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

A

Permit Number HS601168

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 3701 W. High Ridge Rd (no rural route) City Lincoln SB, NE Zip 68522

Legal Description 32 10 6 3

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

PID 10-32-306-003-000 SB

B. Owner

Name John + Stacia Palser SB Signature

Address 3701 W. High Ridge Rd. City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

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
Date frwd
Comments
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 11-12-15 Amount Paid $385.00
Received By SB Cash/Check No. 2594

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

HS001168

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Stacia Palser
Address: 3701 W. High Ridge Road

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 10/24/15 to 10/25/15 **Weather:** Precip. Ø Temp. 60's

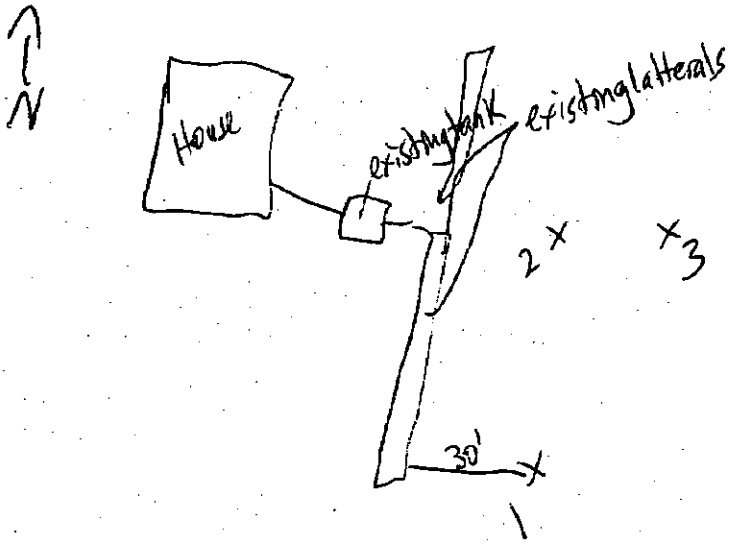
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole No.	Depth (in.)	(Mo. Day)	(Hr. Min.)	(Mo. Day)	(Hr. Min.)	(Mo. Day)	(Hr. Min.)	Level (in.)	(Hr. Min.)	Level (in.)	Time (Min.)	Drop (in.)
1	36	10/24	10:30am	10/24	2:30pm	10/25	10:00am	6	10:30am	5½	30	½
2	36	10/24	10:30am	10/24	2:30pm	10/25	10:00am	6	10:30am	5½	30	½
3	36	10/24	10:30am	10/24	2:30pm	10/25	10:00am	6	10:30am	5¼	30	¾

Sum of Water Level Drops (in.) (Column m): 1.75
Average of Water Level Drops (in.) (Column m): .58
~~Inches per Minute:~~ 51.72 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322 - 234th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: 350

SKETCH SHOWING HOLE LOCATION:



Official's Signature

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. HS001168

System Type: Standard

Situs: 3701 W HIGH RIDGE RD, RURAL, NE

Issued: 11/13/2015

Expires: 11/13/2016

Description: HIGH RIDGE ESTATES, BLOCK 5, Lot 3

Owner: PALSER, JOHN A & STACIA L
3701 W HIGH RIDGE RD
LINCOLN, NE 68522

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

EARNEST WELL DRILLING INC
2796 W. MILFORD RD
P.O. BOX H
MILFORD, NE 68405

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

Exhibit 5

Permit Number: HS001168

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/16/15 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3701 W. High Ridge Rd 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

~~350~~ Total square feet of drainfield ? Sq. Ft. Tank Size ? gals

Total length of laterals ? Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe)_____

_____

No. of Absorption Laterals 3 Width ? 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: Good

