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

A

Permit Number HS001134

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 4201 West Holdrege (no rural route) City Lincoln SB NE Zip 68528

Legal Description 19 10 6

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

Geographical Location (if known): Lat/Long 40 49 40N 96 46 49 W PID 10-19-200-002-600 SB

B. Owner

Name Ken McVeigh Signature

Address 12545 West A Street City/State/Zip Lincoln NE 68532

Home Phone Work Phone 402 610 1606

C. Certified Installer

Name Blain Johnson Signature Blain John

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

Work Phone 402 610 8270

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Jeremy Williams Firm Design Ass. Work Phone

E. This system will serve a

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

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

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
Site visits Date rec'd Date fwd ACTION ☐ Approved ☐ Disapproved Signature

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

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

Installation Final Written Approval
By

Date

Business Office Use Only
Date Received 9-3-15 Amount Paid $385.00
Received By SB Cash/Check No VISA

Public Health Department Public Works & Utilities Building & Safety

Form A Revised 5-10

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.

Indicate North with Arrow

see attached engineer drawing

Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 7201 west Holdrege City lincoln NE, Zip 68528

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ (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.

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

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distribution 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 ❑	NA ❑	30 ❑	50 ❑	100 ❑	200 ❑	❑

F. Required Signatures

Home Building Contractor _____ Date _____

Installer Ben Johnson Date 8/2/15

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

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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

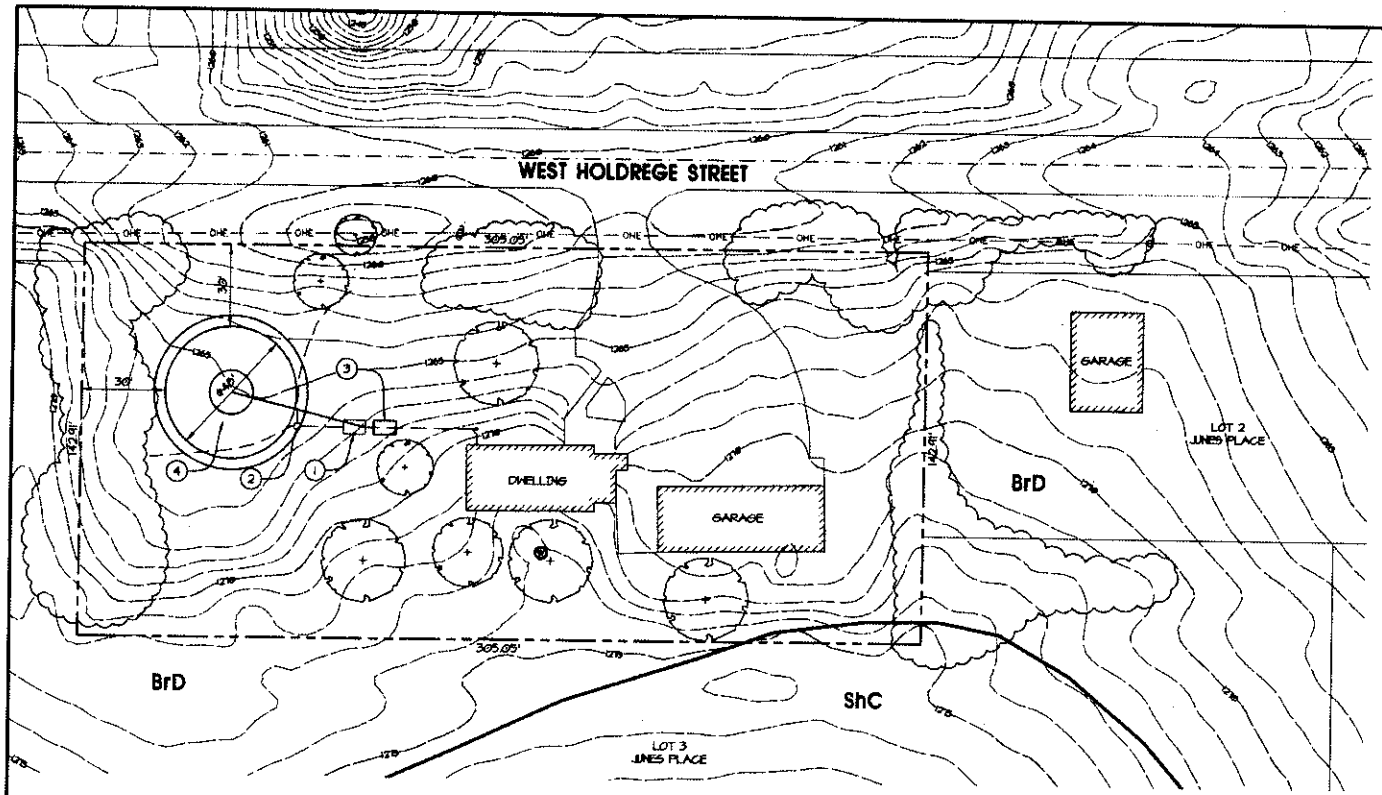
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Lagoon (ft)	100 ❑	500 ❑	50 ❑	NA ❑	30 ❑	50 ❑	100 ❑	200 ❑	❑

