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

A

Permit Number HS000701

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 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 4 NO Parcels - approved for - Lagoon - NH

A. Onsite System Location

Address _____ City Lincoln, NE Zip 68523
(no rural route)

Legal Description 5 10 5 Parkland Estates add 3 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Stoney Brook Homes Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone 610-6587

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 105 Locust P.O. 191 City/State/Zip Hickman, Ne 68372

Work Phone 430-7606

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 3-4 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 4.9

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

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 12/4/12
Date frwd 12/5/12
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 12-5-12 Amount Paid 355.00
Received By BH Cash/Check No. 1399

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

Nate C. Hartman

From: Todd A. Stutzman
Sent: Wednesday, December 05, 2012 8:35 AM
To: Nate C. Hartman

Nate,

Lot 1 block 3 in Parkland Estates addition is a legal buildable lot.

Todd

Nate C. Hartman

From: Ken D. Schroeder
Sent: Wednesday, December 05, 2012 8:58 AM
To: Nate C. Hartman
Subject: sewage disposal system for 5940 NW 118th Street
Attachments: part of sec 5-10-5.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 1, Block 3 "Parkland Estates Addition" located in the NE 1/4 of Section 5, T10N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec 5-10-5)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000701

System Type:	LAGOON
Situs:	Parkland Estates Block 3, Lot 1
Legal Description:	T10N-R05E-S05-3-Lot 1
Owner:	

Permit Fee:	$355.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$355.00

Issued:	12/05/2012
Expires:	12/05/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

On-site Waste System Permit Holder:

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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

SOUTHWICK SEWER AND DRAIN
PO BOX 191
HICKMAN NE 68372

SCANNED

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

A

Permit Number
HS000701

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 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 * NO Perc's - approved for - Lagoon - NH

A. Onsite System Location

Address 5940 NW 118th (no rural route) City Lincoln, NE Zip 68523

Legal Description 5 10 5 Parkland Estates add 3 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Stoney Brook Homes Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone 610-6587

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 105 Locust P.O. 191 City/State/Zip Hickman, Ne 68372

Work Phone 430-7606

D. Engineer

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

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

3 bedroom - contracted contractor - NH 3/20/13

☐ Residential Dwelling Number of Bedrooms ~~3~~ 4 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 4.9

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

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 * Laterals were originally too close to well. Contractor moved - Still too deep
Date rec'd 12/5/12
Date frwd 12/5/12
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 7/24/13

Business Office Use Only
Date Received 12-5-12 Amount Paid 355.00
Received By BH Cash/Check No. 1399

* Not approved until final Grading is complete Laterals too deep? - NH

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

Form A Updated: 5/10

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Parkland Estates
Lot 1 Blk 3

System Location (Indicate correct number and street)

Address _____ City Lincoln NE, Zip 68521
(no rural route)

Owner Stoney Brook Homes Address _____

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

Date of Tests 7/5/ to 7/6/12 Weather: Precipitation _____ Temperature 90s

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)
1	34	7/5	6:30	7/6	9:00	7/6	12:15	23 1/8	7/6	12:45	30	7/8	34
2			AM		AM		PM	22 1/8		PM		7/8	34
3								21 1/2			1 7/8	~~2 7~~	27
4								~~25 3/4~~			3/4	~~40~~	40
5								~~21 7/8~~			7/8	~~34~~	34
6								~~23 1/4~~			7/8	~~3 4~~	34

Sum of Percolation Rates: 203
Average of Rates: 34
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 432-7606
Address 105 Locust PO 191
Hickman, Ne

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-98

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address NW 118 (no rural route) City Lincoln NE, Zip 68521

Owner Jahde Addresss

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

Date of Tests 7/19 to 7/20/10 Weather: Precipitation T Temperature 90

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)
1	44	7/19	3/PM	7/20	12/noon	7/20	8/30	4 3/4	7/20	4/PM	30	7/8	34
2	↓						PM	3 1/2				1 1/4	24
3								4 1/4				7/8	34
4								3				1 1/2	20
5								4 3/4				1	30
6	60							5 1/2				1 3/4	17

Sum of Percolation Rates: 159

Average of Rates: 27

Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 105 Locust P.O. 191
Hickman, Ne 68372

