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

A

Permit Number HS00 1131

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 7101 W'old Cheney Rd. (no rural route) City DENTON, NE Zip 68339

Legal Description 14 9 5 SB

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

PID 03-14-200-004-000 SB

B. Owner

Name Bill Wiechert Signature William D Wiechert

Address SAME City/State/Zip SAME

Home Phone 402-797-3273 Work Phone 402-304-0041

C. Certified Installer

Name: Melvin Wagner Signature Melvin Wagner

Address 4810 'W' Claire Ave City/State/Zip LINCOLN NE 68523

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 6-28-15 Amount Paid $375.00
Received By SB Cash/Check No. 7974

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

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

B

Permit Number: HS00113|

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7101 W old Cheney (no rural route) City Denton NE, Zip 68339

Owner Bill Wiechert Address 7101 W oldcheney

Date of Tests 8-20-15 to 8-21-15 Weather: Precipitation 0 Temperature 90°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr Water Level Drop					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	33	8-20	7:AM	8-21	3:00	8-21	3:30	6	8-21	4:00	30 min	1/2	60
2	34	"	"	"	"	"	"	6	"	"	"	5/8	48
3	34	"	"	"	"	"	"	6	"	"	"	5/8	48
4	34	"	"	"	"	"	"	6	"	"	"	1/2	60
5	34	"	"	"	"	"	"	6	"	"	"	1/2	60
6	32	"	"	"	"	"	"	6	"	"	"	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln Ne 68523

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

Soil type (NRCS Maps/Other)
Groundwater Depth OVER 10 FT.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)
Lagoon to Septic System -

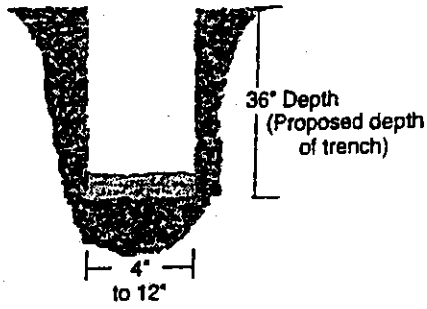
Signature of Reviewing Official Date

READ THOROUGHLY

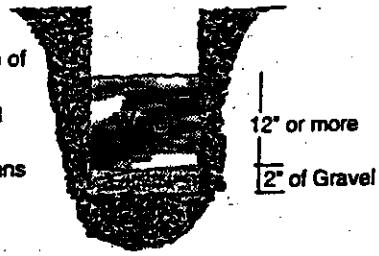
DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

