Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514 **AUG 12 2014**
Phone: 402-441-8643

A

Permit Number
HS000952

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 5900 W ADAMS City LINCOLN, NE Zip
(no rural route)

Legal Description 1 12 10 5 36
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-12-400017-000

B. Owner

Name STANTON HARNS Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOCUST ST 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 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 Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 8-12-14 Amount Paid 2365.00
Received By SB Cash/Check No. 2127

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

Form A Updated: 1/13

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. HS000952

System Type: Lagoon

Situs: 5900 W ADAMS ST, RURAL, NE

Issued: 8/15/2014

Expires: 8/15/2015

Description: S12, T10, R5, 6th Principal Meridian, LOT 36 SE

Owner: HARN, STANTON D & JENNIFER A
LIFE ESTATE
1631 BRENT BLVD
LINCOLN, NE 68506

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

SOUTHWICK LIQUID WASTE INC
HICKMAN, NE 68372

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514 **AUG 12 2014**
Phone: 402-441-8643

A

Permit Number
HS000952

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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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 5900 W ADAMS (no rural route) City LINCOLN, NE Zip

Legal Description 1 (1/4) 12 (1/4) 10 (Section) 5 (Township) (Range) (Subdivison) (Addition) (Block) 36 (Lot)

PID 04-12-400017-000

B. Owner

Name STANTON HARNS Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462 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 ~~3~~ as per Blue Edition Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 50 (1250 Req'd, NH)

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 8/15/15
Date frwd 8/15/15
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 12/2/14

Business Office Use Only
Date Received 8-12-14 Amount Paid $365.00
Received By SB Cash/Check No. 2127

1/10 Ac from well on Tract as per Lot plan NH

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

Form A Updated: 1/13

HEALTH DEPARTMENT

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
LAGOON/SEPTIC INSPECTION REPORT

Permit No. H500952 Certified Installer: Blake Johnson

Address: 5900 W. Adams

Circle compliance status for each item. **IN = in compliance OUT = not in compliance NA = not applicable NO = not observed**

LAGOON SETBACKS

COMMENTS

				Item	MIN. SETBACK DISTANCE – FT. (METERS)	
IN	OUT	NA	NO	Surface Wtr. Distance from Wtr. Mark	50 ft. (15.2 m)	
IN	OUT	NA	NO	Private Drinking Water Wells	100 ft. (30.5 m)	
IN	OUT	NA	NO	Public Drinking Water Supply Wells:		
IN	OUT	NA	NO	Non-Community	100 ft. (30.5 m)	
IN	OUT	NA	NO	Community	Evaluated by a professional engineer for potential impact on the well and submitted to the Dept. for approval if less than 1000 ft. (304.8 m)	
IN	OUT	NA	NO	All Other Water Wells	100 ft. (152.4 m)	
IN	OUT	NA	NO	Water Lines:		
IN	OUT	NA	NO	Pressure Main	25 ft. (7.6 m)	
IN	OUT	NA	NO	Pressure-Service Connection	25 ft. (7.6 m)	
IN	OUT	NA	NO	Suction Line	100 ft. (30.5 m)	
IN	OUT	NA	NO	Property Lines	50 ft. (15.2 m)	
IN	OUT	NA	NO	Trees and Brush	50 ft. (15.2 m)	
IN	OUT	NA	NO	Foundations: (see definition above)		
IN	OUT	NA	NO	Except Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	100 ft. (30.5 m)	
IN	OUT	NA	NO	Class 2	100 ft. (30.5 m)	
IN	OUT	NA	NO	Class 3	50 ft. (15.2 m)	
IN	OUT	NA	NO	Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	200 ft. (61.0 m)	**Lagoon Dimensions:**
IN	OUT	NA	NO	Class 2	200 ft. (61.0 m)	
IN	OUT	NA	NO	Class 3	100 ft. (30.5 m)	

