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

**A**

Permit Number
HS000917

# 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**

**A. Onsite System Location**

Address 5601 NW 118th (no rural route) City Lincoln, NE Zip 68524

Legal Description 5 (1/4) 10 (1/4) 6 (Section) SB (Township) (Range) Parkland Estates (Subdivison) 2 (Addition) 3 (Block) (Lot)

PID 04-05-202-003-000 SB

**B. Owner**

Name Jeanne Bietz Signature Jeanne Bietz

Address 9527 Ridge Hollow Drive City/State/Zip Lincoln, NE 68526

Home Phone Work Phone Cell 730-0106

**C. Certified Installer**

Name: Earnest Well Drilling Inc. Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 761-2281

**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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

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** ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

**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 6/16/14 Amount Paid 365.00
Received By SB Cash/Check No. 4338

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

Form A Updated: 1/13

C

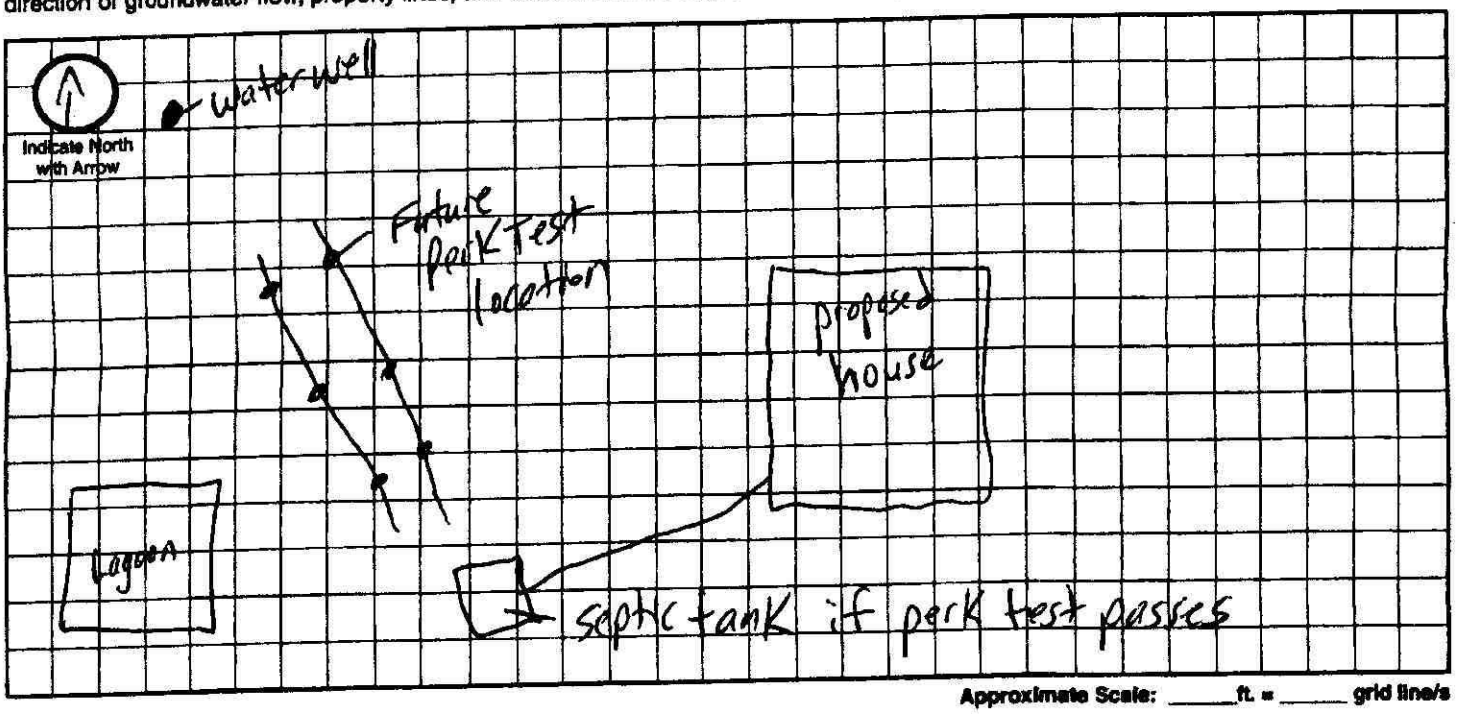
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000917

# Onsite Wastewater Treatment System

## Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.