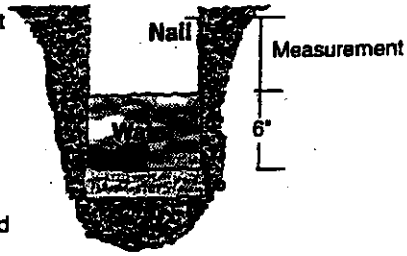


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



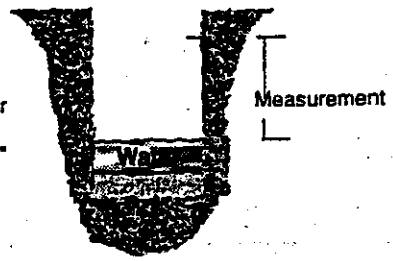
24 Hours Later

III. Percolation-rate Measurement **(refer to Instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

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

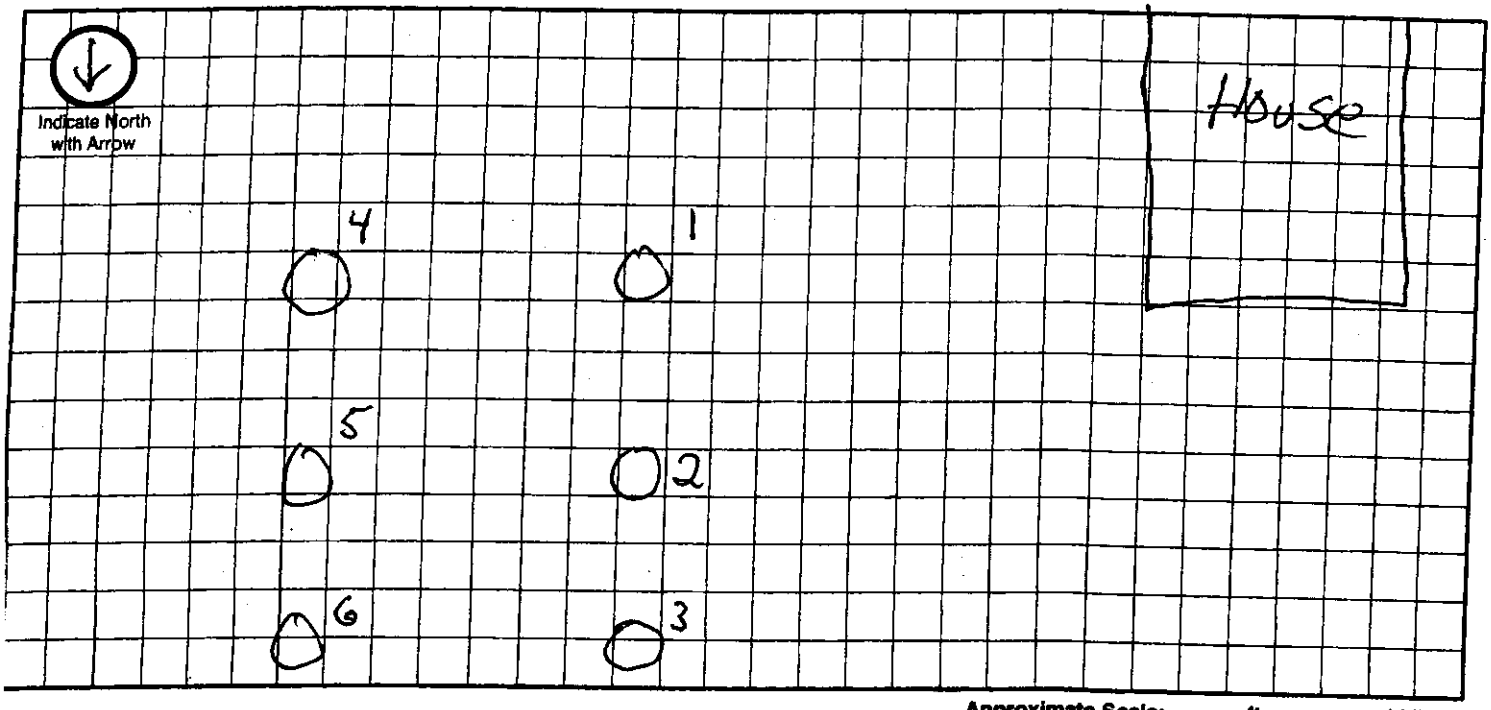
C

Permit Number: HS001131

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) 7101 W Old Cheney City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type_____ Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1050 sq.ft.

Total length of laterals 292' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches_____ Width_____ 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_____ 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. HS001131

System Type: Standard

Situs: 7101 W OLD CHENEY RD, RURAL, NE

Issued: 8/31/2015

Expires: 8/31/2016

Description: S14, T9, R5, 6th Principal Meridian, LOT 3 NE

Owner: WIECHERT, WILLIAM P & ROSE A
7101 W OLD CHENEY RD
DENTON, NE 68339

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

GAGNER CONSTRUCTION COMPANY INC
4810 W CLAIRE AVE
LINCOLN, NE 68523

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

Exhibit 5

Permit Number: HS001131

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/5/15 Legal Description ¼ ¼ T9N R5E Sec 14 Section/Township/Range

Onsite System Location

Address (no rural route) 7101 W Old Cheney Rd City Denton

Owner Bill Wiechert Address Same

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 1050 Sq. Ft. Tank Size 1500 gals

Total length of laterals 292 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 2 Width 36" No. of Drop Boxes na Distribution Box 1

Leveling Method Used Lazer Level

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 ☐ na	50 ☑	NA ☐	10 ☑	5 ☐
Field (ft)	100 ☑	500 ☐ na	50 ☐	4 ☑	25 ☑	5 ☑

Geographical Coordinates to 6 Decimals: n/a

Tank 1500

Lateral #1 145 152 JM

Lateral #2 134 146 JM

Lateral #3 na

Lateral #4 na

Comments:

Inspections prior to Final Approval
Initial 10/5/15 Date JM

Follow-Up _____ Date _____

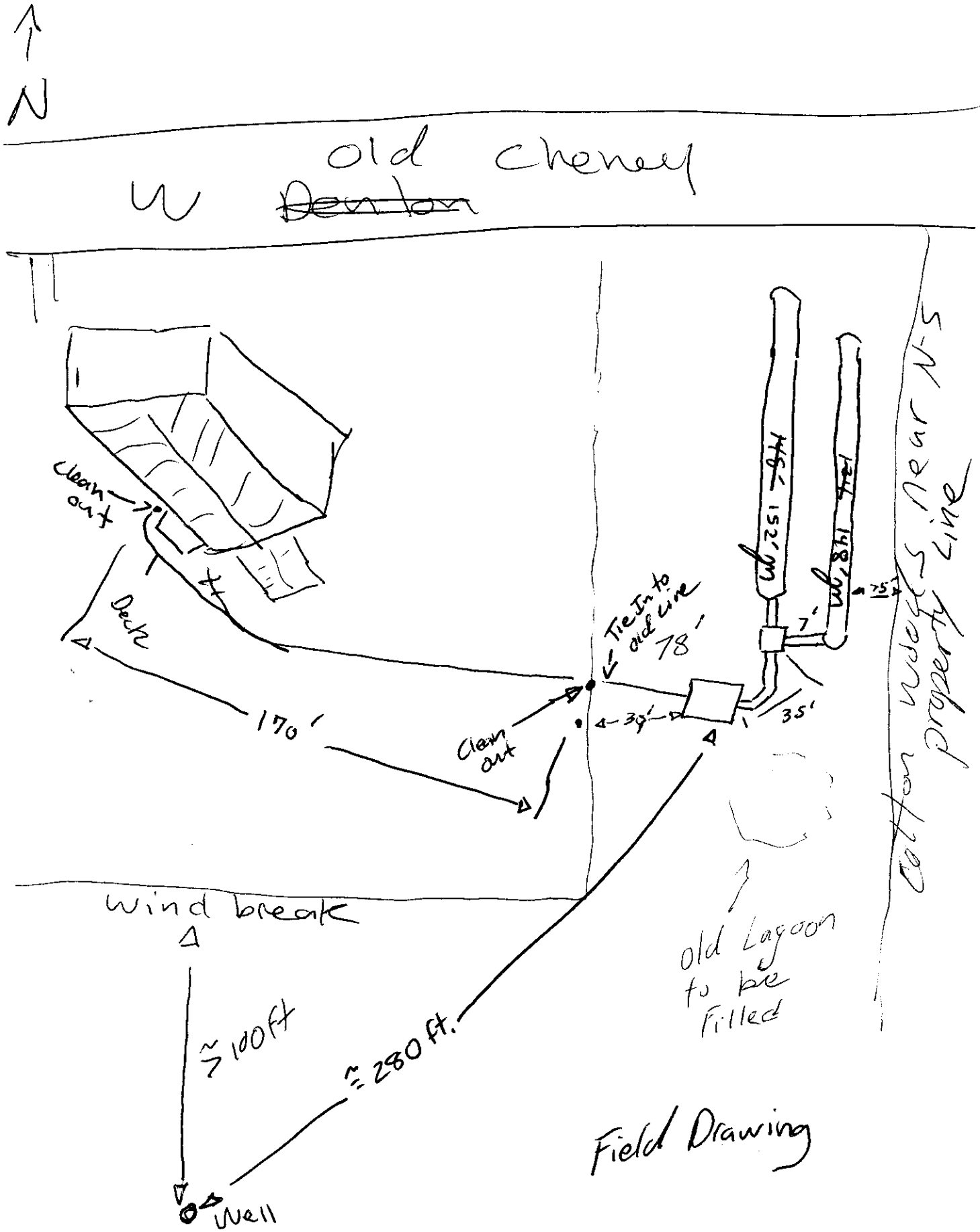
Follow-Up _____ Date _____

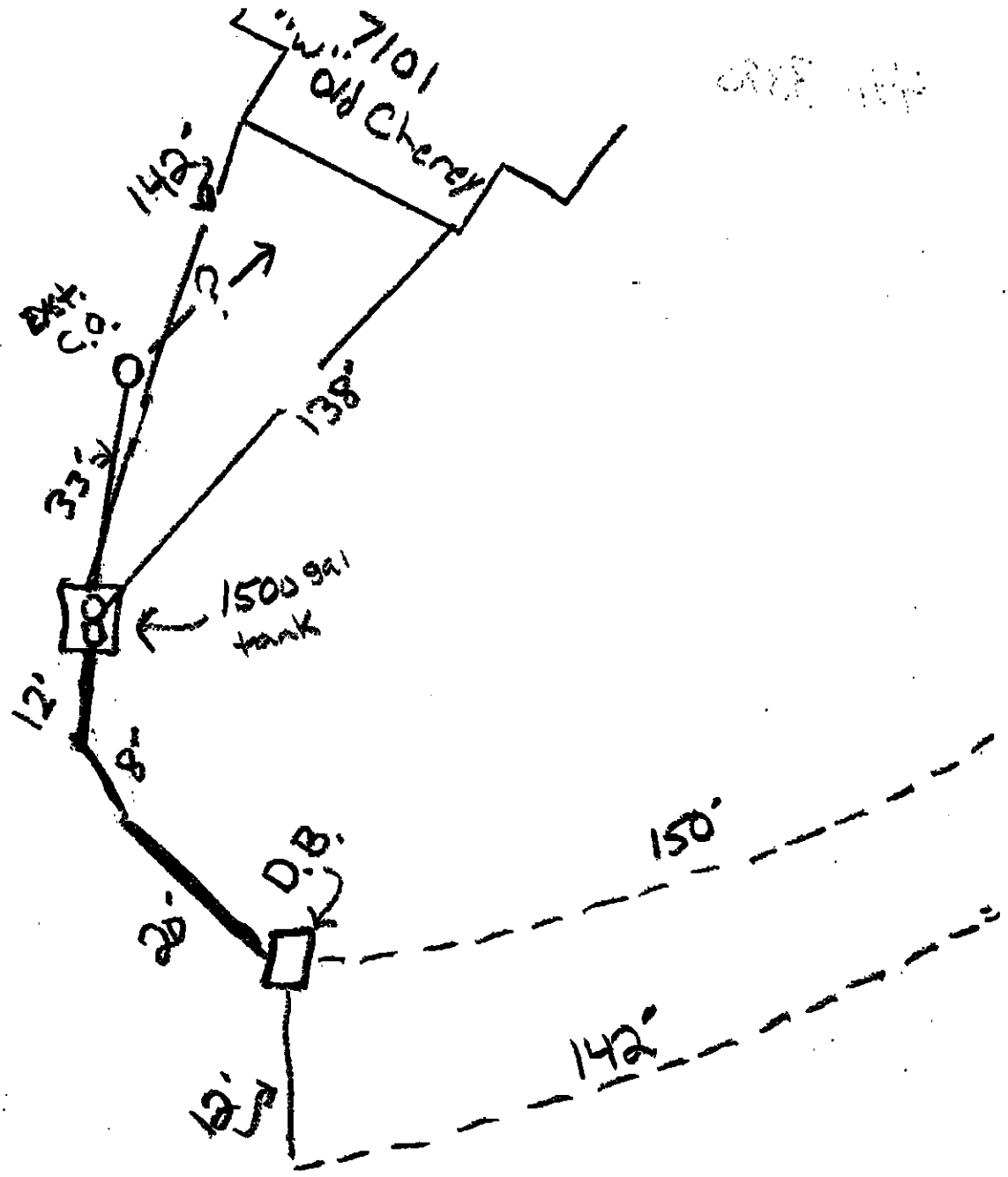
Installation Final Written Approval
By James M Newman

Date 10/5/2015

Field Note Drawing (See Reverse Side):

Updated 4/15


N
old cheney
~~Denton~~
Clean out
Deck
170'
Tie In to old line
78'
Clean out
35'
7'
25'
Cotton rudder S near N-S property Line
wind break
≈ 100ft
≈ 280 ft.
well
old Lagoon to be Filled
Field Drawing


7101
Old Cheney
142'
Exit
C.O.
?
138'
33'
1500 gal
tank
12'
8'
D.B.
150'
20'
142'
12'

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

SCANNED

A

Permit Number
HS00 1131

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)

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Name Bill Wiechert Signature William D Wiechert

Address SAME City/State/Zip SAME

Home Phone 402-797-3273 Work Phone 402-304-0041

C. Certified Installer

Name: Melvin Wagner Signature Melvin Wagner

Address 4810 'W' Claire Ave City/State/Zip LINCOLN NE 68523

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

Rated 4 plus 2:1

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 8/31/15
Date frwd 8/31/15
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments 10/5/15 JM
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 Jim Newman
Date 10/7/2015

Business Office Use Only
Date Received 8-28-15 Amount Paid $375.10
Received By SB Cash/Check No. 7974

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

Form A Updated: 1/13