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

A

Permit Number HS001128

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 2710 Jacks Ln (no rural route) City Lincoln ✓, NE Zip 68523

Legal Description _____

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

PID 09-17-406-007-000

B. Owner

Name Michael Satorie Signature _____

Address 2470 Nick Rd City/State/Zip Lincoln NE 68512

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Nathan Peterson Signature _____

Address 7701 Cornhusker Hwy Suite 5 City/State/Zip Lincoln NE 68507

Work Phone 402-202-8130

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 3.18

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 _____ **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 8-24-15 Amount Paid $375.00
Received By SB Cash/Check No. 5045

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

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. HS001128

System Type: Lagoon

Situs: No Site Address Specified

Issued: 9/1/2015

Expires: 9/1/2016

Description: TWIN PINES ADDITION, BLOCK 6, Lot 7

Owner: SATORIE, MICHEAL T & JENNIFER L
2470 NICK RD
LINCOLN, NE 68512

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

INFINITY EXCAVATING LLC
7701 CORNHUSKER HWY STE 5
LINCOLN, NE 68507

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

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Health Director

INFINITY EXCAVATING LLC
7701 CORNHUSKER HWY STE 5
LINCOLN, NE 68507

SCANNED

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

A

Permit Number
HS001128

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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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 2710 Jacks Ln (no rural route) City Lincoln ✓, NE Zip 68523

Legal Description 17 9 6 SB TWIN PINES Add 6 7 SB

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

PID 09-17-406-007-000

B. Owner

Name Michael Satorie Signature

Address 2470 Nick Rd City/State/Zip Lincoln NE 68512

Home Phone Work Phone

C. Certified Installer

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1. Health Department
Site visits
Comments
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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 12/10/15

Business Office Use Only
Date Received 8-24-15 Amount Paid $375.00
Received By SB Cash/Check No. 5045

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:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2710 JACS LANE (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Date of Tests 11-6-15 to 11-7-15 Weather: Precipitation None Temperature 70+

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	36	11/6	2:30	11/7	8:00	11/7	11:30	6	11/7	12:00	30	1/2	60
2	36	11/6	2:30	11/7	8:00	11/7	11:30	6	11/7	12:00	30	5/8	48
3	36	11/6	2:30	11/7	8:00	11/7	11:30	6	11/7	12:00	30	5/8	48
4	40	11/6	2:30	11/7	8:00	11/7	11:30	6	11/7	12:00	30	1/2	60
5	36	11/6	2:30	11/7	8:00	11/7	11:30	6	11/7	12:00	30	1/2	60
6	36	11/6	2:30	11/7	8:00	11/7	11:30	6	11/7	12:00	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Claude Oie PE-3936
Phone: 402-486-4444
Address 6645 S. 66th St. Lincoln Ne. 68516
Soil type (NRCS Maps/Other) Silty Clay
Groundwater Depth N.A. 7 Ft.

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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

