FEB 20 2015

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

A

Permit Number HS001028

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 Not yet available (no rural route) City _____, NE Zip _____

Legal Description SE (1/4) NE (1/4) 22 (Section) 8N (Township) 7E (Range) Mueller Addition (Subdivison) 3 (Addition) 3 (Block) (Lot)

PID 15-22-107-003-000

B. Owner

Name Corey E & Kimberly A Brodersen Signature Corey E. Brodersen

Address 8521 Dunrovin Rd City/State/Zip Lincoln, NE 68526

~~Home~~ Phone Cell: 402-560-7955 Work Phone 402-435-3080

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting, Inc Signature Lloyd Jakoubek for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009

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 3.05

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 _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____
Comments _____

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 2-20-15 Amount Paid $325.00
Received By SB Cash/Check No. 8584

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: HSO 01028

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address MUELLER ADDITION Block 3 LOT 3 (no rural route) City HICKMAN NE, Zip 68372

Owner _____ Address _____

Date of Tests 11/28 to 11/29 Weather: Precipitation Ø Temperature 68

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	30	11/28	3:00	11/29	1:00	11/29	1:30	6	11/29	2:00	30	3/4	80
2	30	11/28	3:00	11/29	1:00	11/29	1:30	6	11/29	2:00	30	1/2	60
3	30	11/28	3:00	11/29	1:00	11/29	1:30	6	11/29	2:00	30	3/4	40
4	30	11/28	3:00	11/29	1:00	11/29	1:30	6	11/29	2:00	30	1/2	60
5	30	11/28	3:00	11/29	1:00	11/29	1:30	6	11/29	2:00	30	1/2	60
6	30	11/28	3:00	11/29	1:00	11/29	1:30	6	11/29	2:00	30	3/4	40
								6					
								6					

Person Conducting Percolation Test

Name: JASON KRAUS
Phone: 402-475-2412
Address 105 LOCUST STREET
HICKMAN, NE 68372

Sum of Percolation Rates: 340
Average of Rates: 56
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) OTOE SILTY CLAY
Groundwater Depth _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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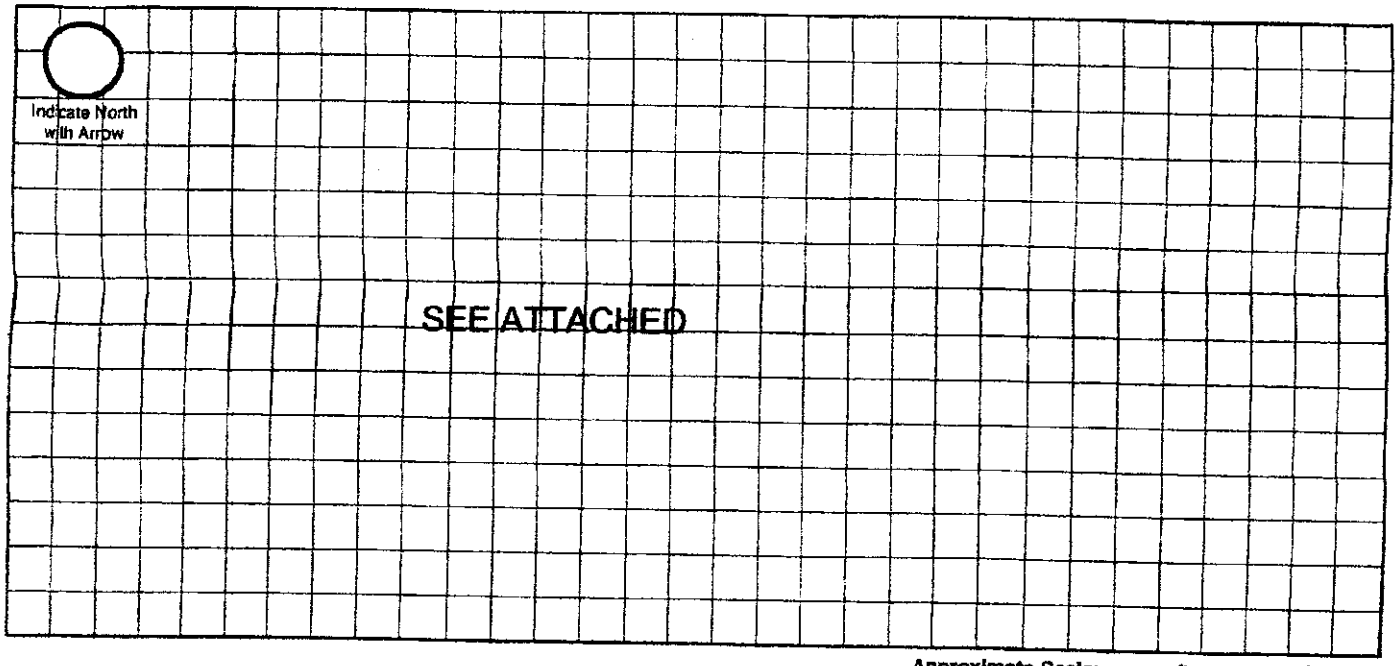
C