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

### A. Onsite System Location

Address (no rural route) 5601 NW 118th City _____ NE, Zip _____

### B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per day)

### C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

### D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

### E. 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 ☒ | ☒ |

### F. Required Signatures

Home Building Contractor Jeanne Britz Date 6/15/14

Installer Date 6/14/14

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

**ON-SITE WASTE WATER SYSTEM**
**CONSTRUCTION - INSTALLATION PERMIT**
**No. HS000917**

**System Type:** Lagoon

**Situs:** 5601 NW 118TH, RURAL, NE

Issued: 6/19/2014

Expires: 6/19/2015

**Description:** PARKLAND ESTATES ADDITION, BLOCK 2, Lot 3

**Owner:** BIETZ, MICHAEL D & JEANNE
8527 RIDGE HOLLOW DR
LINCOLN, NE 68526

Judith A Halstead
Judith A. Halstead, MS, 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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

JEANNE BIETZ
8527 RIDGE HOLLOW DRIVE
LINCOLN, NE 68526

**Lincoln-Lancaster County Health Department**
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone 402-441-8013

JUN 16 2014

SCANNED

**A**

Permit Number
HS000917

# Onsite Wastewater Treatment System
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Home Phone Work Phone Cell 730-0106

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Name: Earnest Well Drilling Inc. Signature

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Designer Name Firm Work Phone

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Garbage Grinder? ☒ Yes ☐ No

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Type of Wastewater ☒ Domestic ☐ Non-Domestic

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

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Site visits
Comments
Date rec'd 6/17/14
Date frwd 6/17/14
**ACTION** ☒ Approved ☐ Disapproved
Signature

**2. Supt. Bldg. Insp. or Village Clerk**
Comments
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**3. City or County Engineer**
Comments
Date rec'd 6-17-14
Date frwd 6-17-14
**ACTION** ☒ Approved ☐ Disapproved
Signature

**Installation Final Written Approval**
By
Date 8/20/14

***Business Office Use Only***
Date Received 6/16/14 Amount Paid 365.00
Received By SB Cash/Check No. 4338

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

Form A Updated 1/13

**Lincoln-Lancaster County Health Department**
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone 402-441-8043

JUN 16 2014

SCANNED

**A**

Permit Number
HS000917

# Onsite Wastewater Treatment System
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**3. City or County Engineer**
Comments
Date rec'd 6-17-14
Date frwd 6-17-14
**ACTION** ☒ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