TANK AND SOIL ABSORPTION SYSTEM SETBACKS

COMMENTS

				Item	MIN. SETBACK DISTANCE – FT. (METERS) Tanks	Absorption, Infiltrative & Evaporative Systems	
IN	OUT	NA	NO	Surface Water	50 ft. (15.2 m)	50 ft. (15.2 m)	
IN	OUT	NA	NO	Private Drinking Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)	7100 sf
IN	OUT	NA	NO	Public Drinking Water Supply Wells:			
IN	OUT	NA	NO	Non-Community System	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Community System	500 ft. (152.4 m)	500 ft. (152. 4 m)	
IN	OUT	NA	NO	Community System when a septic system or soil absorption system of > 1000 gpd is proposed	500 ft. (152.4 m)	Evaluated by professional engineer for potential impact on the well and submitted to the Depart. for approval if less than 1000 ft.	
IN	OUT	NA	NO	All Other Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Water Lines:			
IN	OUT	NA	NO	Pressure-Main	10 ft. (3.1 m)	25 ft. (7.6 m)	
IN	OUT	NA	NO	Pressure-Service – Connection	10 ft. (3.1 m)	25 ft. (7.6 m)	
IN	OUT	NA	NO	Suction Lines	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Property Lines	5 ft. (1.5 m)	5 ft. (1.5 m)	
IN	OUT	NA	NO	Parking area, driveway, sidewalk or other impermeable surface or cover	5 ft. (1.5 m)	5 ft. (1.5 m)	
IN	OUT	NA	NO	Foundations: (see definitions above)			
IN	OUT	NA	NO	Except Neighbor's Foundation:			
IN	OUT	NA	NO	Class 1	15 ft. (4.6 m)	30 ft. (9.1 m)	
IN	OUT	NA	NO	Class 2	10 ft. (3.1 m)	20 ft. (6.1 m)	**Septic Tank Size:** 1000
IN	OUT	NA	NO	Class 3	7 ft. (2.1 m)	10 ft. (3.1 m)	
IN	OUT	NA	NO	Neighbor's Foundation:			
IN	OUT	NA	NO	Class 1	25 ft. (7.6 m)	40 ft. (12.2 m)	**Lateral Sq. Footage:** 2856
IN	OUT	NA	NO	Class 2	20 ft. (6.1 m)	30 ft. (9.1 m)	
IN	OUT	NA	NO	Class 3	15 ft. (4.6 m)	20 ft. (6.1 m)	

Inspected By: _____ **Date:** 12/1/14

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514 **AUG 12 2014**
Phone: 402-441-8643

A

Permit Number
HS000952

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Approved

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 5900 W ADAMS (no rural route) City LINCOLN, NE Zip

Legal Description 1 12 10 5 36
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-12-400017-000

B. Owner

Name STANTON HARNS Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462 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 3 as per Blue Edison Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 50 1250 req'd, NH
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 8/15/15
Date frwd 8/15/15
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 12/2/14

Business Office Use Only
Date Received 8-12-14 Amount Paid 2365.00
Received By SB Cash/Check No. 2127

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

110 ft from well on Tract 1 as per survey

Form A Updated: 1/13

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 5 ; Section & ¼ Section 12 .
Property Dimensions: _____ ft. x _____ ft. Area: 230 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8/30/95 to 8/31/95. Weather: Precip. dry Temp. 98° .

OWNER: Stan Harn

Address: 5900 West Adams

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	28"	8/30	2:00	8/31	2:00	8/31	3:30	6	4:00	5	30	1	
2	28"	"	"	"	"	"	"	6	"	4½	30	1½	
3	28"	"	"	"	"	"	"	6	"	4¾	30	1¼	
4	28"	"	"	"	"	"	"	6	"	5	30	1	
5	28"	"	"	"	"	"	"	6	"	4¼	30	1¾	
6	28"	"	"	"	"	"	"	6	"	4¼	30	1¾	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

John Strohmyer
Signature of Person Conducting Test

Address 9811 NW 40th LNK Phone 474-9811

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Depends on where in lot.
Date: SEPTEMBER 27, 1995

Approved Percolation Rate (a)
A. 22 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5900 W Adams (no rural route) City Lincoln NE, Zip _____

Owner _____ Address _____

Date of Tests 10/30/14 to 10/31/14 Weather: Precipitation 0 Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
		10/30	1P			10/31	2P	6			30	1.5	20
								6		2	30	4	7.5 → 20
								6		3	30	H	2.73 → 20
								6			30	3¼	40
								6			30	1.5	20
								6			30	2	15
								6					
								6					

NH

Person Conducting Percolation Test

Name: Blair Johnson
Phone: 610.2270
Address _____

Sum of Percolation Rates: 95
Average of Rates: 23.75
Rate Used for Calculation: 23.75

Soil type (NRCS Maps/Other) Judson
Groundwater Depth Note, dropped 2+3, I think they were in old tree holes.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

