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. HS001042

System Type: Standard

Situs: No Site Address Specified

Issued: 3/31/2015

Expires: 3/31/2016

Description: S34, T7, R7, 6th Principal Meridian, LOT 39 NW

Owner: LASSEN, ROBERT L & VELMA J
REVOCABLE TRUST
5131 QUAIL RIDGE 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

MANZITTO BUILDERS INC
3341 PIONEERS BLVD
LINCOLN, NE 68506

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 the issuance of a permit to construct a Wastewater Treatment System in conformance with appropriate regulations

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 709 Firth Rd (not a rural route) City Firth NE Zip 68358

Legal Description NW NW 34 7 7 39
¼ ¼ Section Township Range Subdivision Addition Block Lot

PID 14-34-100-007-000

B. Owner

Name Robert Lassen Signature

Address 5131 Quail Ridge Dr City, State, Zip Lincoln NE 68510

Home Phone 402-432-2680 Work Phone

C. Certified Installer

Name Jason Kubik Signature Jason Kubik

Address 165 Locust St City, State, Zip Fairbury NE 68352

Work Phone

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 Water Softener Backwash ☐ Yes ☒ No Total Acres .21
Garbage Grinder ☒ No ☐ Yes

☐ 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 of Jurisdiction ☐ Design Procedure for Public Health

1 Health Department

Signature Date Received Date Mailed

ACTION ☐ Approved ☐ Disapproved

Comments Signature

2 Supt. Bldg. Insp. or Village Clerk

Comments Date Received 5-12-2016 Date Mailed 5-12-2016

ACTION ☒ Approved ☐ Disapproved

Signature

3 City or County Engineer

Comments Date Received Date Mailed

ACTION ☐ Approved ☐ Disapproved

Signature

Installation Final Written Approval

By

Date

Business Office Use Only

Date Received 5-25-16 Amount Paid $ 325.00 Receipt # 36 Date Issued to 5-31-16

MAR 2 5 2015

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

A

Permit Number
HS001042

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 7001 Firth Rd (no rural route) City Firth, NE Zip 68358

Legal Description NW NW 34 7 7 39
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 14-34-100-007-000

B. Owner

Name Robert Lassen Signature

Address 5131 Quail Ridge Dr City/State/Zip Lincoln NE 68516

Home Phone 402-428-2680 Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust ST City/State/Zip Hickman NE 68372

Work Phone

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 21
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 4/1/15
Date frwd 4/1/15
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

Business Office Use Only
Date Received 3-25-14 Amount Paid $375.00
Received By SB Cash/Check No. 7990

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

Onsite Wastewater Treatment System
As-Built Description and Drawing

HS 001042
T7, R7, Sec. 34

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 14-34-100-007-000

Owner: ROBERT LASSEN Address 6909 FIFTH ROAD FIFTH NE 68358

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 150 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: ___ in.
4. Distance to:
   Well 7100 ft.
   Pressure line 50 ft
   Property Line 50 ft.
   Foundation 100 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: [illegible] ft. S 130

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other

   Material brand and inside width of Chamberless: INFILTRATOR QUICK 4 HIGH CAPACITY

2. Number of Laterals: 6
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. 80 ft. 80 ft. 80
4. Drainfield size: 1728 sq. ft.
5. Distance to:
   Well >100 ft.
   Pressure line >100 ft.
   Property line 48 ft.
   Depth of Groundwater >12

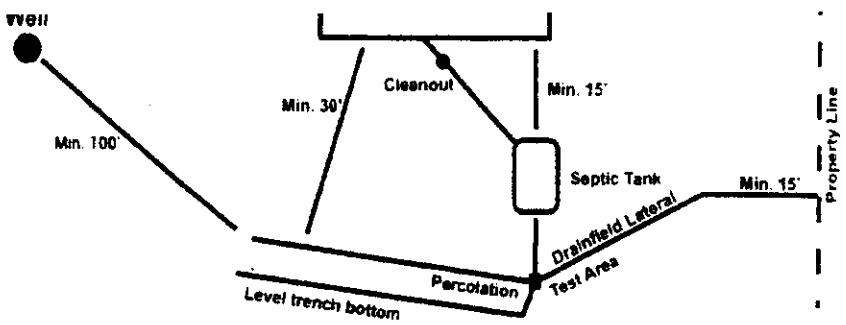
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

If Yes, the Certified Professional must sign below for final approval:

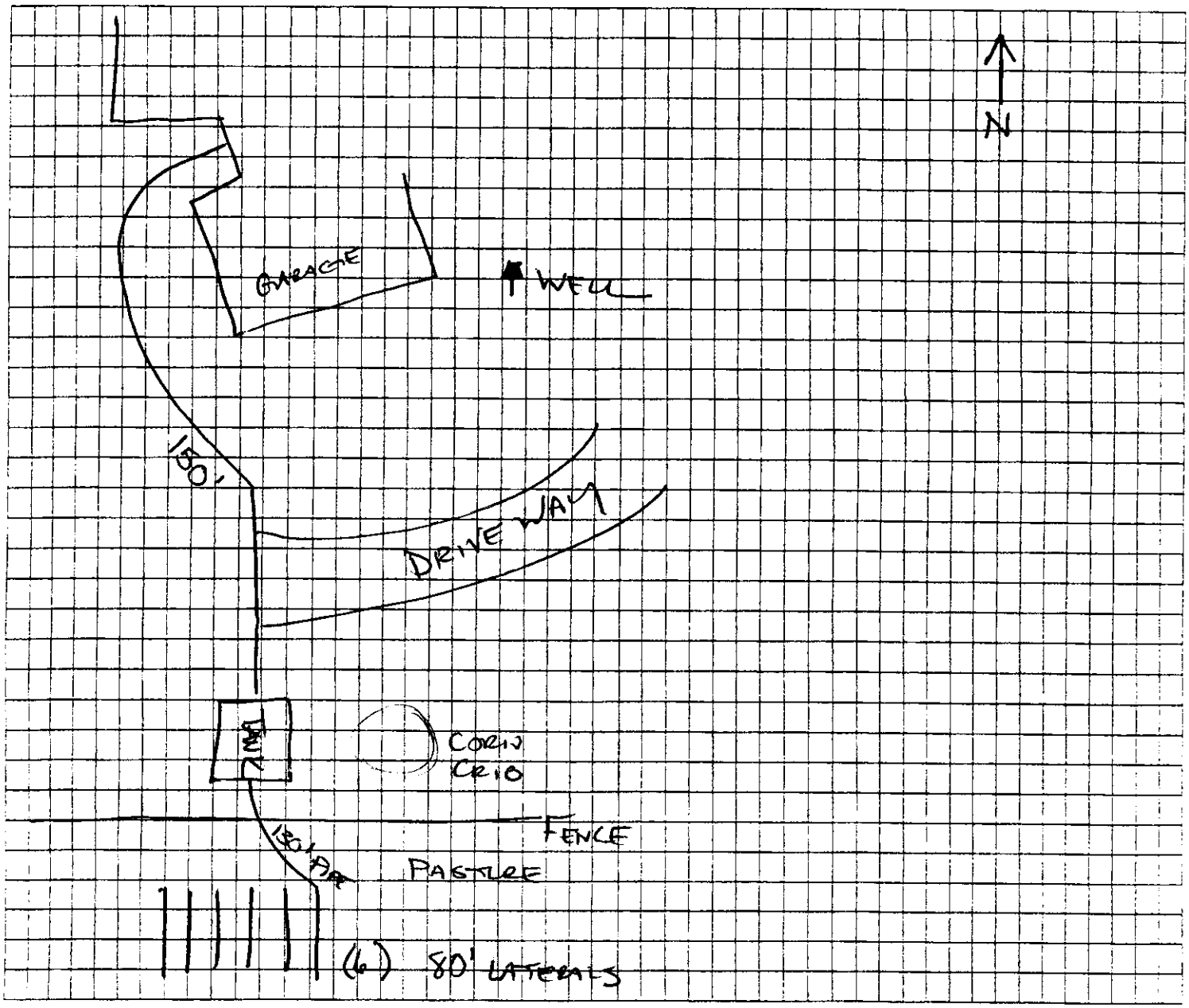
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 6-11-15

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



*Note-If Lagoon, show all applicable dimensions



MAR 2 5 2015

B

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

Permit Number: HS001042

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7001 Firth Rd (no rural route) City Firth NE, Zip 68358

Owner Robert Lassen Address 5131 Quail Ridge Dr Lincoln NE 68516

Date of Tests 3/21/15 to 3/21/15 Weather: Precipitation -0- Temperature 60

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	3/21	11:00	3/21	3:00	3/21	7:00	6	3/21	7:30	30	1/2	60
2	30	3/21	11:00	3/21	3:00	3/21	7:00	6	3/21	7:30	30	1/2	60
3	30	3/21	11:00	3/21	3:00	3/21	7:00	6	3/21	7:30	30	3/4	40
4	30	3/21	11:00	3/21	3:00	3/21	7:00	6	3/21	7:30	30	1 5/8	19
5	30	3/21	11:00	3/21	3:00	3/21	7:00	6	3/21	7:30	30	3/4	40
6	30	3/21	11:00	3/21	3:00	3/21	7:00	6	3/21	7:30	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7606
Address 105 Locust St Hickman NE 68372
Soil type (NRCS Maps/Other) 7548 Pawnee, 7818 Nodaway
Groundwater Depth > 12'

Sum of Percolation Rates: 279
Average of Rates: 47
Rate Used for Calculation: 51

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____