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

A

Permit Number HS000954

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 6200 SATillo Rd. (no rural route) City LINCOLN, NE Zip 68516

Legal Description: 1/4 33 | 1/4 9 | Section 7 SB | Township | Range | South Dale Acres Subdivison SB | Addition | Block 4 | Lot 3 SB

PID 16-33-301-016-000 SB

B. Owner

Name BROOKS BALLARD Signature

Address 6200 SATillo R. City/State/Zip LINCOLN NE 68516

Home Phone 402-418-0255 Work Phone

C. Certified Installer

Name: Melvin Wagner Signature Melvin Wagner

Address 4810 W' Claire Ave City/State/Zip LINCOLN NE 68523

Work Phone 402-432-5698

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 Whirlpool Bathtub? ☒ Yes ❑ No Total Acres 5

Garbage Grinder? ☒ Yes ❑ No

❑ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 8-18-14 Amount Paid 305.00
Received By SB Cash/Check No. 7650

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

Form A Updated: 1/13

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

B

Permit Number: HS000954

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address _____ City _____ NE, Zip 68516

(no rural route)
Owner Brooks Ballard Address 6200 Saltillo Rd. Lincoln Ne.

Date of Tests July 12 to July 13-14 Weather: Precipitation 0 Temperature 87°

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			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1		7-12	11 Am	7-13	9:30	7-13	9:45	6	7-13	11:00	30	1	30
2		"	"	"	"	"	"	6	"	"	"	½	60
3		"	"	"	"	"	"	6	"	"	"	⅝	48
4		"	"	"	"	"	"	6	"	"	"	½	60
5		"	"	"	"	"	"	6	"	"	"	⅝	48
6		"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Mel Gagner
Phone: 402 432 5698
Address 4810 W Claire Ave
Lincoln Ne 68523

Sum of Percolation Rates: 276
Average of Rates: 46
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

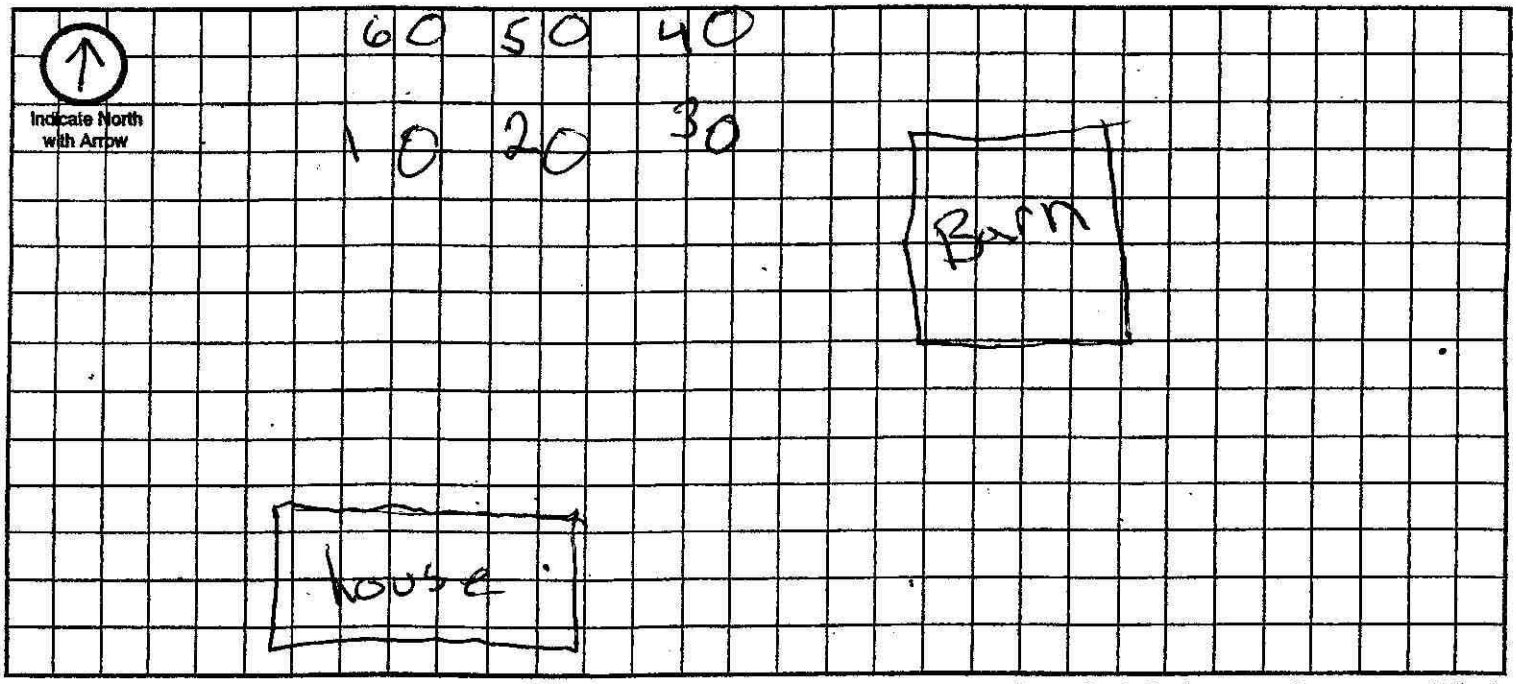
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000954

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) 6200 Saltillo Rd City Lincoln NE, Zip 68516

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 Infiltrators

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

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

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 _____

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. HS000954

System Type: Standard

Situs: 6200 SALTILLO RD, RURAL, NE

Issued: 8/21/2014

Expires: 8/21/2015

Description: SOUTH DALE ACRES, BLOCK 4, Lot 3

Owner: BALLARD, BROOKS N & NANCY L
6200 SALTILLO RD
LINCOLN, NE 68516

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

GAGNER CONSTRUCTION COMPANY
4810 W CLAIRE AVE
LINCOLN, NE 68523

SCANNED

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

A

Permit Number
HS000954

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B. Owner

Name BROOKS BALLARd Signature

Address 6200 SATillo R. City/State/Zip LiNCoIN NE 68516

Home Phone 402-418-0255 Work Phone

C. Certified Installer

Name: MeLViN SAgNeR Signature Melvin Sagner

Address 4810 W' CLAiRe Ave City/State/Zip LiNCoIN NE 68523

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Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-39

1. Health Department

Site visits

Comments

Date rec'd 8/21/14
Date frwd 8/21/14

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 Doug Ansel

Date 8/20/14

Business Office Use Only
Date Received 8-18-14 Amount Paid 365.00
Received By SB Cash/Check No. 7650

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

Form A Updated: 1/13