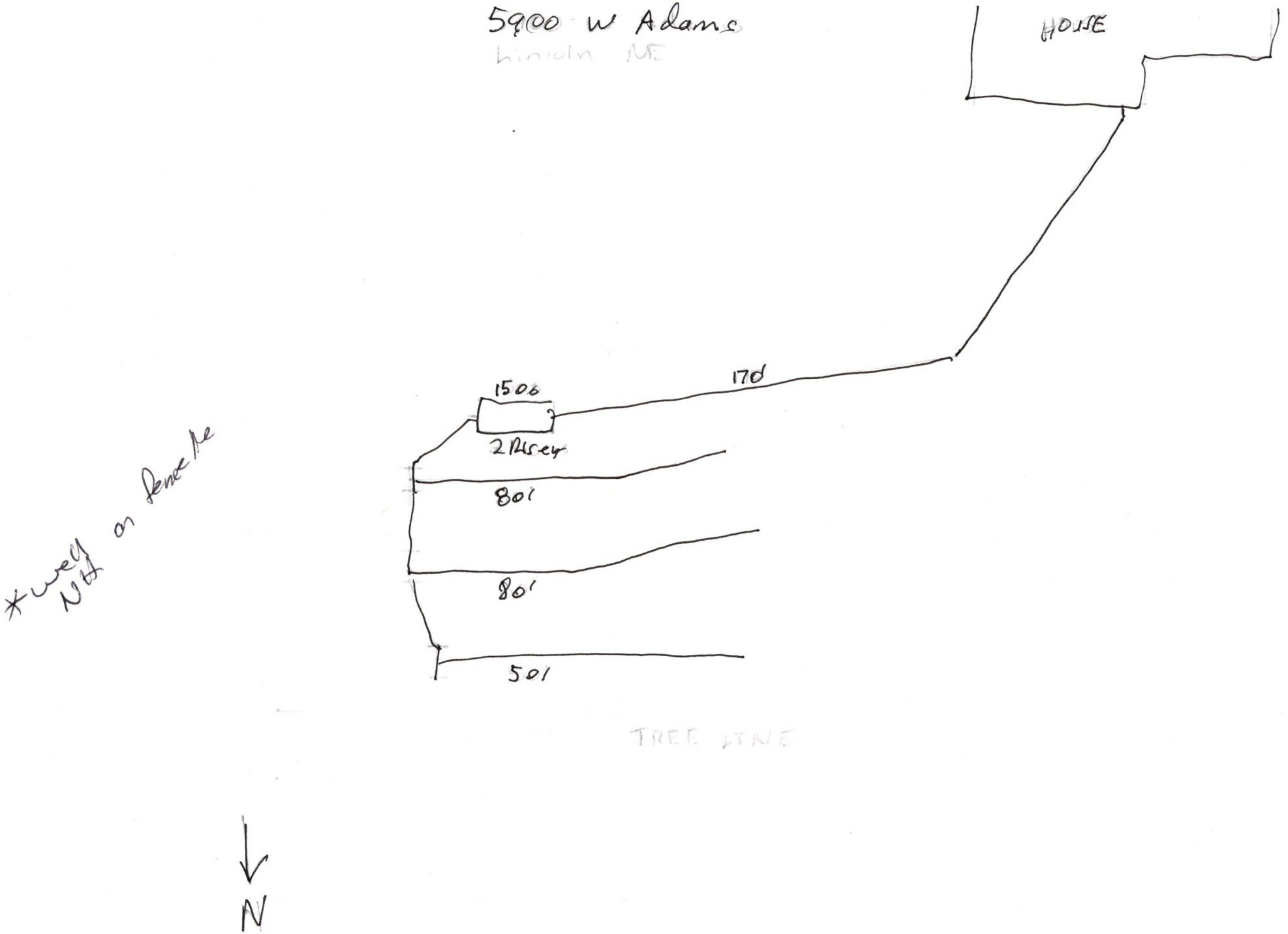
Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____



#501 all Judson
area of old septic is same area as
new - perc's similar - NA

5900 W Adams
Lincoln NE



*well on fence NW

SCANNED

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
LAGOON/SEPTIC INSPECTION REPORT

Permit No. HS00952 Certified Installer: Blaine Johnson

Address: 5900 W. Adams

Circle compliance status for each item. **IN = in compliance OUT = not in compliance NA = not applicable NO = not observed**

