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

**A**

Permit Number HS001310

# 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 2570 SW 23rd Street (no rural route) City Lincoln NE Zip 68522

Legal Description 33 10 6 SE 1

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

Geographical Location (if known): Lat/Long: 40 47 12 N 96 45 09 W PID 10-33-303-001-000

## B. Owner

Name BJ Arroyo Signature

Address 2570 SW 23rd City/State/Zip Lincoln NE 68522

Home Phone 402 730 4431 Work Phone

## C. Certified Installer

Name: Blaon Johnson Signature

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

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 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 7/22/16
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 7/26/16

***Business Office Use Only***
Date Received 7-26-16 Amount Paid B 385.00
Received By SB Cash/Check No. DSCVR 2629

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

Form A Updated 5/10

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

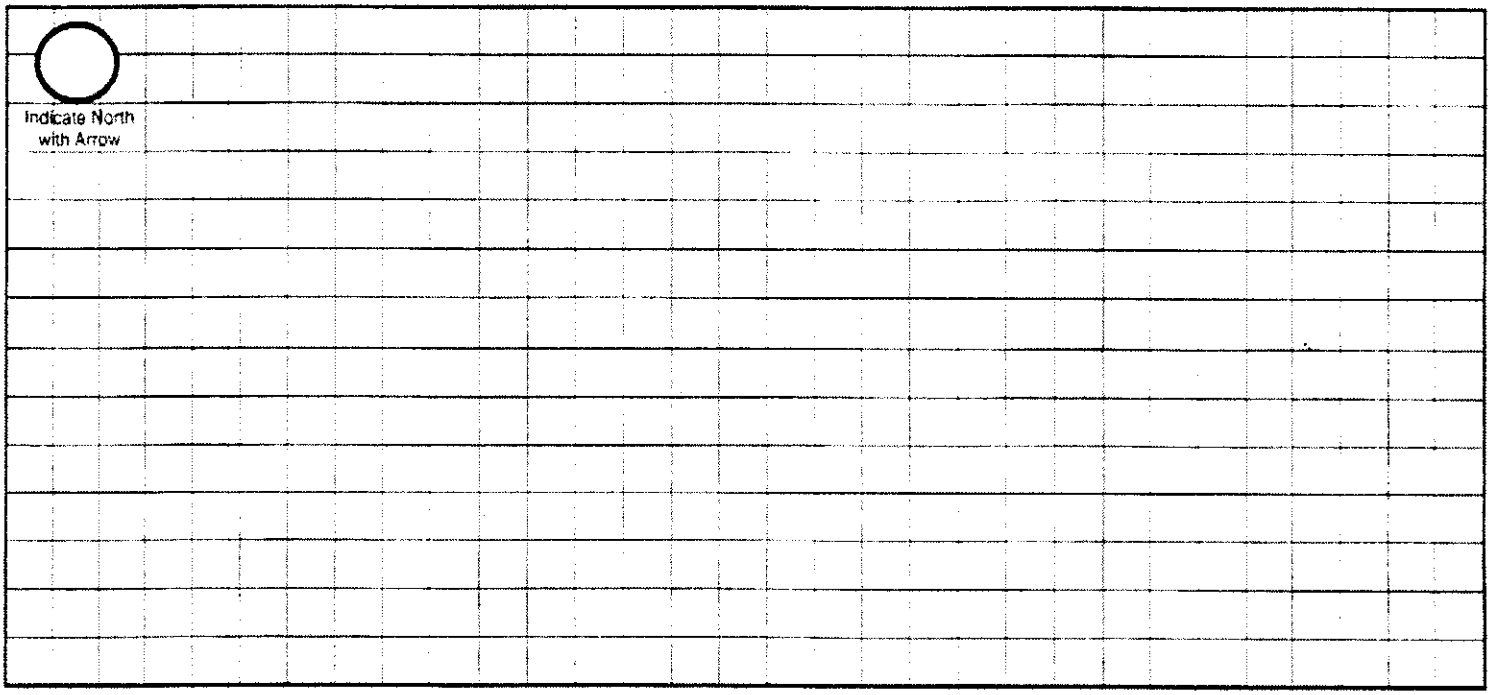
C

Permit Number: HS 001310

# 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) 2570 SW 23rd Street City Lincoln NE. Zip 68522

## B. Proposed Septic Tank/s

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

## C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

## D. Drainfield Absorption System

Percolation Rate 13 (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 840 sq.ft.

Total length of laterals 280 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 36 No. of drop boxes _____ Distrubtion Box 1

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 [signature] Date 19 July 16

# 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) 2570 SW 23rd

Owner: Bree Jay Arroyo Address 2570 SW 23rd

### A. Wastewater Piping

1. Material: Plastic Diameter: 4 in.
2. Distance between dwelling and septic tank: 100 ft.

### B. Septic Tank

1. Material concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well +100 ft.
   Pressure line +100 ft
   Property Line +25 ft.
   Foundation +50 ft.