**Installation Final Written Approval**
By
Date 8/20/14

***Business Office Use Only***
Date Received 6/16/14 Amount Paid 365.00
Received By SB Cash/Check No. 4338

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

Form A Updated: 1/13

# SOIL ABSORPTION TEST DATA REPORT

**Location:** Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

**Owner:** Jeanne Bietz
Address: 5601 NW 118th

**Property Dimensions:** _____ acres

**Soil Type:** Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

**Dates of Tests:** 6-21-14 to 6-22-14 **Weather:** Precip. 1/2" Temp. 80's

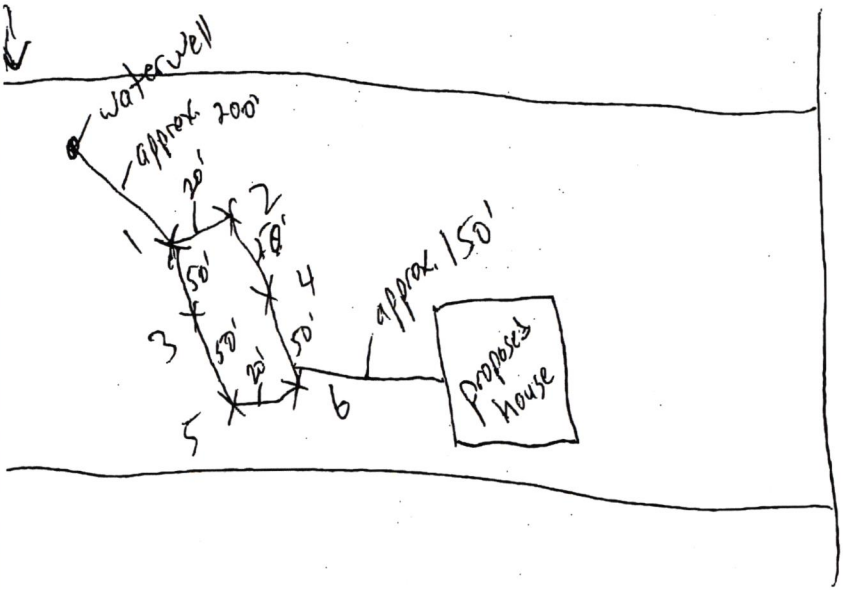
| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | Results | |
| | | Start | | End | | Start | | | End | | | Water |
| Hole | Hole Depth | Date (Mo. Day) | Time (Hr. Min.) | Date (Mo. Day) | Time (Hr. Min.) | Date (Mo. Day) | Time (Hr. Min.) | Water Level (in.) | Time (Hr. Min.) | Water Level (in.) | Elapsed Time (Min.) | Level Drop (in.) |
| 1 | 36 | 6/21 | 12:30pm | 6/21 | 4:30pm | 6/22 | 10:00am | 6 | 10:30am | 5 | 30 | 1 |
| 2 | 36 | 6/21 | 12:30pm | 6/21 | 4:30pm | 6/22 | 10:00am | 6 | 10:30am | 4¾ | 30 | 1¼ |
| 3 | 36 | 6/21 | 12:30pm | 6/21 | 4:30pm | 6/22 | 10:00am | 6 | 10:30am | 5 | 30 | 1 |
| 4 | 36 | 6/21 | 12:30pm | 6/21 | 4:30pm | 6/22 | 10:05am | 6 | 10:35am | 5 | 30 | 1 |
| 5 | 36 | 6/21 | 12:30pm | 6/21 | 4:30pm | 6/22 | 10:05am | 6 | 10:35am | 4¾ | 30 | 1¼ |
| 6 | 36 | 6/21 | 12:30pm | 6/21 | 4:30pm | 6/22 | 10:05am | 6 | 10:35am | 4¾ | 30 | 1¼ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Sum of Water Level Drops (in.) [Column m]: 6.75
Average of Water Level Drops (in.) [Column m]: 1.12
~~Inches per Minute:~~ 26.79 MPI

**PERSON CONDUCTING TEST:**
Name: Justyn Peterson
Address: 322-238th Rd.
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: 250