Permit Number: HS001028

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) _____ City _____ NE, Zip _____
Mueller Addition Block 3, Lot 3

B. Proposed Septic Tank/s

Septic Tank Cap. 2,000 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 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type Silty Clay Loam Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,750 sq.ft.

Total length of laterals 440' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 40" No. of drop boxes 4 Distrubtion Box _____

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

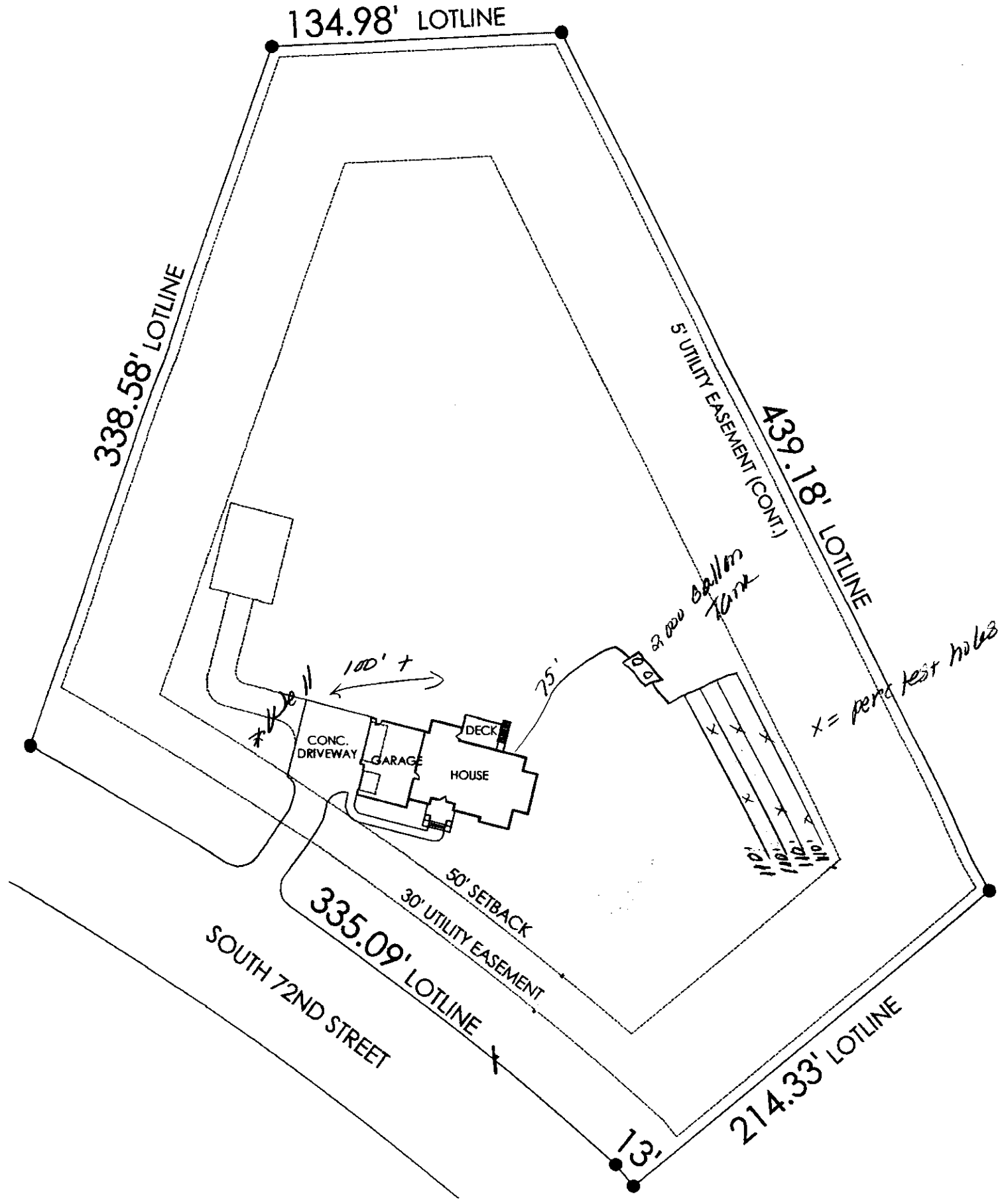
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 _____ Date 2/13/15

