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

A

Permit Number
HS001000

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 12905 NW 30th (no rural route) City Raymond, NE Zip 68428

Legal Description NE 11 11 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 05-11-200-001-000 SB

B. Owner

Name Ted Johnson Signature Ted Johnson

Address 14658 NW 30th Raymond City/State/Zip Raymond NE 68428

Home Phone 783-2725 Work Phone 432-7300 Cell

C. Certified Installer

Name: Dan Anderson Signature

Address PO Box 246 1597 CR 10 City/State/Zip Mead NE 68041

Work Phone 402-443-7161 or 1024-3895

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 30+
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 fwd
ACTION ☐ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 11-14-14 Amount Paid $375.00
Received By SB Cash/Check No. 3961

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: 402-441-8022

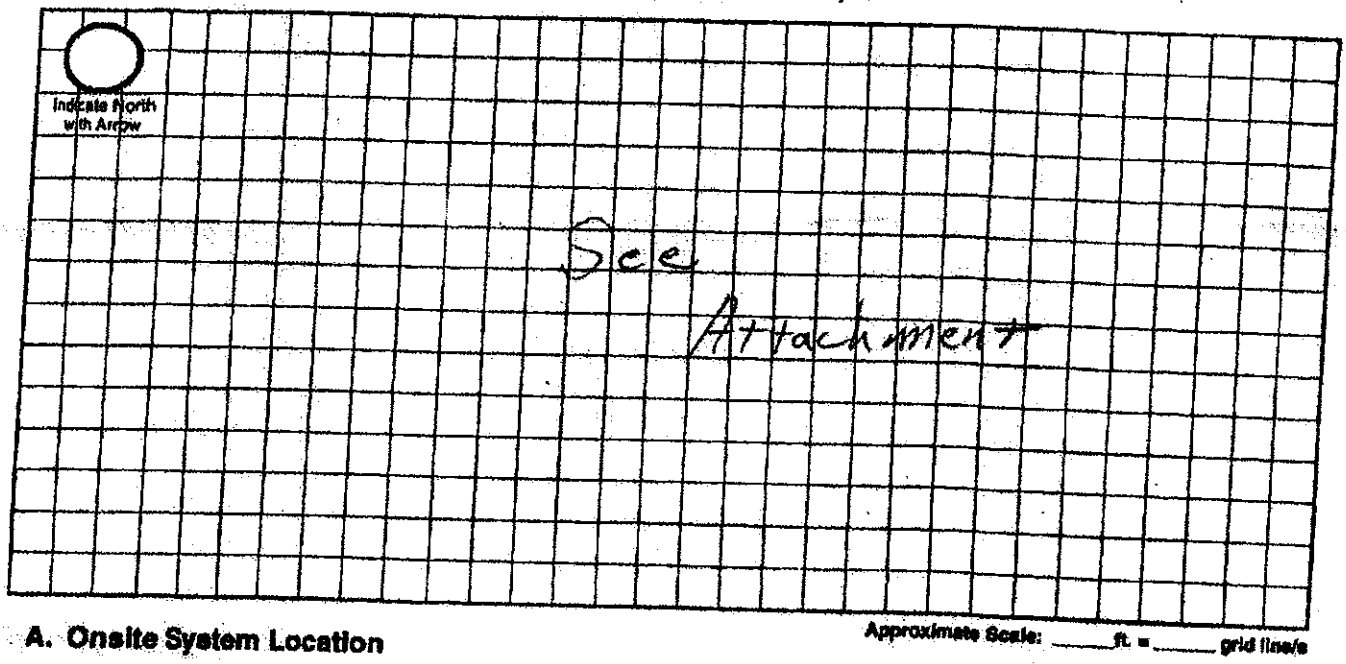
C

Permit Number: HS001000

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) 12905 NW 70th City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 37.5 (min/inch = mpi) No. of Bedrooms 3 Soil Type Clay Land Slope 1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,000 sq.ft.

