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

A

Permit Number
HS001138

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 10500 Weeks Dr. (no rural route) City Lincoln, NE Zip 68516

Legal Description 16-33-100-010-000

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

PID 16-33-100-010-000

B. Owner

Name James + Kari Wolf Signature

Address 3150 S. 72nd St Apt #189 City/State/Zip Lincoln NE 68516

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 1.65

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
Comments
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

Business Office Use Only
Date Received 9-15-15 Amount Paid $385.00
Received By SB Cash/Check No. 5076

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: HS001138

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 10500 Weeks Dr City Lincoln NE, Zip 68516
(no rural route)

Owner James + Kari Wolf Address 3150 S. 72nd St Apt #128 Lincoln

Date of Tests 9/10/15 to 9/11/15 Weather: Precipitation 0 Temperature 80

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		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	9/10	1:00	9/11	9:00	9/11	9:00	6	9/11	1:00	30	5/8	48
2	36	9/10	1:00	9/11	9:00	9/11	9:00	6	9/11	1:00	30	1/2	60
3	36	9/10	1:00	9/11	9:00	9/11	9:00	6	9/11	1:00	30	1/2	60
4	36	9/10	1:00	9/11	9:00	9/11	9:00	6	9/11	1:00	30	5/8	48
5	36	9/10	1:00	9/11	9:00	9/11	9:00	6	9/11	1:00	30	1/2	60
6	36	9/10	1:00	9/11	9:00	9/11	9:00	6	9/11	1:00	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Nathan Peterson
Phone: 402-202-8130
Address 7701 Cornhusker Hwy Suite 5

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

Soil type (NRCS Maps/Other) Wymore
Groundwater Depth NA

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

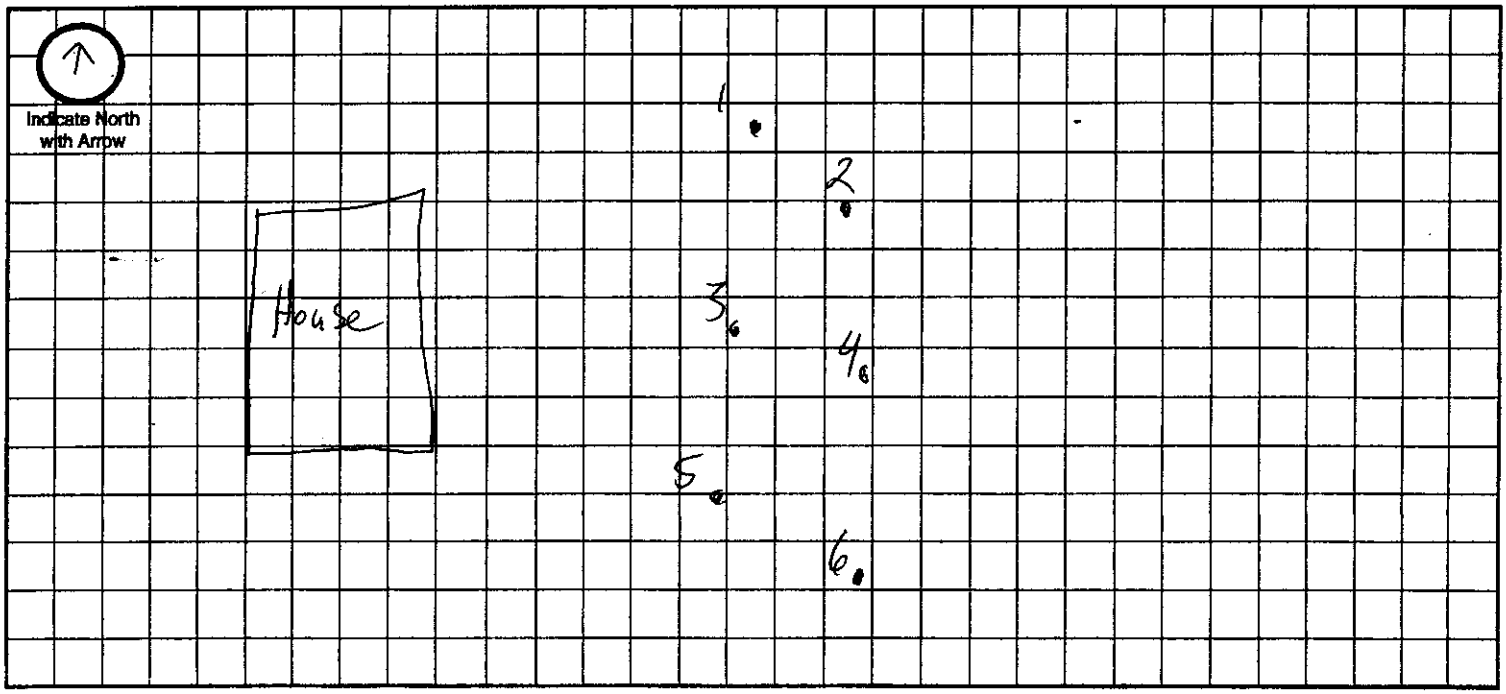
C

Permit Number: HS001138

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) 10500 Weeks City Lincoln NE, Zip _____

