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

A

Permit Number
HS001322

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 6801 Yankee Hill Road City Lincoln NE Zip 68516
(no rural route)

Legal Description 28 9 7 SB
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: 40 43 33N 96 37 34W PID 16-28-200-003-000 SB

B. Owner

Name Bill Collins Signature

Address 6801 Yankee Hill Road City/State/Zip Lincoln NE 68516

Home Phone 402 423 5397 Work Phone 402 432 4907

C. Certified Installer

Name: Blain Johnson Signature

Address 9533 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 Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 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 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 8-16-16 Amount Paid 385
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 (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: HS 001322

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6501 Yankee Hill Road (no rural route) City Lincoln NE, Zip 68516

Owner Bill Collins Address Same

Date of Tests 10 June 16 to 11 June 16 Weather: Precipitation 1" ± rain Temperature 80's

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	30	6/10	12P	6/11	10A	6/11	2P	6	6/11	2:30P	30	3"	10
2	30	〃	〃	〃		〃	〃	6	〃	〃	〃	13/4	17.14
3	30	〃	〃	〃		〃	〃	6	〃	〃	〃	1 1/2	20
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blain Johnson
Phone: 402 410 2270
Address 8533 E State Hwy 41
Adams NE 68301

Sum of Percolation Rates: 47.14
Average of Rates: 15.71
Rate Used for Calculation: 15.71

Soil type (NRCS Maps/Other)

Groundwater Depth 176+.

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

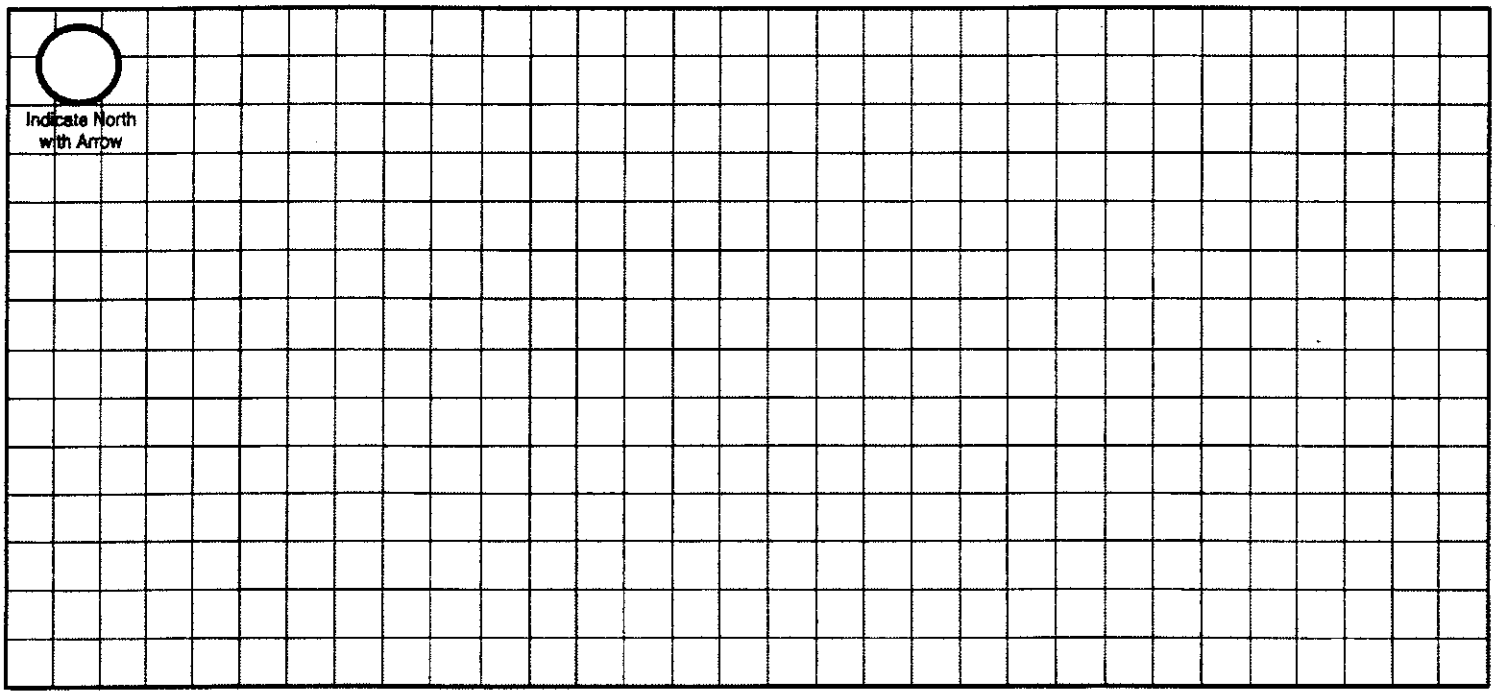
C

Permit Number: HS 001322

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) 6801 Yankee Hill Road City Lincoln NE, Zip 68516

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 16 (min/inch = mpi) No. of Bedrooms 5 Soil Type_____ Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1050 sq.ft.

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

No. of absorption trenches_____ 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_____ 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. HS001322

System Type: Standard

Situs: 6801 YANKEE HILL RD, RURAL, NE

Issued: 8/16/2016

Expires: 8/16/2017

Description: S28, T9, R7, 6th Principal Meridian, LOT 100 NE

Owner: COLLINS, WILLIAM D & CAROL L
6801 YANKEE HILL RD
LINCOLN, NE 68516

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

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

Exhibit 5

Permit Number: H5001322

8/26/16 9

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/19/16 Legal Description ¼ 2P ¼ 9 7 Section/Township/Range

Onsite System Location

Address (no rural route) 6801 Yankee Hill 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 98' 84' 102'

Total square feet of drainfield 1,065 Sq. Ft. ✓ Tank Size 3,000 gals —

Total length of laterals 294' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3.625 Low 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 #2 _____

Lateral #3 _____

Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 8/19/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ahrens ✓
Date 8/19/16

Field Note Drawing (See Reverse Side):