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

A

Permit Number
H5001105

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 _____ City _____, NE Zip _____
(no rural route)

Legal Description NW SE 31 9 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-31-400-004-000 SB

B. Owner

Name Andrew Rudd Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Mueller Signature _____

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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 _____ Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 39.8
Garbage Grinder? ☐ Yes ☒ No

☒ Commercial Establishment/Other Facility Specify Garage Design flow in gallons per day 200

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 7-28-15 Amount Paid $375.00
Received By SB Cash/Check No. 9600

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

Engineering Surveying
6037 OAKCREST PLAZA, OMAHA, NEB. 68137 391-0854

SOIL ABSORPTION TEST DATA REPORT

Property Where Soil Tested:

Owner: Howard Rudd Address:

Location: # SW 18th & W. Center Property Dimensions: X Lot Size:
(attach sketch of property showing hole location)

Soil Type:
Silty Clay ☐ Silty Clay Loam ☐ Sandy Loam ☐
Silty Loam ☐ Clay Loam ☐ Sandy Clay ☐

Dates of Test: 7-21-15 Weather: Precipitation NA Temperature 90's

PERCOLATION TEST DATA TABLE

A	B	C	D	E	F	G	H	I	J	K	L	M	N
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole #	Hole Depth (Ins.)	Date	Time	Date	Time	Date	Time	Water Level	Time	Water Level	Elapsed Time (min.)	Water Level Drop (Ins.)	Perc. Rate
1	36	7-21	8pm	7-21	12pm	7-21	12pm	18"	12:30	19"	30	1	30
2	36	7-21	8Am	7-21	12pm	7-21	12pm	18"	12:30	19¼"	30	1¼	24
3	36	7-21	8Am	7-21	12pm	7-21	12pm	16"	12:30	17¼"	30	1¼	24
4	36	7-21	8pm	7-21	12pm	7-21	12pm	17"	12:30	18"	30	1	30
5	36	7-21	8pm	7-21	12pm	7-21	12pm	18"	12:30	19"	30	1	30

Sum of Percolation Rates 138
Average of Rates 27.6
Inches Per Minute 22

Signature of Person Conducting Test

PE/LS, Inc. 6037 Oakcrest Plaza, Omaha, Ne. 68137

(402) 391-0854

DO NOT WRITE BELOW THIS LINE

Remarks:

Reviewing Action

Approved Perc. Rate:

Signature of Reviewing Offial Date

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. HS001105

System Type: Standard

Situs: No Site Address Specified

Issued: 7/29/2015

Expires: 7/29/2016

Description: S31, T9, R5, 6th Principal Meridian, NW SE

Owner: RUDD, ANDREW
1650 NEMAHA ST
LINCOLN, NE 68502

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

MUELLER TRENCHING INC
1345 N 26TH RD
SYRACUSE, NE 68446

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

SCANNED

A

Permit Number
H5001105

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

1. Health Department
Site visits installed Fall of 2015 — predated inspection policy
Comments
Date rec'd 7/29/15
Date frwd 7/29/15
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 7-28-15
Date frwd 7-28-15
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By Doug Rhu
Date 7/14/16

Business Office Use Only
Date Received 7-28-15 Amount Paid $375.00
Received By SB Cash/Check No. 9600

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