F. Required Signatures

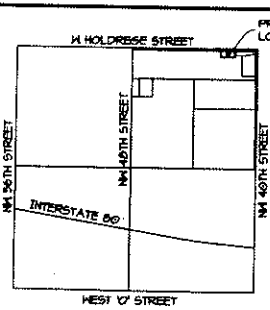
Home Building Contractor _____ Date _____

Installer _____ Date 8/2/15

Onsite Form C 12-06



SITE PLAN
SCALE: 1" = 30'



VICINITY MAP
NOT TO SCALE

LEGAL DESCRIPTION:
LOT 46 , NE 1/4 NE 1/4 SECTION 19 T10N R6E
LINCOLN, LANCASTER COUNTY, NEBRASKA

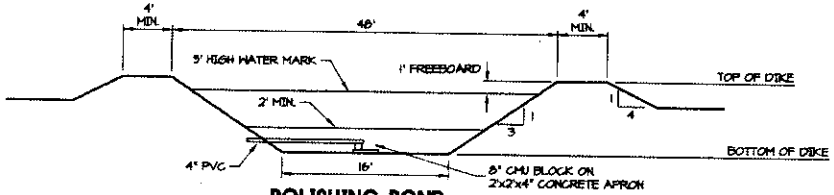
ADDRESS:
4201 WEST HOLDREGE STREET

SOIL TYPE:
BURCHARD CLAY LOAM (BrD)

DIAL BEFORE YOU DIG
DIAL BEFORE YOU DIG. CALL 1-800-331-5666 FOR LOCATION OF UNDERGROUND TELEPHONE, ELECTRIC, GAS MAINS, CABLE TELEVISION, AND CITY UTILITIES.

CONSTRUCTION NOTES

1. REMOVE EXISTING SEPTIC TANK
2. REMOVE EXISTING LATERALS AND DISTRIBUTION BOX
3. NEW 1300 GALLON, 2 COMPARTMENT TANK WITH RETROFAST 0.375 FIXED ACTIVATED SLUDGE TREATMENT SYSTEM BY BIO-MICROBICS
4. PROPOSED POLISHING POND



POLISHING POND
NOT TO SCALE

GENERAL NOTES:

1. ALL ELEVATIONS ARE NAVD 1988 DATUM.

2. ALL WORK SHALL CONFORM TO TITLE 124 - NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY, RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS AND MAINTENANCE OF ON-SITE WASTEWATER TREATMENT SYSTEMS.

3. THE ON-SITE WASTEWATER TREATMENT SYSTEM SHALL BE INSTALLED BY A CERTIFIED ON-SITE WASTEWATER PROFESSIONAL.

4. ALL DISTRIBUTION LINES SHALL BE 4" OR 6" PVC, SCHEDULE 40 AND SHALL HAVE A GRADE OF NOT LESS THAN 1/8" PER FOOT. ALL LINES SHALL BE EQUIPPED WITH CLEAN-OUTS WITH TIGHT FITTING CAPS, AT EVERY SEVENTY-FIVE FEET OR LESS, OR WHERE ANGLES GREATER THAN 45 DEGREES ARE ENCOUNTERED. A CLEAN-OUT SHALL ALSO BE LOCATED AT LEAST 1 FOOT ABOVE THE HIGHEST WATER LEVEL AND NEAR THE OUTSIDE OF THE DIKE EMBANKMENT. THE INLET LINE SHALL BE LAID AT ZERO GRADE ON THE BOTTOM OF THE CELL AND SHALL BE ANCHORED IN PLACE (E.G. CONCRETE BLOCKS WITH TIE-DOWNS AT THE JOINTS). THE INLET LINE SHALL DISCHARGE ON TO A CONCRETE APRON AT LEAST 2 FEET SQUARE.

5. THE POLISHING POND SHALL BE EQUIPPED WITH A DEPTH GAUGE THAT CONSISTS OF A NARROW CONCRETE SLAB PLACED ON AND FLUSH WITH THE DIKE SLOPE. THE SLAB SHALL BE SUFFICIENTLY DEEP AND SECURED TO RESIST MOVEMENT OR DISPLACEMENT, AND CONSTRUCTED TO RESIST BREAKAGE. PERMANENT NUMBERS AND FRACTIONAL DEPTH MARKINGS SHALL BE INSET ON THE SLAB TO INDICATE DEPTH.