LAGOON SETBACKS

				Item	MIN. SETBACK DISTANCE – FT. (METERS)	COMMENTS
IN	OUT	NA	NO	Surface Wtr. Distance from Wtr. Mark	50 ft. (15.2 m)	
IN	OUT	NA	NO	Private Drinking Water Wells	100 ft. (30.5 m)	
IN	OUT	NA	NO	Public Drinking Water Supply Wells:		
IN	OUT	NA	NO	Non-Community	100 ft. (30.5 m)	
IN	OUT	NA	NO	Community	Evaluated by a professional engineer for potential impact on the well and submitted to the Dept. for approval l if less than 1000 ft. (304.8 m)	
IN	OUT	NA	NO	All Other Water Wells	100 ft. (152.4 m)	
IN	OUT	NA	NO	Water Lines:		
IN	OUT	NA	NO	Pressure Main	25 ft. (7.6 m)	
IN	OUT	NA	NO	Pressure-Service Connection	25 ft. (7.6 m)	
IN	OUT	NA	NO	Suction Line	100 ft. (30.5 m)	
IN	OUT	NA	NO	Property Lines	50 ft. (15.2 m)	
IN	OUT	NA	NO	Trees and Brush	50 ft. (15.2 m)	
IN	OUT	NA	NO	Foundations: (see definition above)		
IN	OUT	NA	NO	Except Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	100 ft. (30.5 m)	
IN	OUT	NA	NO	Class 2	100 ft. (30.5 m)	
IN	OUT	NA	NO	Class 3	50 ft. (15.2 m)	
IN	OUT	NA	NO	Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	200 ft. (61.0 m)	Lagoon Dimensions:
IN	OUT	NA	NO	Class 2	200 ft. (61.0 m)	
IN	OUT	NA	NO	Class 3	100 ft. (30.5 m)	

TANK AND SOIL ABSORPTION SYSTEM SETBACKS

				Item	MIN. SETBACK DISTANCE – FT. (METERS) Tanks	Absorption, Infiltrative & Evaporative Systems	COMMENTS
IN	OUT	NA	NO	Surface Water	50 ft. (15.2 m)	50 ft. (15.2 m)	
IN	OUT	NA	NO	Private Drinking Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)	7100 Pd
IN	OUT	NA	NO	Public Drinking Water Supply Wells:			
IN	OUT	NA	NO	Non-Community System	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Community System	500 ft. (152.4 m)	500 ft. (152. 4 m)	
IN	OUT	NA	NO	Community System when a septic system or soil absorption system of > 1000 gpd is proposed	500 ft. (152.4 m)	Evaluated by professional engineer for potential impact on the well and submitted to the Depart. for approval if less than 1000 ft.	
IN	OUT	NA	NO	All Other Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Water Lines:			
IN	OUT	NA	NO	Pressure-Main	10 ft. (3.1 m)	25 ft. (7.6 m)	
IN	OUT	NA	NO	Pressure-Service – Connection	10 ft. (3.1 m)	25 ft. (7.6 m)	
IN	OUT	NA	NO	Suction Lines	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Property Lines	5 ft. (1.5 m)	5 ft. (1.5 m)	
IN	OUT	NA	NO	Parking area, driveway, sidewalk or other impermeable surface or cover	5 ft. (1.5 m)	5 ft. (1.5 m)	
IN	OUT	NA	NO	Foundations: (see definitions above)			
IN	OUT	NA	NO	Except Neighbor's Foundation:			
IN	OUT	NA	NO	Class 1	15 ft. (4.6 m)	30 ft. (9.1 m)	
IN	OUT	NA	NO	Class 2	10 ft. (3.1 m)	20 ft. (6.1 m)	Septic Tank Size: N/O
IN	OUT	NA	NO	Class 3	7 ft. (2.1 m)	10 ft. (3.1 m)	
IN	OUT	NA	NO	Neighbor's Foundation:			
IN	OUT	NA	NO	Class 1	25 ft. (7.6 m)	40 ft. (12.2 m)	Lateral Sq. Footage: ~~20~~ 56
IN	OUT	NA	NO	Class 2	20 ft. (6.1 m)	30 ft. (9.1 m)	
IN	OUT	NA	NO	Class 3	15 ft. (4.6 m)	20 ft. (6.1 m)	

Inspected By: _____ Date: 12/1/14