Installer _____ Date 2-13-15



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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. HS001028

System Type: Standard

Situs: No Site Address Specified

Issued: 2/24/2015

Expires: 2/24/2016

Description: MUELLER ADDITION, BLOCK 3, Lot 3

Owner: BRODERSEN, COREY E & KIMBERLY A
8521 DUNROVIN RD
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

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

FEB 20 2015

SCANNED

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

COPY

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Site visits 4/29/15
Comments _____
Date rec'd 2/24/15
Date frwd 2/24/15
ACTION ☒ Approved ☐ Disapproved
Signature _____

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Comments _____
Date rec'd 2-24-15
Date frwd 2-24-15
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 4/30/15

Business Office Use Only
Date Received 2-25-15 Amount Paid $375.00
Received By SB Cash/Check No. 8584

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

Form A Updated 1/15

Lloyd called & noted that the system is too close to groundwater

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

D

Permit Number: HS001028

Onsite Wastewater Treatment System

As Built Plans & Specifications

Mueller Add Block 3, Lot 3

Date 4/29/15 Legal Description SE 1/4 NE 1/4 22-8N-7E Section Township Range

Onsite System Location

Address (no rural route) 16500 S. 73rd St City Hickman/Roca NE, Zip 68372/68430

Owner Corey Brodersen Address 8521 Dunrovin Rd Lincoln, NE 68520

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 44" in.
3. Distance between dwelling and septic tank: 15' ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 100 ft.
   stream 100 ft.
   pressure line 100 ft.
   property line 100 ft.

B. Septic Tank

☑ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: one
2. Capacity: 2000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade AT 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: 36"-24 in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 50+ ft.

C. ☑ Distribution Box ☑ Drop Boxes

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

1. Material: 1-Switching Valve / 3-Drop / 1 Dist-Box
   Number available outlets: ____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 25+7+9+8+8 ft.