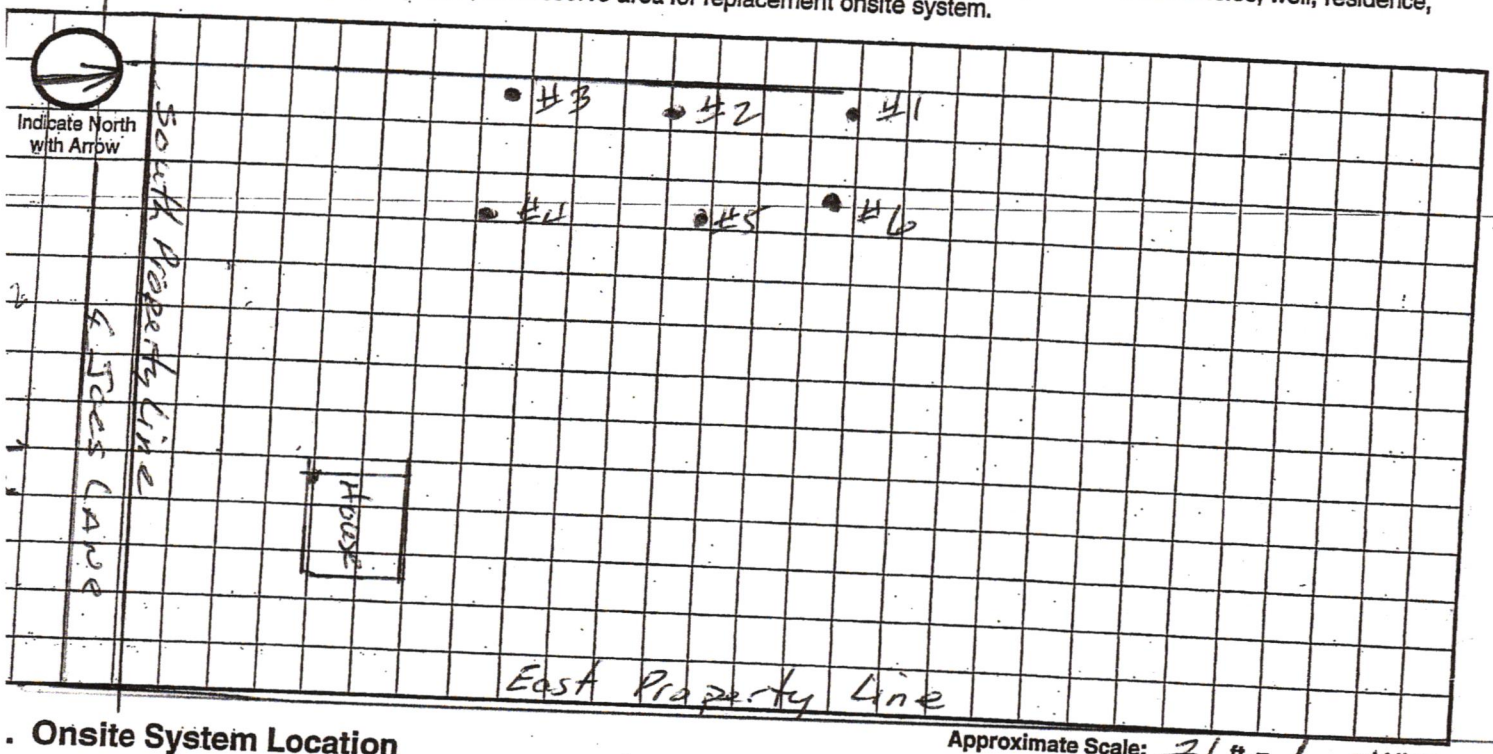
C

Permit Number:

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: 21 ft. = 1 grid line/s

Onsite System Location

dress (no rural route) 2710 Jacs Lane City _____ NE, Zip _____

Proposed Septic Tank/s

tic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

Reserve Area for Replacement Onsite System

Drainfield Absorption Area (percoloation test required) ☐ Lagoon

Drainfield Absorption System

olation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

f absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

f absorption beds_____ Width_____ No of Distribution lines per bed_____

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

ance om	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
(ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
(ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
n (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

equired Signatures

uilding Contractor_____ Date_____

_____ Date_____

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

Exhibit 5

Permit Number: HS001128

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/9/15 Legal Description Block 6 Lot 7 17 / 9 / 6
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2710 Jacs Ln City Lincoln

Owner Michael Satorie Address 2470 Nixon Rd Lincoln, NE 68512

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,758 Sq. Ft. Tank Size 2000 gals

Total length of laterals 485 ft Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 4 Width 43.5 No. of Drop Boxes — Distribution Box 4

Leveling Method Used N/O

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

★ No well, Rural water

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	10 ☑	5 ☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	25 ☑	5 ☑

Geographical Coordinates to 6 Decimals:

Tank N/A

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial _____ Date _____

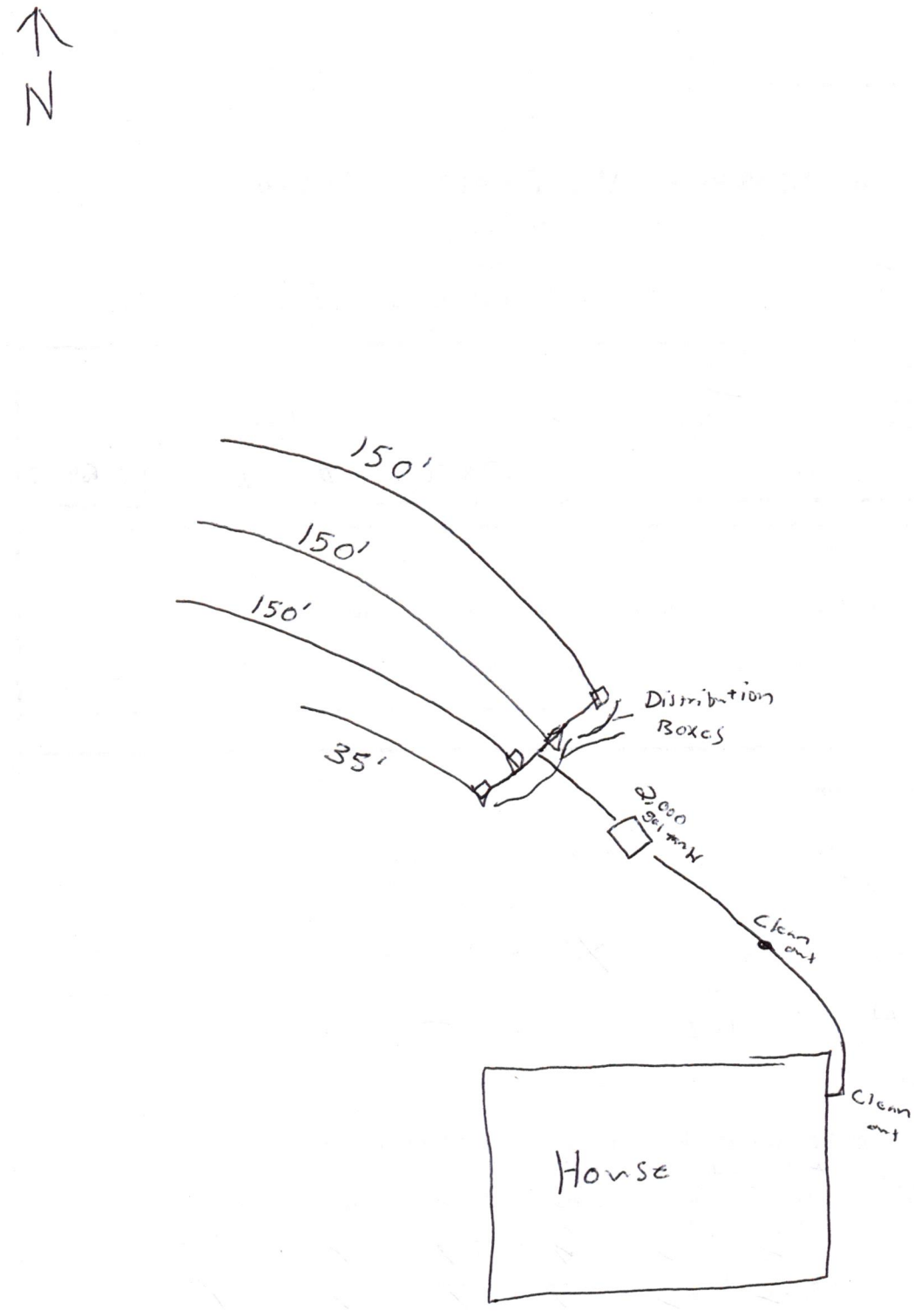
Follow-Up_____ Date _____

Follow-Up_____ Date _____

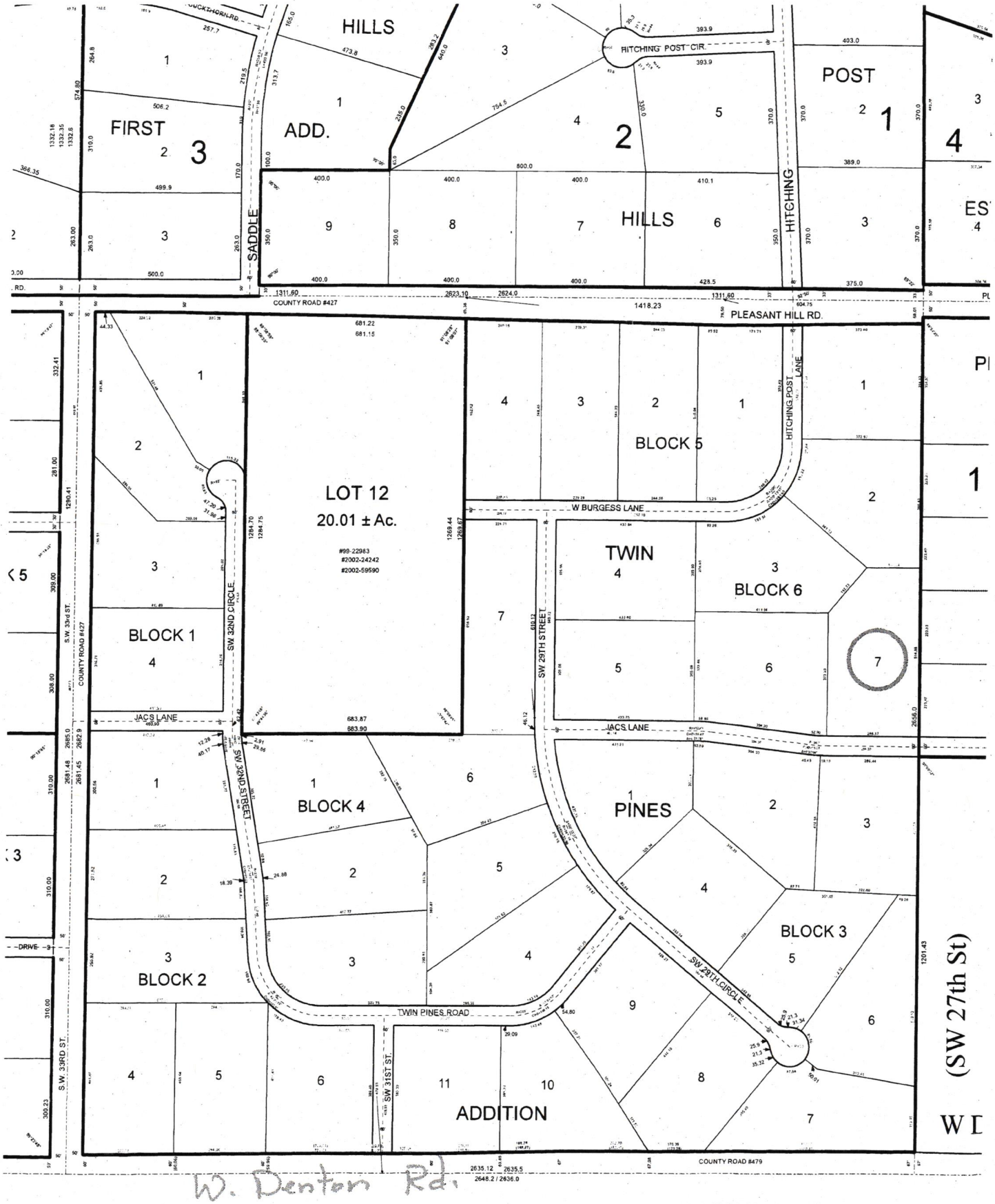
Installation Final Written Approval
By _____

Date 12/9/15

Field Note Drawing (See Reverse Side):


N
150'
150'
150'
35'
Distribution Boxes
2,000 gal tank
Cleanout
Cleanout
House

SEC. 17-9-6



W. Denton Rd.

26 Feb 2014 10:26:45 AM