**SKETCH SHOWING HOLE LOCATION:**




Official's Signature

SCANNED

C

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

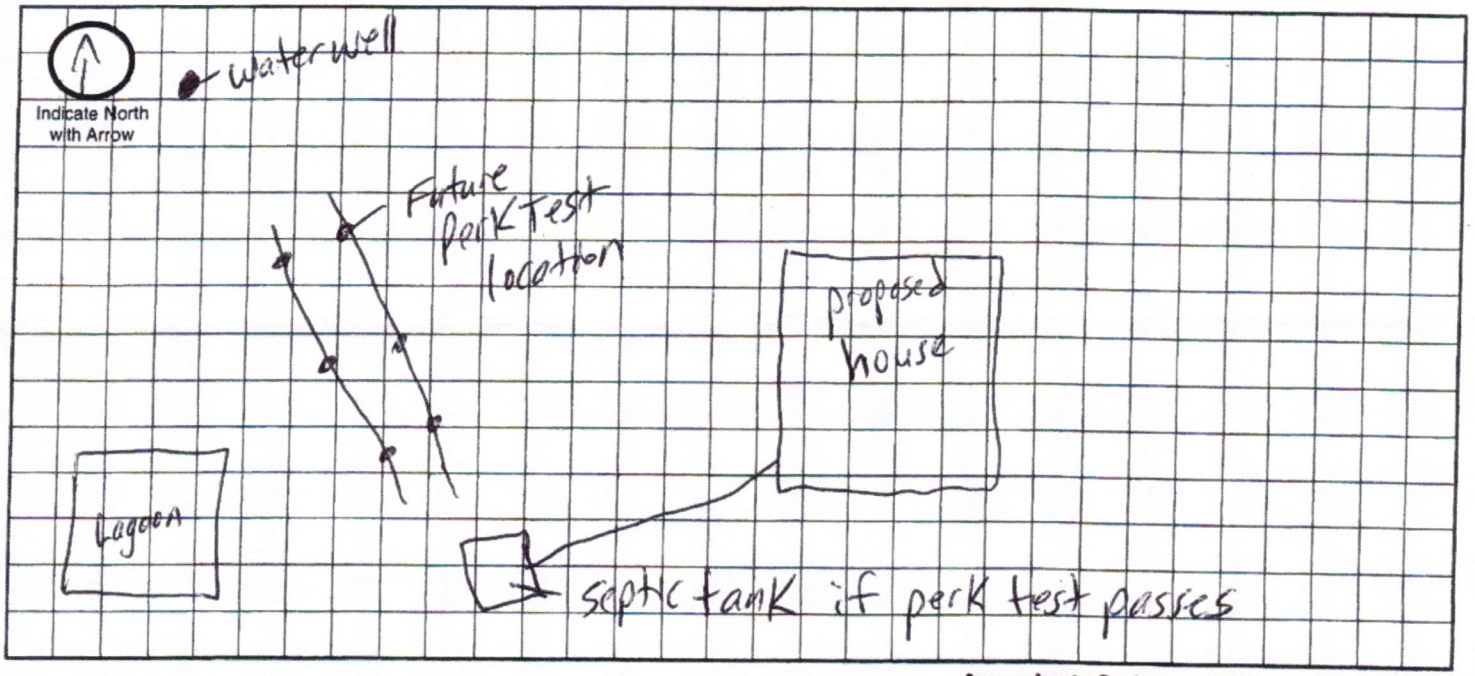
Permit Number: HS000917

JUN 16 2014

# Onsite Wastewater Treatment System

## Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.




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

## A. Onsite System Location

Address (no rural route) 5601 NW 118th City _____ NE, Zip _____

## B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per day)

## C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☒ Lagoon

## D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

## E. 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 |
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| 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 ☒ | ☒ |

## F. Required Signatures

Home Building Contractor Jeanne Bath Date 6/15/14

Installer Jerald Date 6/14/14

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

**D**

Permit Number:

# Onsite Wastewater Treatment System

## As Built Plans & Specifications

Date 8/19/14 Legal Description _____ 1/4 1/4 Section Township Range

### Onsite System Location

Address (no rural route) 5601 NW 118th City _____ NE, Zip _____

Owner Jeanne Bietz Address 9527 Ridge Hollow Drive Lincoln, NE 68526

### A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 50+ ft.

### Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 1 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 23 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

### C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

### D. Drainfield Absorption

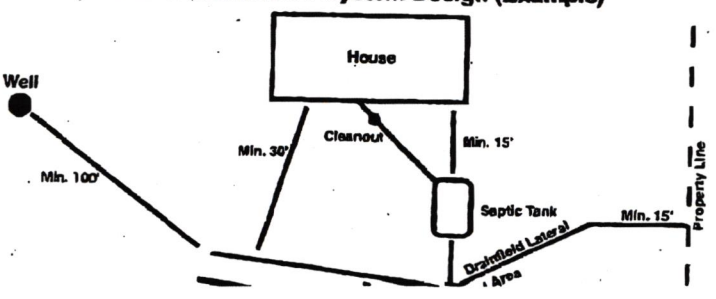
☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☒ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 36"
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 124 ft. 120 ft.
   120 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: Native Clay
   Depth of material 24 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 25+ ft.
   Property line 20+ ft.
   House or building 70+ ft.
   Lake or Stream NA ft.