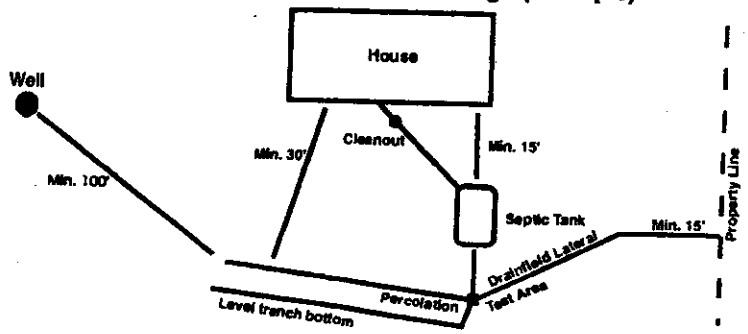
D. Drainfield Absorption

☑ Trench ☐ Bed ☐ Level Bottom

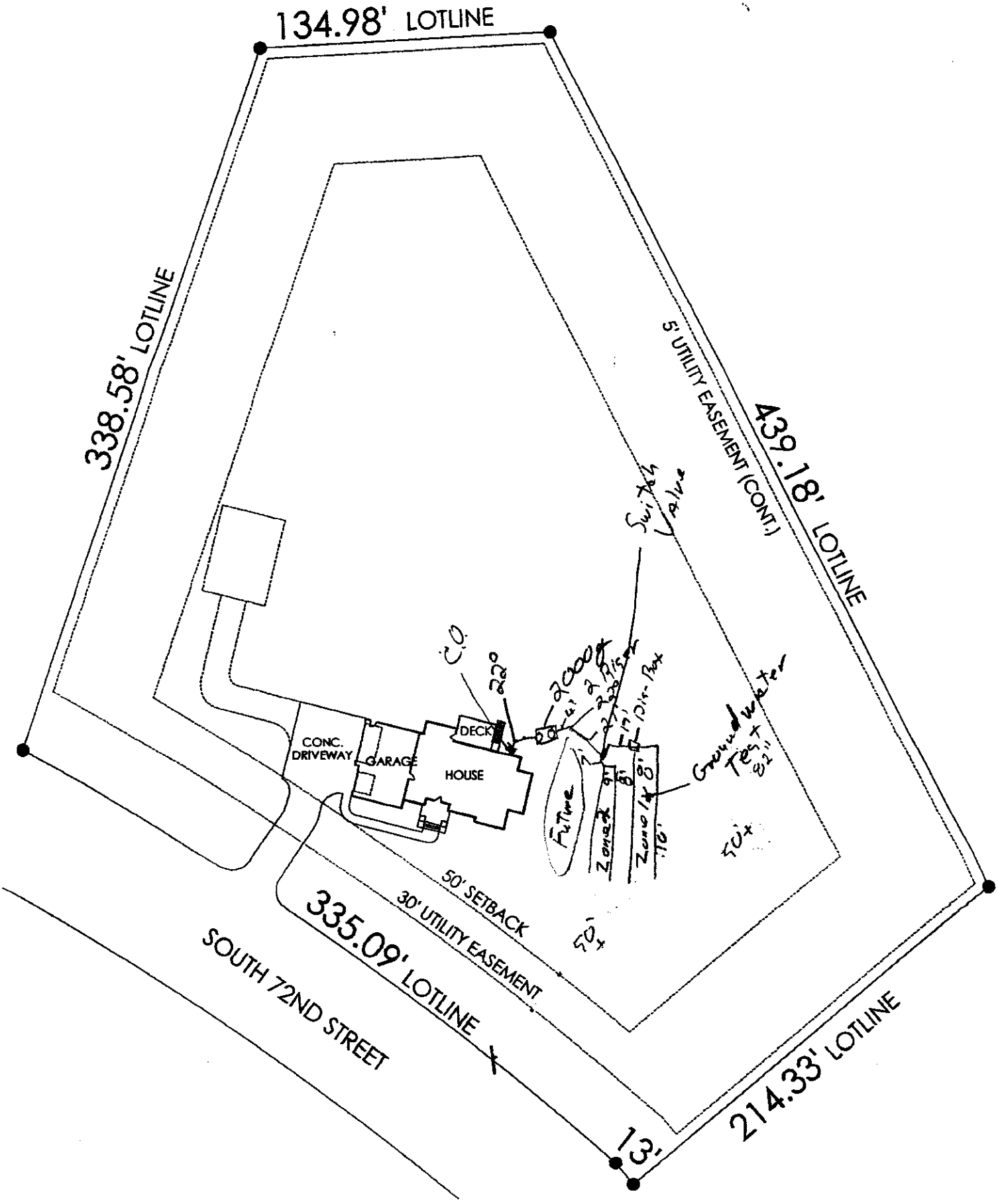
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 4 -2Zone
   Length of each line: 110 ft. 110 ft.
   110 ft. 110 ft., ____ ft.
3. Drainfield dimensions: Width 40 ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 42-30 in
4. Filter material: Soil
   Depth of material 42-30 in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100 ft.
   Property line 50+ ft.
   House or building 30+ ft.
   Lake or Stream 100+ ft.

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

Onsite Wastewater System Design (Example)



Indicate North with Arrow



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