6. THE POLISHING POND SHALL BE PRE-FILLED TO THE MINIMUM OPERATING DEPTH OF 2' PRIOR TO ANY WASTEWATER BEING DISCHARGED TO THE POND.

7. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR WATER USAGE AND ENSURE THAT NO MORE THAN 300 GALLONS PER DAY IS BEING USED.

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-13852
STATE OF NEBRASKA
7/13/15

13 JUL 2015

4201 W HOLDREGE STREET
ONSITE WASTEWATER TREATMENT SYSTEM
LINCOLN, NEBRASKA

SITE PLAN

VOSHEDD SQUARE, 1 NOR "K" STREET LINCOLN NEBRASKA 68508
PHONE (402) 474-3300 FAX (402) 477-0042
ARCHITECTS • ENGINEERS • PLANNERS

COPY

STATE OF NEBRASKA

Pete Ricketts
Governor

AUG 10 2015

DEPARTMENT OF ENVIRONMENTAL QUALITY
Jim Macy
Director
Suite 400, The Atrium
1200 'N' Street
P.O. Box 98922
Lincoln, Nebraska 68509-8922
Phone (402) 471-2186
FAX (402)471-2909
website: http://deq.ne.gov

Kenneth McVeigh
4201 West Holdrege Street
Lincoln, NE 68528

RE: Construction Permit No. **15OWT031**
Onsite Wastewater Treatment System
4201 West Holdrege Street, Lincoln
NE ¼, NE ¼, Sec. 19, T10N, R06E, Lancaster County
NDEQ ID: **93968**
Program ID: **15OWT031**

Dear Mr. McVeigh:

Construction shall be as described in the approved documents. It is your responsibility to make sure the facility is built as approved and all regulatory requirements met. We strongly recommend that you meet with your engineer and installer prior to construction to review the approved plans and specifications. If any modifications are necessary, Title 124 requires that you obtain written approval from the Department before changes are made to the system design.

An operating permit is required for use of this onsite system. After the system has been constructed, your Installer must properly register the system (submit completed form and fees) and your engineer must submit the construction completion card to the Department. A permit checklist, system registration form for a Title 124 permit system, and Engineer's notification of construction completion form have been enclosed to assist you with this process. Additionally, copies have been sent to your engineer. Once the system registration has been submitted by your Installer and the notification of construction completion submitted by your Engineer, the Department will evaluate for compliance and issue an operating permit if all regulatory requirements have been met.

Documents describing the above-referenced project have been approved and stamped accordingly. Pursuant to Neb. Rev. Stat. Sec. §81-1506(2)(Reissue 1987) and the requirements found in Nebraska Administrative Code Title 124, a permit for construction (enclosed) is hereby granted. This construction permit expires one year from the date of issuance. You may request renewal (subject to any changes in regulations and Department approval) prior to expiration.

Three sets of documents were submitted as part of the Title 124 permit application. One set of documents has been retained for the public record. The remaining documents are being returned to the submitting engineer for distribution.

Compliance with minimum sanitary engineering design criteria was the only consideration in the review of this project. Items such as quality of material, electrical and mechanical design features and structural soundness, were not considered unless specifically noted in the review

20150047721

comments. This approval does not release you, the owner, from your responsibility to provide an operable facility.

Local zoning, siting or building code requirements are separate from and in addition to the requirements found in the Nebraska Administrative Code administered by the Department. Please continue to work with local officials to ensure any local requirements are met.

If you have any questions please contact Mark Bauer in the NDEQ Onsite Unit at mark.bauer@nebraska.gov or (402) 471-8283.

Sincerely,

Pat Rice

Pat Rice
Assistant Director

Enclosures: Owner Checklist, Permit Registration, and Engineer Construction Completion

Cc: Jeremy Williams, Design Associates of Lincoln, 1609 N Street, Lincoln, NE 68508
John Chess, Lincoln/Lancaster County Health Department, 3140 N Street, Lincoln, NE 68510

COPY

Nebraska Department of Environmental Quality

Construction Permit No. 15OWT031

is hereby issued to

Kenneth McVeigh

for the

300 Gallon per Day
Onsite Wastewater Treatment
Alternative Design System

Description:

BioMicrobics FAST treatment system, with a 1,500 gallon two-compartment treatment tank containing a RetroFAST 0.375 treatment module, followed by a circular polishing pond, with a diameter at the inside top of the dike of 48 feet. The system includes a BioMicrobics Controller with audible and visual alarms.