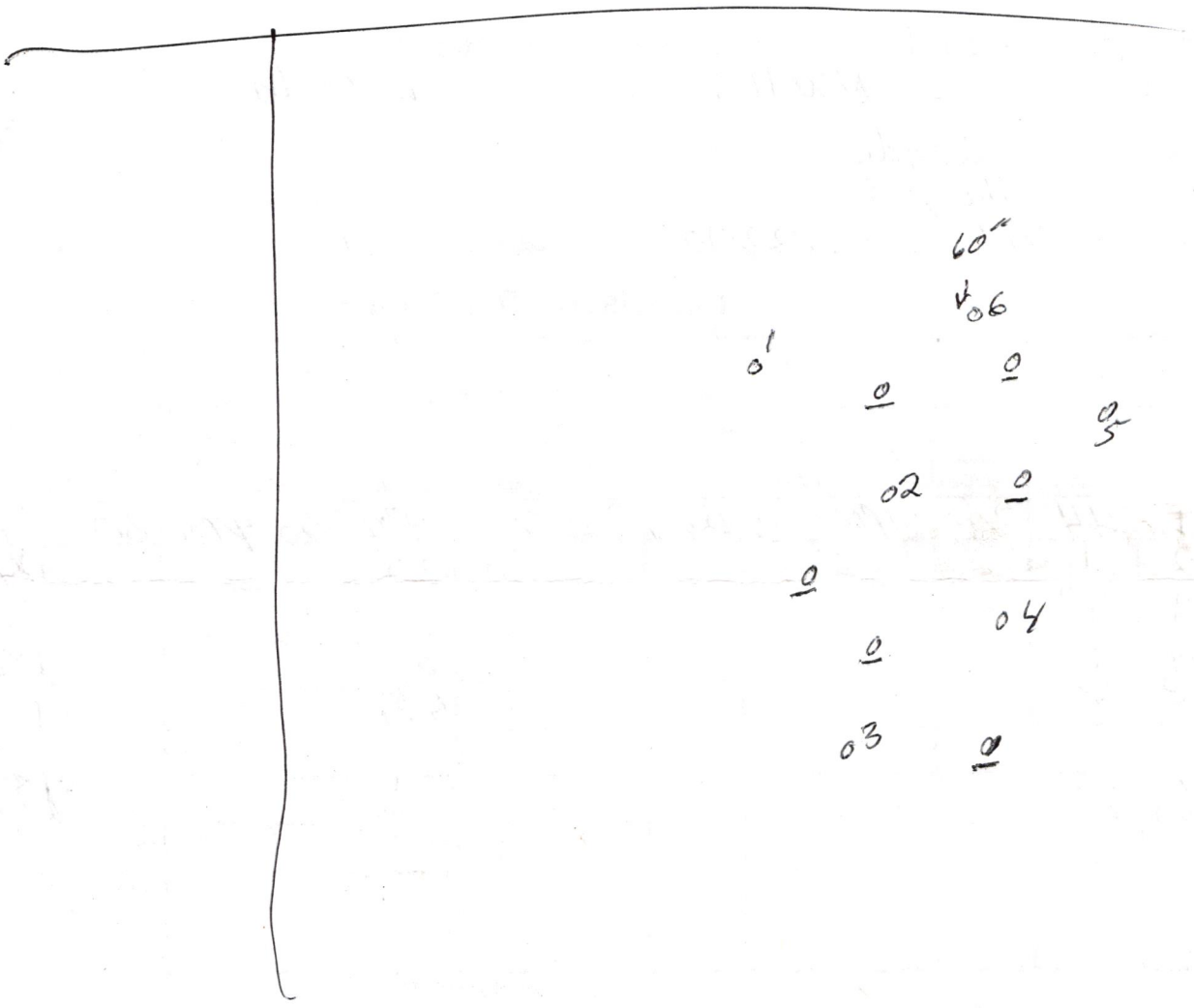
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96



Holes w/line under were 36"
deep. They augr. 38 min/in pen rate

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

D Exhibit 4

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☒ Lagoon (Skip to Back Page) ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 04-05-203-001-000

Address or Legal Description or Parcel Identification Number (PID) 5940 NW 118th St, Lincoln, NE 68524

Owner: Shaun Donahoo Address Same

A. Wastewater Piping

1. Material: _____ Diameter: _____in.
2. Distance between dwelling and septic tank: _____ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

