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

JUL 16 2015

A

Permit Number
HS001097

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 5805 Saltillo Rd (no rural route) City LINCOLN, NE Zip 68516

Legal Description 4 8 7 6th Principal Meridian 10 NW

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

PID 15-04-100-005-000

B. Owner

Name Linda Dillon Signature

Address 9550 N 150th Ct City/State/Zip WAVERLY NE 68462

Home Phone Work Phone

C. Certified Installer

Name: Michael P Dietze Signature Michael P Dietze

Address PO Box 116 City/State/Zip WAVERLY NE 68462

Work Phone 402 786 5620

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 12

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
Comments
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 7-16-15 Amount Paid $375.00
Received By SB Cash/Check No. 31762

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: HS001097

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5805 Saltillo Rd (no rural route) City LINCOLN NE, Zip 68516

Owner Linda DILLON Address 9550 N 150th CT WAVERLY NE 68462

Date of Tests 06-26-2015 to 06-27-2015 Weather: Precipitation 0 Temperature 64°

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		Initial Water Lev (in.)	End		Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)			
1	36	06/26	1845	06/27	0730	06/27	0800	6	06/27	0830	30	1/2	60
2	36	06/26	1845	06/27	0730	06/27	0800	6	06/27	0830	30	1/2	60
3	36	06/26	1845	06/27	0730	06/27	0800	6	06/27	0830	30	1/2	60
4	36	06/26	1845	06/27	0730	06/27	0800	6	06/27	0830	30	3/4	40
5	36	06/26	1845	06/27	0730	06/27	0800	6	06/27	0830	30	5/8	48
6	36	06/26	1845	06/27	0730	06/27	0800	6	06/27	0830	30	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: Suzette Buls
Phone: 402 786 5620
Address PO Box 308
Waverly NE 68462

Sum of Percolation Rates: 316
Average of Rates: 52.66
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) Otho Silty Clay
Groundwater Depth 150'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____