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

A

Permit Number
HS061130

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 5000 Trotter Cir (no rural route) City Lincoln NE Zip 68516

Legal Description _____ Country Acres 1st 1

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

Geographical Location (if known): Lat/Long: 40 43 52 N 96 39 07 W PID 16-20-405-001-000 SB

B. Owner

Name Roger Sat Signature _____

Address 5000 Trotter Cir City/State/Zip Lincoln NE 68516

Home Phone 402 421 1964 Work Phone _____

C. Certified Installer

Name: Blain Johnson Signature _____

Address 8533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 4

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

Type of Wastewater ☑ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☑ Not Applicable

DO NOT WRITE BELOW THIS LINE

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

1. Health Department Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature _____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

3. City or County Engineer Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 8-28-15 Amount Paid $375.00
Received By SB Cash/Check No. Discovery

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

Form A Updated: 5/10

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township 9 ; Range 7
Section & ¼ Sect. 20
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Roger and Laura Saf
Address 5000 Trotter Circle

Dates of Tests: 4-30-90 to 5-1-90. Weather: Precip. 0 Temp. ___F.

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 No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	4-30	8:30	5-1	8:40	5-1	8:36	36	9:06	35¼	24	¾	
2	36	"	8:31	5-1	8:41	"	8:39	36	9:10	35½	31	½	
3	36	"	8:32	5-1	8:42	"	8:46	36	9:16	35	30	1	
4	36	"	8:33	5-1	8:43	"	8:50	36	9:20	35¼	30	¾	
5	36	"	8:34	5-1	8:44	"	8:55	36	9:25	35¼	30	¾	
6	36	"	8:35	5-1	8:45	"	9:00	36	9:30	34¾	30	1¼	

Wesley D Bowman
Signature of Person Conducting Test

Address 3900 NW 27th
Phone: 466-1944

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam.

DATE: May 1, 1990

Approved Percolation Rate(s)
A. 4-4 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

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

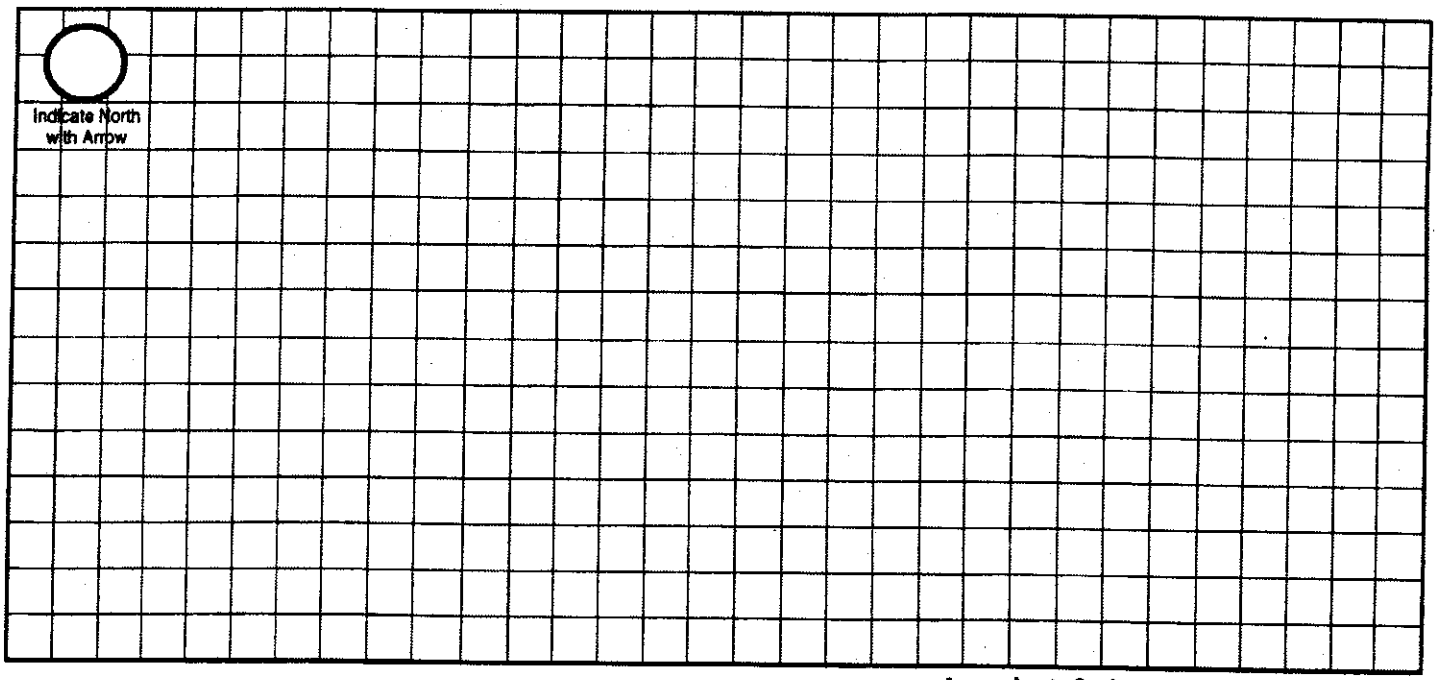
C

Permit Number: HS001130

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) 5000 Trotter Cir City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 41 (min/inch = mpi) No. of Bedrooms 5 Soil Type Pawnee Land Slope 2-4 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1650 sq.ft.

Total length of laterals 700' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 36 No. of drop boxes_____ 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_____

Installer Blair Johnson Date 26 Aug 2015

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. HS001130

System Type: Lagoon

Situs: 5000 TROTTER CIR, RURAL, NE

Issued: 8/31/2015

Expires: 8/31/2016

Description: COUNTRY ACRES FIRST ADDITION, Lot 1

Owner: SAF, ROGER D & LAURA E
5000 TROTTER CIR
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

BLAIN JOHNSON
8523 E STATE HWY 41
ADAMS, NE 68301

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

Exhibit 5

Permit Number: H5001130

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/27/15 initial 9/3/15 finaled Legal Description ___ ¼ ___ ¼ County Acres Lot Lot 1 Section/Township/Range

Onsite System Location

Address (no rural route) 5000 Trotter City Lincoln

Owner ___ Address ___

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 1650 Sq. Ft. Tank Size 2000 gals

Total length of laterals 460' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ___

Area 36" 3.62 factor

No. of Absorption Laterals 4 Width 36 No. of Drop Boxes ___ Distribution Box ___

Leveling Method Used ___

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

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 NA

Lateral #1 ___ Lateral #3 ___

Lateral #2 ___ Lateral #4 ___

Comments:

Inspections prior to Final Approval
Initial 8/27/15 Date DS

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By [signature]

Date 9/3/15

Field Note Drawing (See Reverse Side):