located at

4201 West Holdrege Street
NE ¼, NE ¼, Sec. 19, T10N, R06E
Lancaster County

Pursuant to a Delegation Memorandum dated March 9, 2015, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed 8/7/2015

Pat Rice

Pat Rice Assistant Director

20150047225

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186, Fax (402) 471-2909, e-mail Pubinfo@mail.deq.state.ne.us

Owner Checklist Guidance Sheet

Title 124 Onsite Wastewater Treatment System Construction/Operating Permit Process

☐ Title 124 permit application, citizenship attestation (*if applicable*), soils information, and 3 sets of P.E. sealed plans/specifications completed and submitted to NDEQ, *date*:_____

☐ *If applicable*: Title 122 Authorization to Operate Class V Injection Well submitted to NDEQ, *date*:_____

☐ *If applicable*: Title 122 Authorization to Operate issued by NDEQ, *date*:_____

☐ Title 124 permit application review completed, design issues resolved and Title 124 Construction Permit issued by NDEQ, *date*: 8-7-15

☐ *If applicable*: Operation and Maintenance Manual submitted to NDEQ, date:_____

☐ Owner review of approved plans with engineer and installer prior to construction

engineer:_____ *installer*:_____ *date*:_____

☐ *If applicable*: Proposed revision submitted to NDEQ, *date*:_____

☐ *If applicable*: Revision approved by NDEQ, *date*:_____

☐ System registration and fee submitted to NDEQ by Installer, *date*:_____

☐ *If applicable*: Operation and Maintenance Manual approved by NDEQ, date:_____

☐ Engineer's notification of construction completion submitted to NDEQ on *date*:_____

☐ Title 124 Operating Permit issued by NDEQ, *date*:_____

Reminders:

- **This checklist is provided as a courtesy to help with typical onsite wastewater treatment system permit related requirements. Additional regulatory requirements may apply.**
- **Please check for local requirements which are separate and may be different than Title 124 requirements.**
- **Permit applications are reviewed in the order received by the Department. Please allow sufficient time in your planning for application preparation, review, and any needed clarifications or revisions, some of which may require additional field work. The Department may request additional information as needed for its review and permit decision.**
- **When a permit application is required, Title 124 requires a construction permit prior to any onsite system construction and an operating permit prior to wastewater discharge to, or any use of, the onsite system.**
- **When a construction permit is issued, Title 124 requires that any modifications, revisions, or changes to the system or design be approved by NDEQ prior to changes being made to the system.**
- **Title 124 requires system registration (Installer) and notification of construction completion (Engineer) for an operating permit to be issued.**
- **Forms referenced here are available from the NDEQ website: www.deq.state.ne.us**

The Department has interpreted completion of work to mean that all onsite wastewater treatment system components have been installed, constructed or modified so that the system piping, treatment devices or other appurtenances that convey, treat or dispose of wastewater are ready to be used. The NDEQ does not consider construction completion of an onsite system to be dependent upon construction of any dwelling or building to which the system may be connected, final grading, seeding, or the date of receipt of payment for work performed.

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System – Title 124 Permit System

Print or Type

Owner First Name Initial Last Name Owner Phone Number

Business or Legal Entity Name (if applicable)

Owner Mailing Address City State Zip

Physical address of system if different from owner's mailing address

Location *Legal description* OR *Geographical coordinates to 4 decimal points*

¼ ¼ Section Township Range County / Latitude Longitude

Mark One

☐ Dwelling ☐ Non-dwelling

Mark One

☐ New system ☐ Modification, reconstruction or alteration of existing system

System Information

☐ Holding tank ☐ Gravity septic system ☐ Lagoon ☐ Mound system

☐ Other – Describe _____

Depth to seasonal high groundwater _____ feet Percolation rate _____ min/inch

Design flow _____ gal/day Previous system registration number (if applicable) TS _____