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up_____ Date _____

Follow-Up_____ Date _____

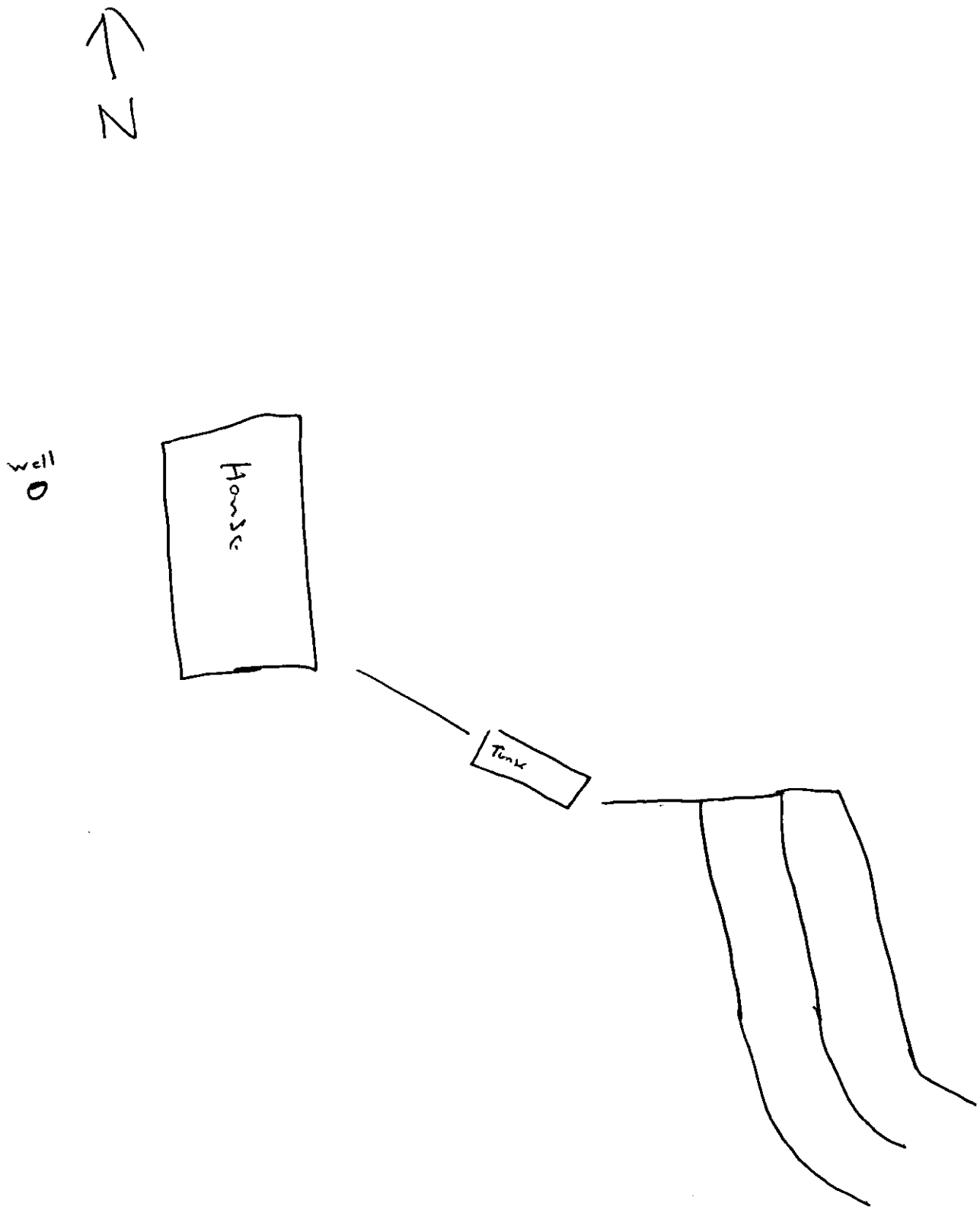
Installation Final Written Approval
By _____

Date 11/16/15

Field Note Drawing (See Reverse Side):

* Tank & laterals were covered upon arrival.

Updated 4/15


N
well
House
Tank