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_____ (min/inch = mpi) No. of Bedrooms 5 Soil Type Wymore 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_____ 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. HS001138

System Type: Standard

Situs: No Site Address Specified

Issued: 9/22/2015

Expires: 9/22/2016

Description:

Owner: WOLFE, JAMES R & KARI L
3150 S 72 ST APT 189
LINCOLN, NE 68506

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: H5001138

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/5/15

Legal Description 9-7-33 Blk 3, Lot 3
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10500 weeks Dr. City _____

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 1595 Sq. Ft. Tank Size 2000 gals

Total length of laterals 440 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

_____

No. of Absorption Laterals 4 Width 4' No. of Drop Boxes 4 Distribution Box 0

Leveling Method Used Laser

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

Rural water

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

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ N/A Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:
Small lot w/ a surprising amount of expansion room.

Inspections prior to Final Approval
Initial N/A Date 11/5/15

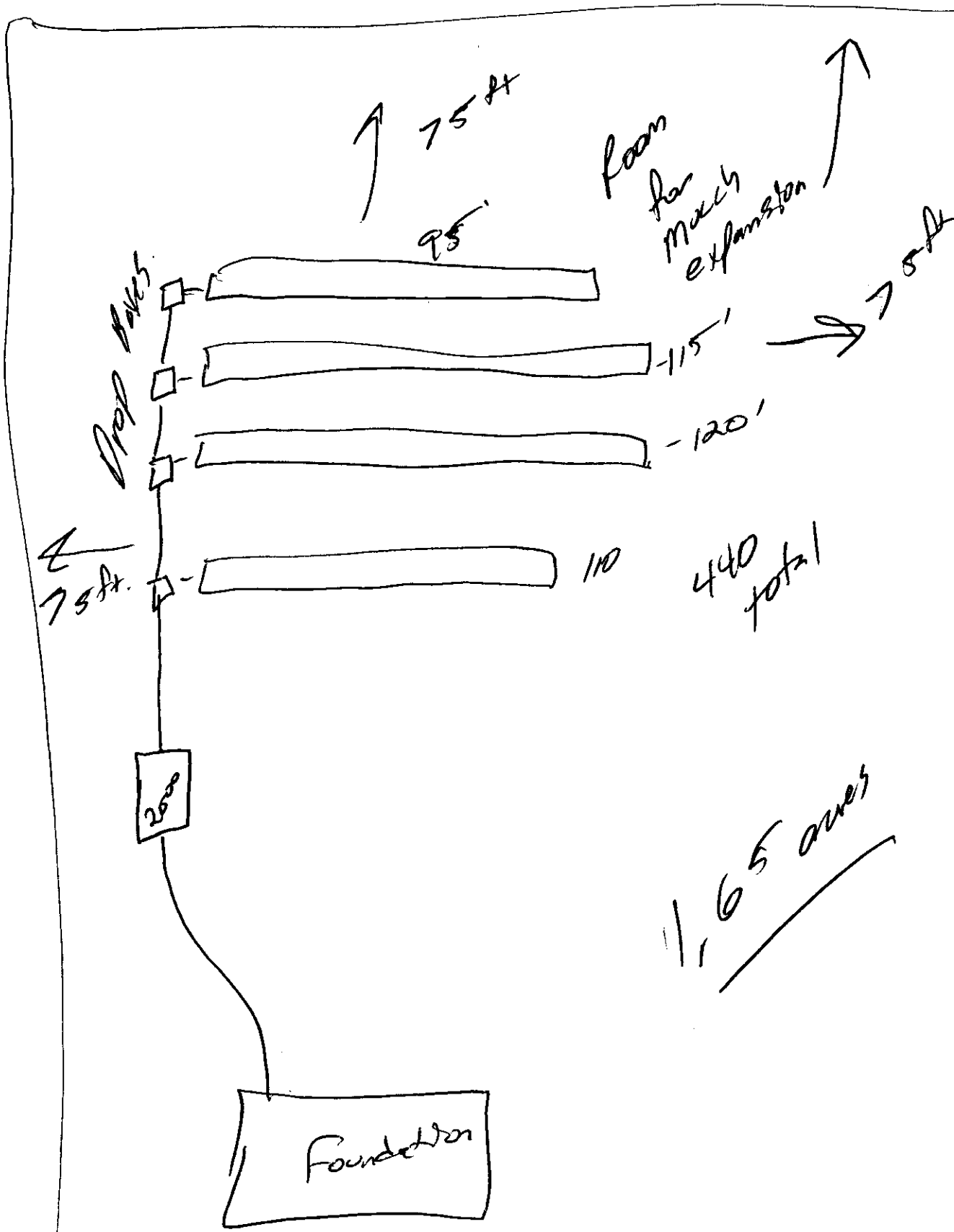
Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 11/5/15

Field Note Drawing (See Reverse Side):


75 ft
foam for max expansion
95'
115'
120'
110
75 ft.
440 total
26"
Foundation
1,65 anes