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

A

Permit Number HS000960

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 6000 Frontier (no rural route) City Lincoln, NE Zip 68516

Legal Description Lot 2 Block 1 Sheldon Heights 1 2 SB

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 16-16-201-003-000 SB

B. Owner

Name Brad Alderman Signature by Brad alderman

Address 7730 Preserve Lane City/State/Zip Lin Ne 68516

Home Phone 304-9139 Work Phone 402 304 9139

C. Certified Installer

Name: Gary Holly Signature

Address 71860 S. 67 Ave City/State/Zip Fairbury Ne 68352

Work Phone 402 587 0220

D. Engineer

☒ Check and complete if engineer designed system P.E. License Number: E3137

Designer Name Lyle Loth Firm ESP Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.87

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 8-25-14 Amount Paid 345.00
Received By SB Cash/Check No. 2240

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

BUILDING CONTRACTOR

JOHN RALLIS CONSTRUCTION
3600 DOUBLE RD.
LINCOLN, NE 68520
PH. 402 450-6838

HOLLY CONTRACTING CO.
71860 567 Ave.
Fairbury, NE 68352

Soil Percolation Test Data Sheet for Absorption System

Owner Information: Brad Alderman

Owner Name Brad Alderman Phone (402) 304 9139

Address 7730 Preserve Loop City Lin State Ne Zip 68516

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

¼ Sec. of the ____ ¼ Sec., Section ____, Township ____ N, Range ____,

Lot # Block 1 2, Subdivision Sheldon Heights GPS N40° 45' 10.0" W096° 37' 54.9", County LANCASTER

Soil Type: (Check one.)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____

Silty Clay ____ Silty Clay Loam (WYMORE) X Sandy Loam ____ Silt Loam ____

Dates of Test:

Start Date July 17 to End Date July 17, 2014

Weather Conditions:

Precipitation NONE Avg. Temp. 83 °F

Percolation Test Measurements and Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Pre-saturation Period				Percolation Readings (last period)					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min)	Date (Mo./ Day)	Time (Hr./ Min)	Date (Mo./ Day)	Time (Hr./ Min)	Water Level (inch)	Time (Hr./ Min)	Water Level (inch)	Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (l ÷ m) (Minutes per inch)
1	36	071714	0940	071714	1400	071714	1720	6	1750	5.7	30	.3	100
2							1721	6	1751	5.7	30	.3	100
3							1722	6	1752	5.8	30	.2	150 (60)
4							1723	6	1753	5.7	30	.3	100
5							1724	6	1754	5.6	30	.4	75
6							1725	6	1755	5.5	30	.5	60 (60)
7							1726	6	1756	5.6	30	.4	75
8							1727	6	1757	5.6	30	.4	75
9							1728	6	1758	5.7	30	.3	100
10							1729	6	1759	5.6	30	.4	75
11							1730	6	1800	5.5	30	.5	60 (60)
12	↓	↓	↓	↓	↓	↓	1731	6	1900	5.5	30	.5	60 (60)

Tests must be performed by a certified onsite professional, a professional engineer or a registered environmental health specialist.

Gary J. Holly
(Signature of certified onsite professional, professional engineer, or R.E.H.S.)

