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

NOV 2 1 2022

A

Permit Number HS002487

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* 20991 NW 70 City Agnew, NE Zip 68428
(no rural route)

Legal Description NE NE 14 12 SE ~~Lancaster~~ 26 ~~00~~
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 06-14-200-004-000 *Approx. Address (If to be determined)

B. Owner

Name Cory Ortiz Signature

Address Same as above City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: AWS Well Co. - Stuart Way Signature Stuart Ways

Address PO BOX 246 City/State/Zip Mead, NE 68041

Work Phone 402-624-3815

D. Engineer

❑ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

X Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ❑ Yes X No Total Acres
Garbage Grinder? ❑ Yes X 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
Comments
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 11-21-22 Amount Paid $460
Received By JAO Cash/Check No. 23547

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

Form A Updated: 4/15

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. HS002487

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/28/2022

Expires: 11/28/2023

Description: S14, T12, R5, 6th Principal Meridian, LOT 26 NE

Owner: ORTIZ, CORY
20991 NW 70 ST
RAYMOND, NE 68428

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

STUART WAY
PO BOX 246
MEAD, NE 68041

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

NOV 2 1 2022

SCANNED

A

Permit Number HS002487

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

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Legal Description NE NE 14 12 SE ~~Lancaster~~ 26 000

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Name Cory Ortiz Signature

Address Same as above City/State/Zip

Home Phone Work Phone

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Name: AWS Well Co. - Stuart Way Signature Stuart Way

Address PO BOX 246 City/State/Zip Mead, NE 68041

Work Phone 402-624-3895

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 11/28/22 DS

Comments

Date rec'd 11/28/22
Date frwd 11/28/22

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 Cory Ortiz

Date 11/29/22

Business Office Use Only
Date Received 11-21-22 Amount Paid $460
Received By JMO Cash/Check No. 23547

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: HS002487

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/29/22 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20 99th NW 70 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. Tank Size 1,500 gals

Total length of laterals 120' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☑ Other (describe) E2 flow

No. of Absorption Laterals 2 Width 4.5 feet No. of Drop Boxes _____ Distribution Box 1 - System utilizes a lift station pump

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 _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 11/28/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Svoboda

Date 11/29/22

Field Note Drawing (See Reverse Side):

Updated 4/15

Onsite Wastewater Treatment System Soil Percolation Test Data Sheet

	Cory Ortiz		Phone	
Address	20991 NW 70	Agnew	NE	68428
		City	State	Zip

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

NE	NE	14	12	5E	Lancaster
1/4	1/4	Section	Township	Range	County

Lot # | Subdivision

Soil Type (Check one)

Sand | Silt | Clay | Sandy Clay | Loamy Sand | Silty Clay x

Silty Clay Loam | Sandy Loam | Silt Loam

Dates of Test

Start Date 10/12 End Date 10/13 2022

Weather Conditions

Precipitation NA Avg. Temp (^{0}F) 65

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** (m ÷ l) (Minutes per inch)
1	30	10/12	11:30	10/13	11:30	10/13	11:30	26	12:00	22.9	30	3.1	9.7
2	30	10/12	11:30	10/13	11:30	10/13	11:30	26	12:00	23	30	3	10.0
3	30	10/12	11:30	10/13	11:30	10/13	11:30	26	12:00	22.6	30	3.4	8.8
4	30	10/12	11:30	10/13	11:30	10/13	11:30	27	12:00	24	30	3	10.0

Certified Professional: Stuart Way C1981

Sum Of Percolation Rates	38.5
Avg. of Percolation Rates	9.6

Stuart Way

Signature