Construction permit number (required) _____

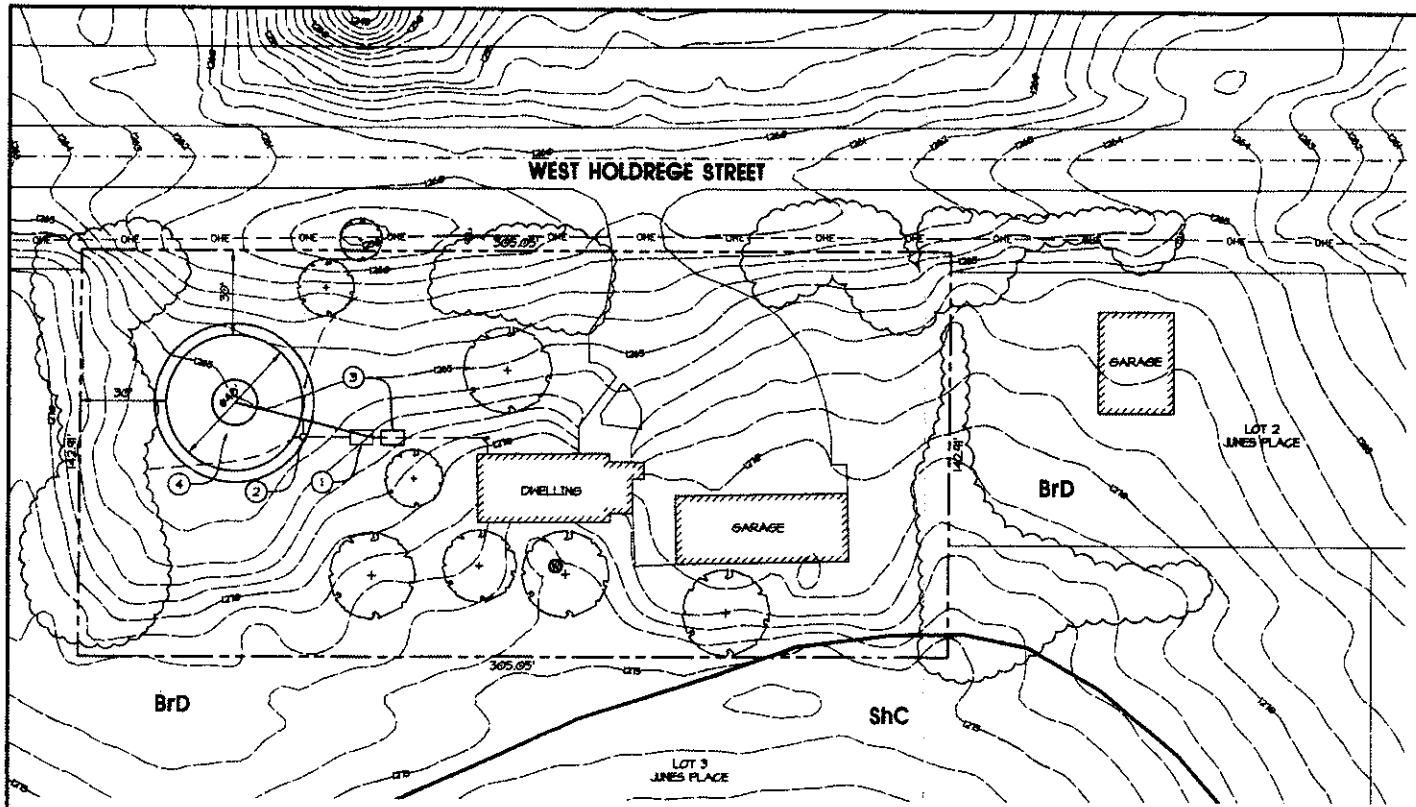
I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

(*Print or Type*) First Name Initial Last Name Certificate/License Number

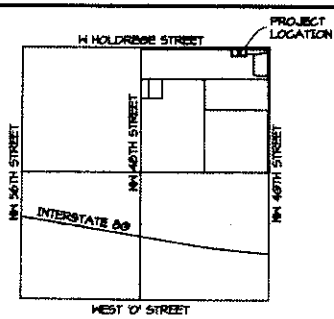
Signature of Certified Professional, Professional Engineer or Registered Environmental Health Specialist

Date construction completed

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay registration.



SITE PLAN
SCALE: 1" = 30'



VICINITY MAP
NOT TO SCALE

LEGAL DESCRIPTION:
LOT 46 , NE 1/4 NE 1/4 SECTION 18 T10N R6E
LINCOLN, LANCASTER COUNTY, NEBRASKA

ADDRESS:
4201 WEST HOLDREGE STREET

SOIL TYPE:
BURGHARD CLAY LOAM (BrD)

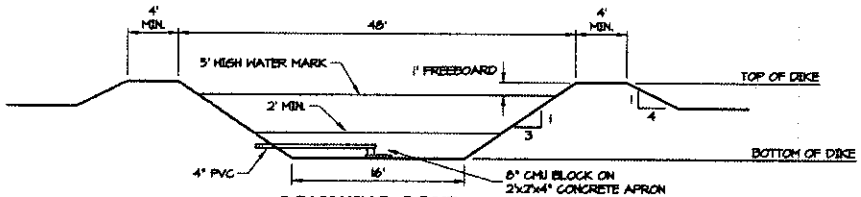
DIAL BEFORE YOU DIG
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Pollution Control Project
15 OW 031
APPROVED
DEQ
8-5-15