**Complete As-Built drawing on the back fo this form.**

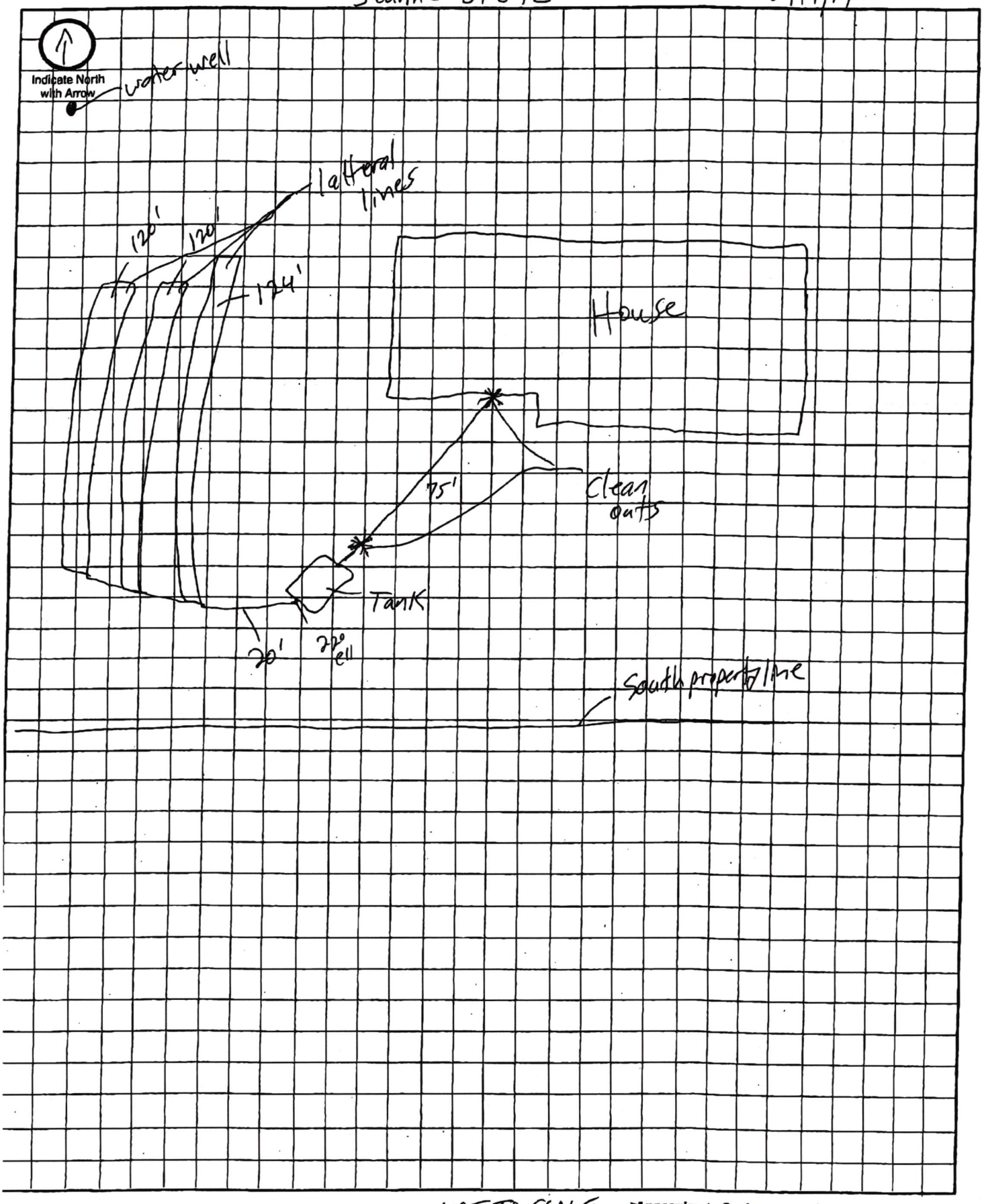
**Onsite Wastewater System Design (Example)**

te North
Arrow



# As Built Drawing

Jeanne Bietz 8/19/14




NOT TO SCALE ~~Approximate Scale: ____ ft. = ____ grid line/s~~