Total length of laterals 250 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 4' No. of drop boxes 1 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 [signature] Date 11-18-14

Installer [signature] Date 11/18/14

N

Ted Johnson

West

house

East

drive way

Septic System area

Perk test hole area

o o o o

S

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

D

Permit Number: HS001000

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11/14/14 Legal Description ____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 12905 NW 70th City Raymond NE, Zip 68428

Owner Tad Yeh Address 14658 NW 70th Raymond NE 68428

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: 100 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 50+ ft.
   property line 50+ ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: Cement
   Number of compartments: 1
2. Capacity: 1500 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: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 50+ ft.
   Property line 50+ ft.

C. ☒ Distribution Box ☐ Drop Boxes

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

1. Material: Plastic
   Number available outlets: 16
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

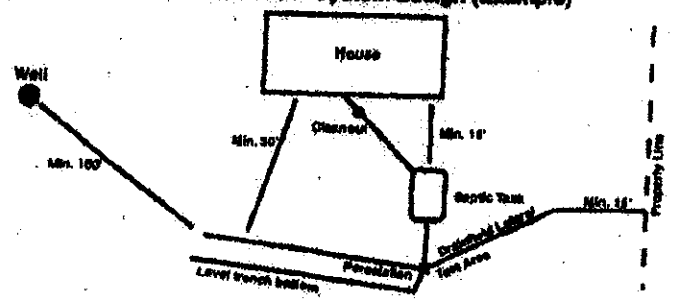
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 30"
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 2
   Length of each line: 125 ft. 125 ft.
   ____ ft. ____ ft. ____ ft.
3. Drainfield dimensions: Width 4 ft.
   Distribution Pipe Slope 1" in/100 ft.
   Average depth 30 in
4. Filter material: Natural fill on Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 50+ ft.
   Property line 50+ ft.
   House or building 10ft ft.
   Lake or Stream 100+ ft.

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

Onsite Wastewater System Design (Example)



Indicate North Arrow

xm D 12_06

TITLE 124 – NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

Attachment C
Soil Absorption Test Data Report

Owner Information:

Owner Name Ted Johnson Phone (402) 783-3225

Address 14158 NW 70th City Raymond State NE Zip 68428

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

[redacted] ¼ Sec. of the NE ¼ Sec., Section 11, Township 11 N, Range 5,

Lot #_____, Subdivision_____, County_____

Soil Type: (Check one.)

Sand____ Silt____ Clay X Sandy Clay____ Loamy Sand____

Silty Clay____ Silty Clay Loam____ Sandy Loam____ Silt Loam____

Dates of Test:

Start Date 10/31/14 to End Date 11/1, 2014

Weather Conditions:

Precipitation 0 Avg. Temp. 55 °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 (t ÷ m) (Minutes per inch)
1	30"	10/31	2 PM	11/1	3 PM	11/1	3 PM	6"	3:30	5 1/4	30	.75"	40
2	"	"	"	"	"	"	"	"	"	5"	"	1"	30
3	"	"	"	"	"	"	"	"	"	5 1/4	"	.75"	40
4	"	"	"	"	"	"	"	"	"	5 1/4	"	.75"	40

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

[redacted]
(Signature of certified on-site professional, professional engineer, or R.E.H.S.)

Certificate or License # C1465

Address PO Box 246

City WISNER St. NE Zip 68791

Phone (402) 624-3895

Sum of Percolation Rates = 150

Avg. of Percolation Rates* = 37.5
(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.

Send completed Attachment C with Form B – Construction Operating Permit Application to:
Nebraska Department of Environmental Quality, On-Site Wastewater Unit, P.O. Box 98922, Lincoln, NE 68509

210 req
250 recommended

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. HS001000

System Type: Standard

Situs: 12905 NW 70 ST, RURAL, NE

Issued: 11/21/2014

Expires: 11/21/2015

Description: S11, T11, R5, 6th Principal Meridian, NE

Owner: JOHNSON, PHYLLIS L
12303 W MILL RD
MALCOLM, NE 68402

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

CARL JOHNSON
14658 NW 70TH ST
RAYMOND, NE 68428

SCANNED

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

A

Permit Number HS001000

Onsite Wastewater Treatment System
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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. 02-30

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 11-19-14 Amount Paid $375.00

Received By SB Cash/Check No. 3761

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

Form A Updated: 1/13