RECEIVED
JUL 17 2015
Nebraska Dept of Environmental Quality
By DEQ185

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-18821
7/13/15
STATE OF NEBRASKA

CONSTRUCTION NOTES
1. REMOVE EXISTING SEPTIC TANK
2. REMOVE EXISTING LATERALS AND DISTRIBUTION BOX
3. NEW 1500 GALLON, 2 COMPARTMENT TANK WITH RETROFAST 0.375 FIXED ACTIVATED SLUDGE TREATMENT SYSTEM BY BIO-MICROBICS
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POLISHING POND
NOT TO SCALE

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13 JUL 2015

4201 W HOLDREGE STREET
ONSITE WASTEWATER TREATMENT SYSTEM
LINCOLN, NEBRASKA

SITE PLAN

PERKINS SQUARE, 1508 'K' STREET LINCOLN NEBRASKA 68508
Telephone: 476-2000 Facsimile: 476-2040

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. HS001134

System Type: Standard

Situs: 4201 W HOLDREGE ST, RURAL, NE

Issued: 9/9/2015

Expires: 9/9/2016

Description: S19, T10, R6, 6th Principal Meridian, LOT 46 NE

Owner: MCVEIGH, KENNETH
4201 W HOLDREGE ST
LINCOLN, NE 68528

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
8533 E STATE HWY 41
ADAMS, NE 68301

FILE NO. 1576

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

February 7, 1980 — THIS LICENSE OR PERMIT EXPIRES

Richard Johnson — LICENSEE OR PERMITTEE

4201 West Holdrege, Lincoln, NE — ADDRESS

T10N, R6E, Section 19, Lot 46 I.T. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1576

DATE: 8/4

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10 N ; Range 6 E ; Section 19 ; Block _____ : Lot 46 I.T. : Addition _____ Street Address _____ irregular T. NW¼

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Distance to public sewer: _____ ft.

Richard Johnson
Signature of Applicant (Owner or Lessee)

4201 west Holdredge
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/7/79. Date Frwd. 8/7/79. ACTION: CONDITIONAL Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Dale S. Rose

3. City or County Engineer: Date Rec'd. 8/7/79. Date Frwd. 8/7/79. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis D. Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

* CONDITIONAL APPROVAL
SYSTEM EXPERIMENTAL ONLY

INSTALLATION FINAL WRITTEN APPROVAL *
Date: _____ By: Jerrold C. Wood

FORM 20105-0477
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: 474-1541

B

FILE NO. 1576

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

we realize this is not Passing but we have No choice but an experimental Systema in addition to original.

OWNER: Richard Johnson
Address:_____

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30"	7/6	4:00	7/7	4:00	7/7	4:00	6"	6:00	5 3/4	30	1/4	120
2	30"	"	"	"	"	"	"	"	"	5 7/8	"	1/8	240
3	"	"	"	"	"	"	"	"	"	5 3/4	"	1/4	120
4	"	"	"	"	"	"	"	"	"	5 1/4	"	3/4	40
5	"	"	"	"	"	"	"	"	"	5 1/2	"	1/2	60
6	"	"	"	"	"	"	"	"	"	6	"	0	0

