-102 10-96