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

**A**

Permit Number
HS001202

# 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 13045 LIZZIE LANE City LINCOLN, NE Zip 68502
(no rural route)

Legal Description 8 10 8 STEVEN CREEK POINTE 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-08-402-003-000 SB

## B. Owner

Name JEREMY LACKEY Signature

Address 640 SO 30TH City/State/Zip LINCOLN NE 68510

Home Phone 402-432-3591 Work Phone 402-441-7820

## C. Certified Installer

Name: EARNEST WELL DRILLING Signature

Address City/State/Zip

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 Whirlpool Bathtub? ❑ Yes ❑ No Total Acres
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 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 3-2-16 Amount Paid 385.00
Received By EC Cash/Check No. 7379

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

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

**A**

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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 13045 LIZZIE LANE (no rural route) City LINCOLN NE Zip 68508

Legal Description 8 10 8 STEVEN CREEK POINTE 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID

**B. Owner**

Name JEREMY LACKEY Signature

Address 640 SO 20TH City/State/Zip LINCOLN NE 68510

Home Phone 402-432-3541 Work Phone 402-441-7820

**C. Certified Installer**

Name: EARNEST WELL DRILLING Signature

Address P.O. BOX H City/State/Zip MILFORD, NE. 68405

Work Phone

**D. Engineer** ☐ Check and complete if engineer designed system

Designer Name Firm P.E. License Number: Work Phone

**E. This system will serve a**

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

☐ Commercial Establishment/Other Facility Specify

Type of Wastewater ☐ Domestic ☐ Non-Domestic Design flow in gallons per day

***DO NOT WRITE BELOW THIS LINE***

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

**1. Health Department**
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Signature

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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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 1/13

**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. HS001202**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 3/3/2016

Expires: 3/3/2017

**Description:**

**Owner:** LACKEY, JEREMY & VALERIE
640 S 30 ST
LINCOLN, NE 68510

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

JEREMY LACKEY
640 S 30TH ST
LINCOLN, NE

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

GK 4/13/16

Exhibit 5

Permit Number: HS001202

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 6/6/16 Legal Description Stevens Creek Polars Blk 2 Lot 3

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 13045 Lizzie Lane City Lincoln

Owner Jeremy Lackey 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 1660 Sq. Ft. Tank Size 2000 gals

Total length of laterals 492 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 4 Width 3.625 Infiltrator No. of Drop Boxes Distribution Box 1

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

Lateral #1 NA Lateral #3

Lateral #2 Lateral #4

**Comments:**

Inspections prior to Final Approval
Initial D.S. Date 6/2/16

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Smith
Date 6/6/16

**Field Note Drawing (See Reverse Side):**

D Exhibit 4

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

Permit Number:

# Onsite Wastewater Treatment System
## As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

**Onsite Wastewater System Location**

Address or Legal Description or Parcel Identification Number (PID) NESE Section 8 T10 R8E

Owner: Jeremy Lackey Address 13045 Lizzie Lane

**A. Wastewater Piping**

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 45 ft.

**B. Septic Tank**

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 14 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft
   Property Line 50+ ft.
   Foundation 45 ft.

**C Distribution Box or Drop Box**

Distance and Direction from septic tank: W ft. 14

**D. Drainfield/Absorption Field**

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator QuickY Standard 27"
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 152 ft. 152 ft. 96 ft. 92
4. Drainfield size: 1660 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 50+ ft.
   Property line 25+ ft.
   Depth of Groundwater 72'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 6/3/16

**Complete As-Built drawing on the back of this form.**

# SOIL ABSORPTION TEST DATA REPORT

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

**Owner:** Jeremy Lackey
Address 13045 Lizzie Lane
432-3591

**Property Dimensions:** _____ acres

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

**Dates of Tests:** 4-16-16 to 4-17-16 **Weather:** Precip Ø Temp. 60's

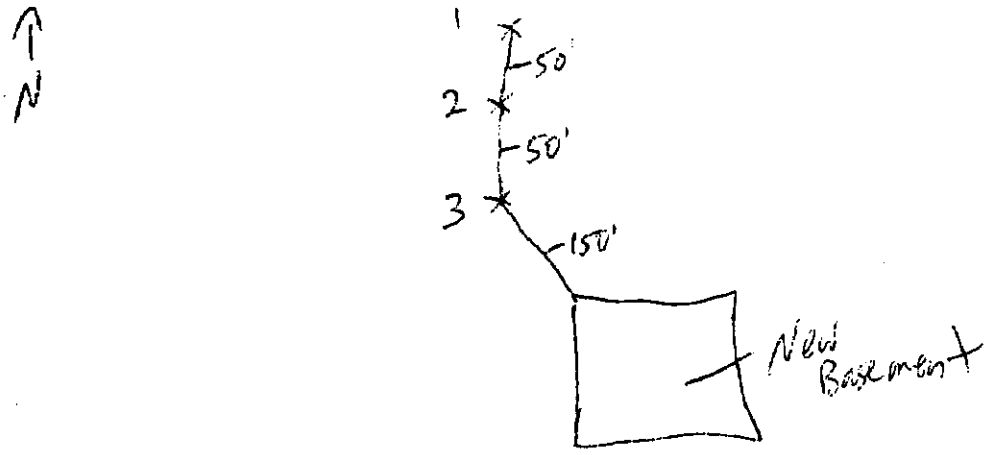
| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | | Results |
| | | Start | | End | | Start | | End | | | | |
| | Hole | Date | Time | Date | Time | Date | Time | Water | Time | Water | Elapsed | Water Level Drop |
| Hole No | Depth (in.) | (Mo. Day) | (Hr. Min.) | (Mo. Day) | (Hr. Min.) | (Mo. Day) | (Hr. Min.) | Level (in.) | (Hr. Min.) | Level (in.) | Time (Min.) | (in.) |
| 1 | 36 | 4/16 | 2:00pm | 4/16 | 6:00pm | 4/17 | 10:45am | 6 | 11:15am | 5½" | 30 | ½" |
| 2 | 36 | 4/16 | 2:00pm | 4/16 | 6:00pm | 4/17 | 10:45am | 6 | 11:15am | 5¾" | 30 | ¾" |
| 3 | 36 | 4/16 | 2:00pm | 4/16 | 6:00pm | 4/17 | 10:45am | 6 | 11:15am | 5¾" | 30 | ¾" |

Sum of Water Level Drops (in.) (Column m): 2
Average of Water Level Drops (in.) (Column m): .667
~~Inches per Minute~~: 44.78 MPI

**PERSON CONDUCTING TEST:**
Name: Justyn Peterson
Address: 327-238th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: 330

**SKETCH SHOWING HOLE LOCATION:**




Officials Signature