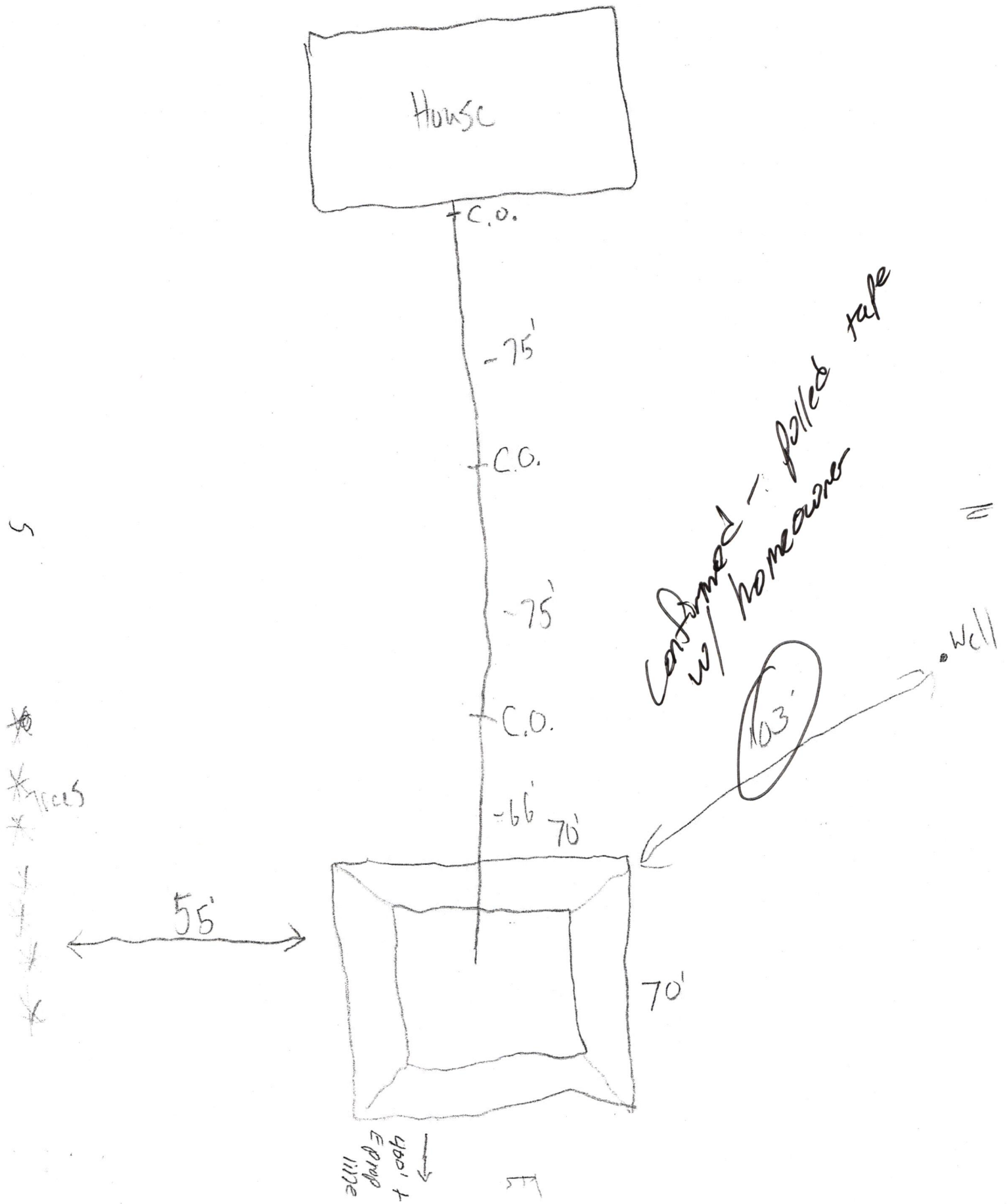
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes (Partially) ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 9/29/17

Complete As-Built drawing on the back of this form.


House
+C.O.
-75'
+C.O.
-75'
+C.O.
-66'
70'
Confirmed - flagged tape w/ homeowner
well
103'
Trees
55'
70'
Edge of Tree Line
+100'

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

Exhibit 6

Permit Number:

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 10/23/17 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5940 NW 118th City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water	Yes X No ___
Lagoon floor is level	Yes X No ___
Lagoon is equipped with a depth gage/concrete slab	Yes X No ___
Influent line is at least 4 inches and slopes no less than 1/8 inch	Yes X No ___
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes X No ___
Inside slope not steeper than three horizontal to one vertical	Yes X No ___
Minimum width of the top of the dike shall be 4 feet	Yes X No ___
Fence installed	Yes X No X

Top of the Dike_____ Bottom of Lagoon_____ Design Flow_____

5/9/2018 WH

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☐	100 ft ☐	Non-Community	100ft ☐	100ft ☐	50ft ☐	50ft ☐	Class 1	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: _____

Dike North side

Comments: See - D- sheet

Inspections prior to Final Approval

Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 5/9/18