### C Distribution Box or Drop Box

Distance **and** Direction from septic tank: NW ft. 140

### D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Plus 29"
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 76 ft. 90 ft. 80 ft.
4. Drainfield size: 840 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +100 ft.
   Property line +20 ft.
   Depth of Groundwater 300

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: 25 July 16

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

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

Exhibit 5

Permit Number: #S001310

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 7/22/16 Legal Description ____ ¼ ¼ 33/10/6 Lot 1
Section/Township/Range

**Onsite System Location**

Address (no rural route) 2570 SW 23rd 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 840 Sq. Ft. Tank Size 1,500 gals Plus Pump

Total length of laterals 240' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 3 Width 3.625 No. of Drop Boxes ____ Distribution Box 1

Leveling Method Used Laser

**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 N/A Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

**Comments:**

Inspections prior to Final Approval
Initial DS Date 7/22/16

Follow-Up ____ Date ____

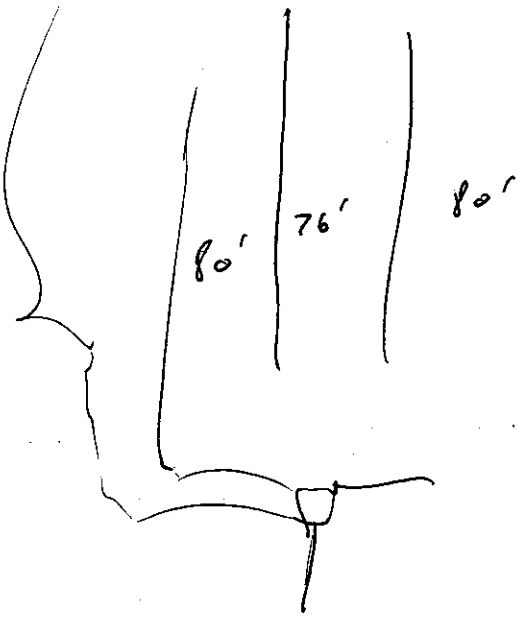
Follow-Up ____ Date ____

**Installation Final Written Approval**
By Doug Arnold
Date 7/26/16

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

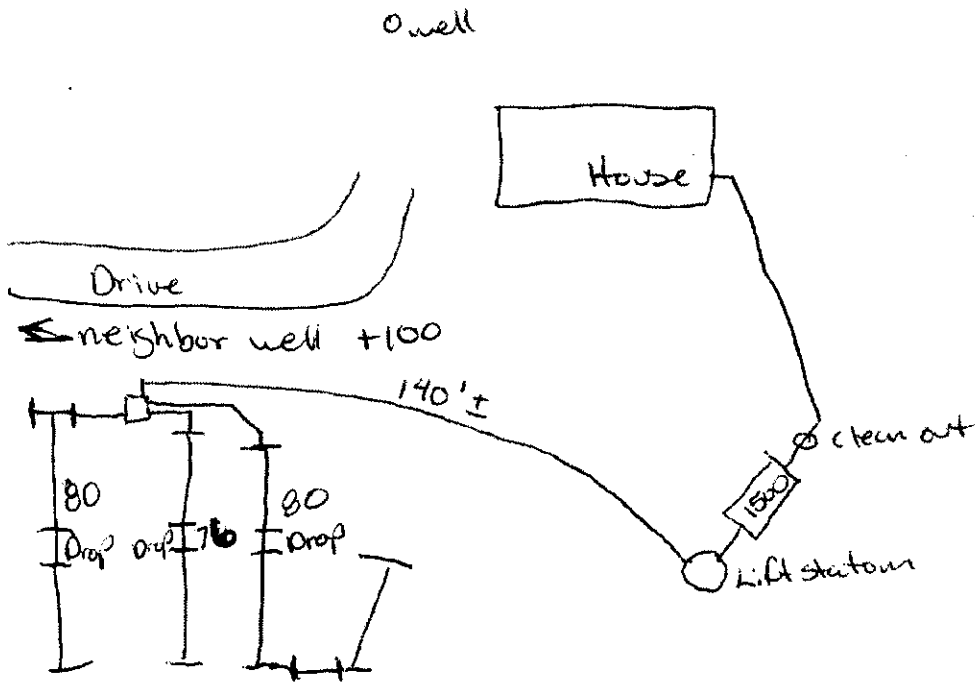
240' total

1500



2570 SW 23rd

N




neighbor well → +100

↓ neighbor well +100

**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. HS001310**

**System Type:** Standard

**Situs:** 2570 SW 23 ST, RURAL, NE

Issued: 7/26/2016

Expires: 7/26/2017

**Description:** GREEN ACRES, BLOCK 3, Lot 1

**Owner:** ARROYO, BHEE JAY & MELISSA
2570 SW 23 ST
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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301