John Stelmann
Signature of Person Conducting Test

Address 4401 No. 27th Phone 467-1627

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

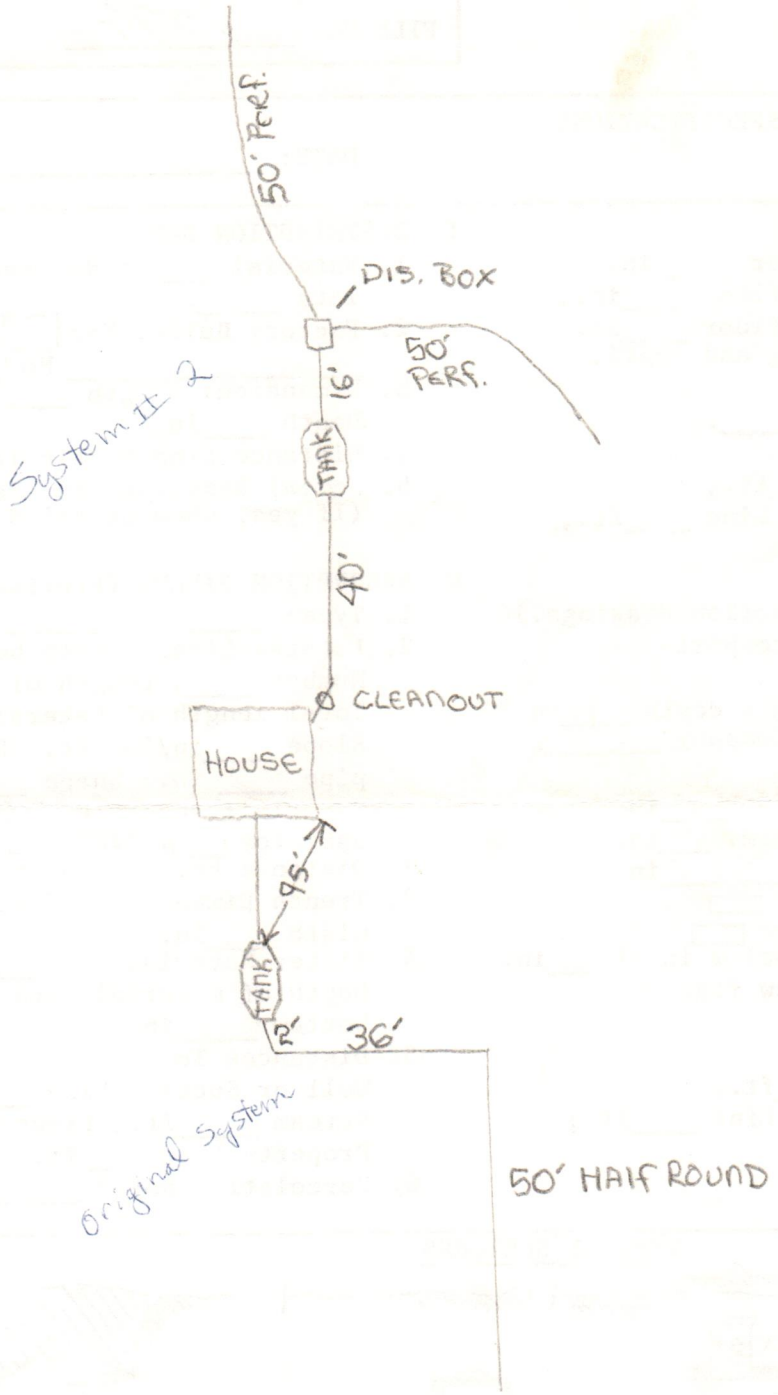
(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Burchard Clay Loam
Date: August 7, 1979

Approved Percolation Rate (a)
A. 96 min./inch
B._____min./inch
C._____min./inch

Jerrold C. Hood
Signature of Reviewing Official


50' Perf.
DIS. BOX
50' PERF.
16'
TANK
System II 2
40'
CLEANOUT
HOUSE
N
95'
TANK
2'
36'
Original System
50' HALF ROUND

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 4201 W. Holdrege ST Lincoln NE

Twp 10 Range 6 Section 19 1/4 NE 1/4 Block Lot 46 Addition

Directions to Property West "O" ST to NW 48th Do N to W Holdrege - Do E to 4201 (S side of Rd) Legal - LOT 46, NE 19-10-6

Location of Well 13' S Side of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System 150-200' NW of House - White pipe Year Installed

Please call and Schedule Appt w/owner Call Cell ph. 430-8586

	NAME	ADDRESS	PHONE
Present Owner:	Duane Wilken		Cell→ 430-8586
			H 780-6854
Tenant/Buyer:	Ken & Julie McVeigh ~~3907 Madison Ave~~	3835 Cleveland ST (04)	~~467-4365~~ Fax 464-6070
Return to:	Ken & Julie McVeigh Home Real Estate	3835 Cleveland ST Lincoln, NE 68504	

Send Copy To Betty Barback 432-3151 questions

Signature of Applicant [signature] Address 3835 Cleveland AVE (04) Date 5/17/99

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	05/17/99	Date	/ /
Initials	~~~	Case No.	
Amount	150 ~~	Initials	
Check No.	2170		

PRELIMINARY STATUS--By Paul Drokmann **DATE:** 5/18/99

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	
Construction	☐	☒	Approved	☐
Bacteria	☐ /ml	☐ /ml	Provisional	☐
Nitrate	☐ ppm	☐ ppm	Disapproved	☒

Additional Site Visits

Date 5/19/99 by PD

Date / / by

Date / / by

Comments: See inspection form

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by Date / /

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

SCANNED

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

A

Permit Number HS001134

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 4201 West Holdrege (no rural route) City Lincoln SB NE Zip 68528

Legal Description 19 10 6

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

Geographical Location (if known): Lat/Long: 40 49 40 N 96 46 49 W PID 10-19-200-002-600 SB