Certificate or License # C-1650

Address 71860 - 567 AVE

City FAIRBURY St NE Zip 68352

Phone (402) 587 - 0120

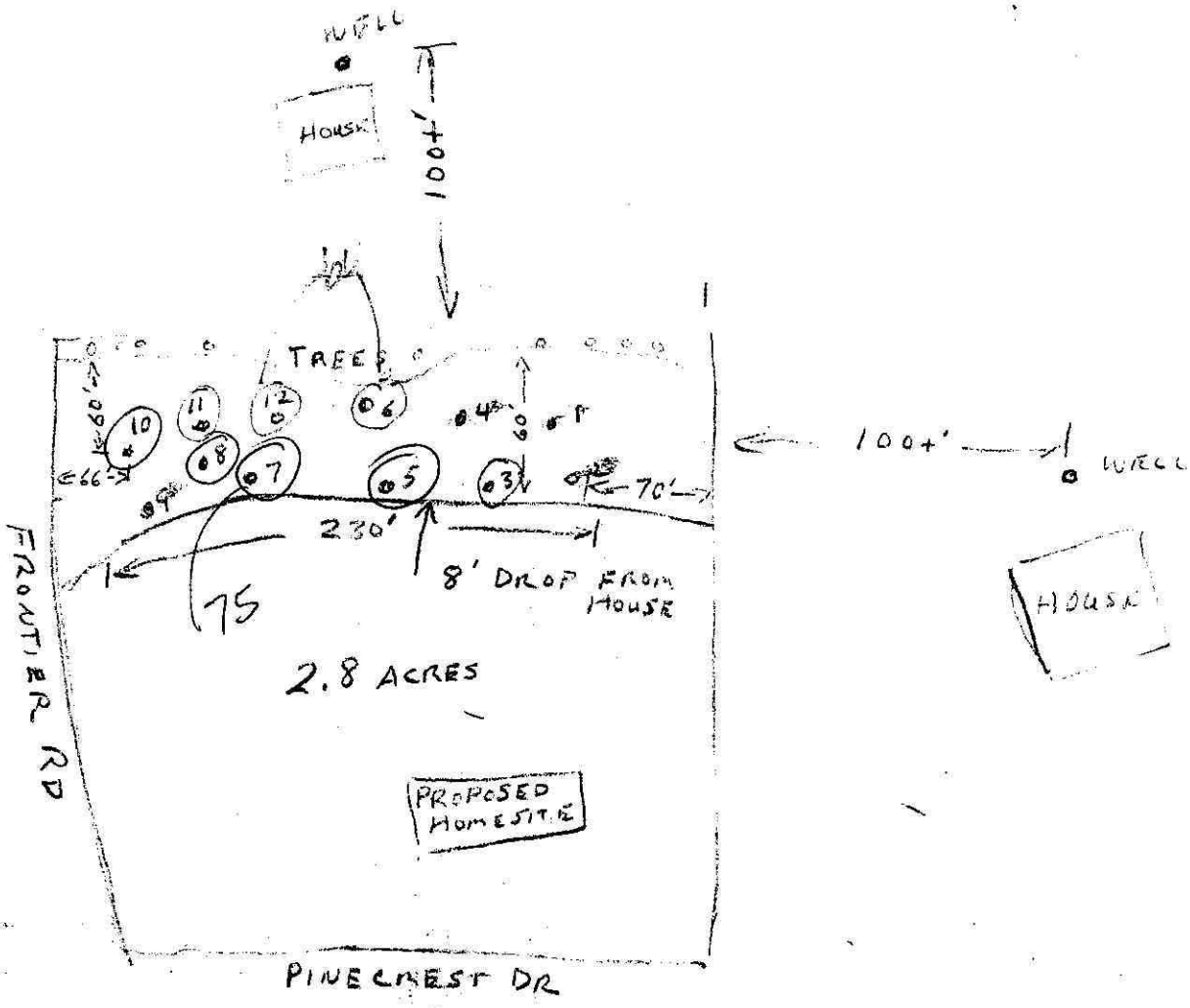
Sum of Percolation Rates = 820

Avg. of Percolation Rates* = 68.3 (78.3)
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

MAP ON BACK

N



.12 .10 .8 .6 .4 1

.11 .9 .7 .5 .3 .2

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. HS000960

System Type: Standard

Situs: 6000 FRONTIER, RURAL, NE

Issued: 8/29/2014

Expires: 8/29/2015

Description: SHELDON HEIGHTS, BLOCK 1, Lot 2, EX E350'

Owner: ALDERMAN, BRADLEY & KATHRYN
6225 BLACK FOREST DR
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

RALLIS LLC
6602 PHEASANT RUN PLACE
LINCOLN, NE 68516

SCANNED

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

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Legal Description Lot 2 Block 1 Sheldon Heights 1 2 SB

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot

PID 16-16-301-003-000 SB

B. Owner

Name Brad Aldermgn Signature Brad aldermgn

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Home Phone 304-9139 Work Phone 402 304 9139

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

1. Health Department
Site visits 4/29/15, 5/5/15
Comments
Date rec'd 5/29/14
Date frwd 8/29/14
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8-29-14
Date frwd 8-29-14
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8/29/14
Date frwd 8/29/14
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By Doug Mark
Date 5/5/15
+ Engineered

Business Office Use Only
Date Received 8-25-14 Amount Paid 345.00
Received By SB Cash/Check No. 2240

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

Form A Updated: 1/13