B. Owner

Name Ken McVeigh Signature

Address 12545 West A Street City/State/Zip Lincoln NE 68532

Home Phone Work Phone 402 610 1606

C. Certified Installer

Name: Blain Johnson Signature Blain Johnson

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 Jeremy Williams Firm Design Ass. Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1 3.22

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

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 — Site visits — Date rec'd — Date frwd — 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

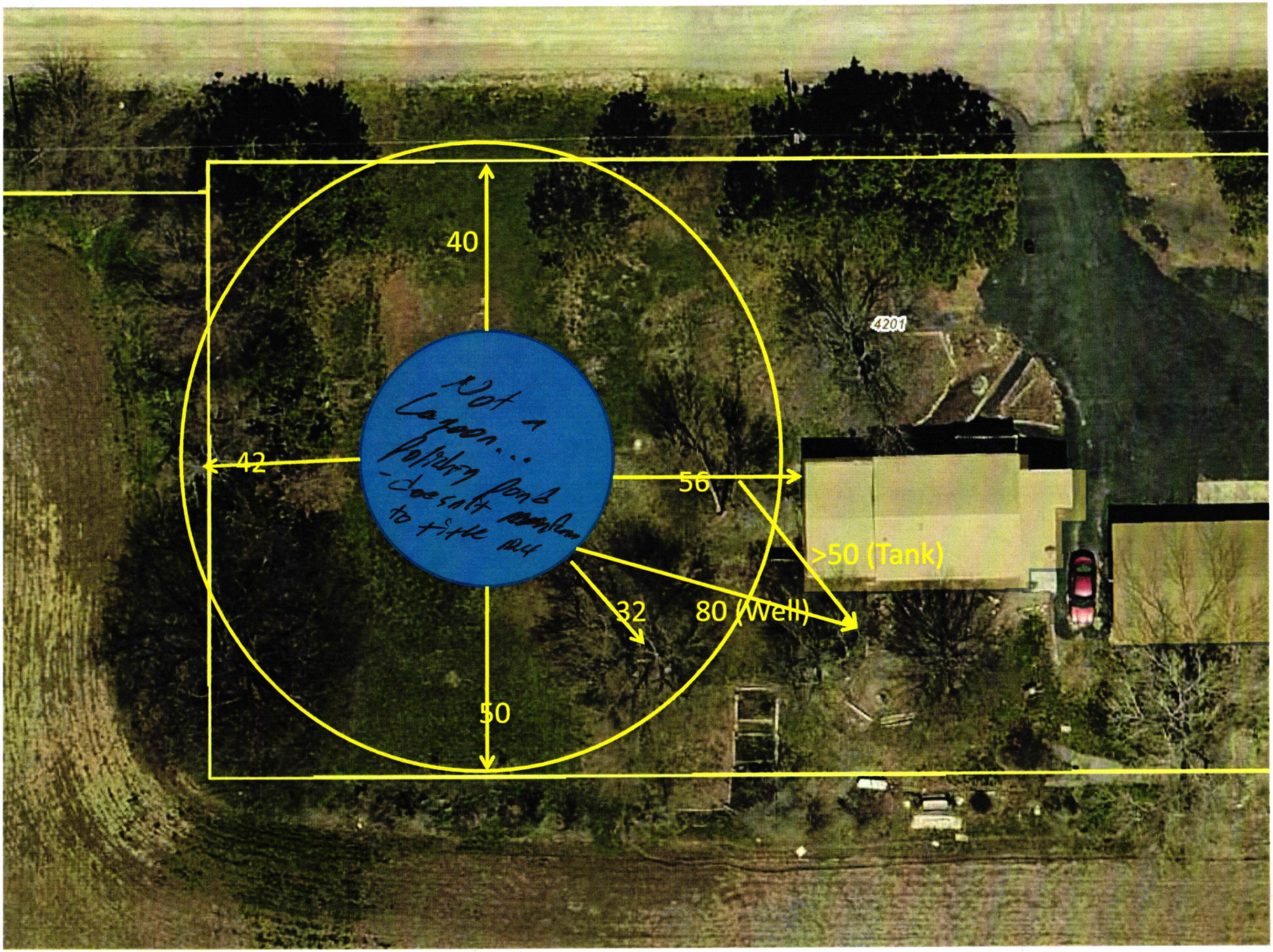
Date 8/16/16

Business Office Use Only
Date Received 9-3-15 Amount Paid $385.00
Received By SB Cash/Check No VISA

White - Department Yellow Pink - Building & Safety

Form A Updated 5/10

operating permit issued by NDEE
+ Release drawing - predates inspection sheet


40
42
56
>50 (Tank)
32
80 (Well)
50
4201
Not a Lagoon... Polishing pond - doesn't require to title V


4201