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

A

Permit Number
HS001327

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 2000 WEST Foothills (no rural route) City Lincoln, NE Zip 68523

Legal Description 21 9N 6E SB 4
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

Geographical Location (if known): Lat/Long: 40 43 43N 96 45 01 W PID 09-21-301-023-000 SB

B. Owner

Name Steve Henderson Signature

Address 2000 West Foothills Road City/State/Zip Lincoln NE 68523

Home Phone 402 421 9337 Work Phone

C. Certified Installer

Name: Blair Johnson Signature

Address 8583 East State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 410 2270

D. Engineer

☑ Check and complete if engineer designed system P.E. License Number:

Designer Name Jeremy Williams Firm Design Associates Work Phone 402 474 3000

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

☐ 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 8-26-16 Amount Paid $385
Received By SB Cash/Check No. DISCOVER

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

Form A Updated: 8/10

HS001327

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Steve Hendersen Phone 402 421 9337

Address 2000 west Foothills lincoln NE
City State Zip

Location (Attach a sketch of the property showing test hole locations)

__ __ ____ ____ ____ lancaster
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay X

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date 11/5 to End Date 11/16, 2015

Weather Conditions

Precipitation Ø Avg. Temp 60 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period Start Date (Mo./Day)	Pre-saturation Period Start Time (Hr./Min)	Pre-saturation Period End Date (Mo./Day)	Pre-saturation Period End Time (Hr./Min)	Percolation Readings (last period) Start Date (Mo./Day)	Start Time (Hr./Min)	Start Water Level (inch)	End Time (Hr./Min)	End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (m ÷ l) (Minutes per inch)
1	18"	11/5	4P	11/6	3P	11/6	7P	6"	7:30	1/4"	30m	1/4"	120
2	〃	〃	〃	〃	〃	〃	〃	〃	〃	1/2"	〃	1/2"	60
3	〃	〃	〃	〃	〃	〃	〃	〃	〃	3/8"	〃	3/8"	81

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature

Certificate or License # C2287

Address 8533 E State Hwy 41

City Adams St NE Zip 68301

Phone 402 610 3270

Sum of Percolation Rates = 261

Avg. of Percolation Rates* = 87
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

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

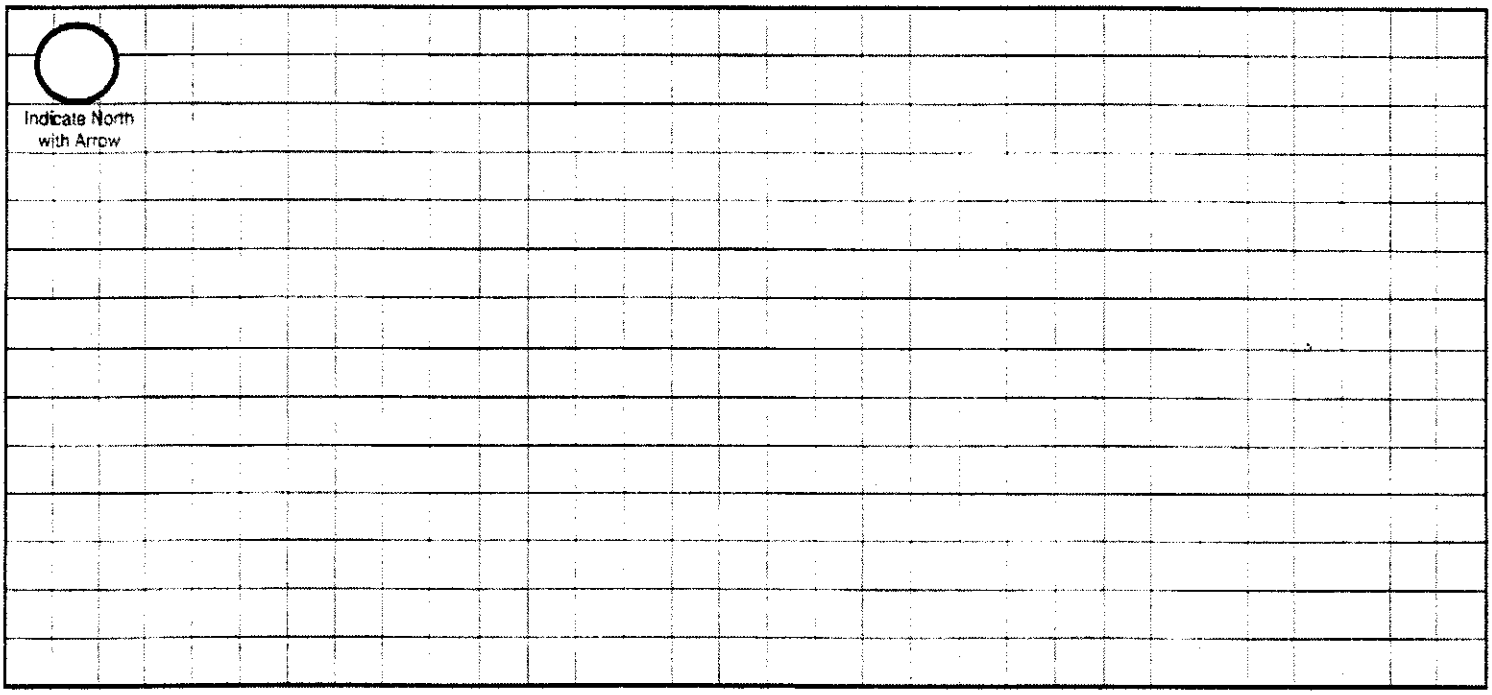
C

Permit Number: HS001327

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) 2000 WEST Foothills City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1.8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 87 (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_____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 22 Aug 16

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. HS001327

System Type: Standard

Situs: 2000 W FOOTHILLS RD, RURAL, NE

Issued: 8/26/2016

Expires: 8/26/2017

Description: RIDGEWOOD, BLOCK 6, Lot 4

Owner: HENDERSON, STEVEN L & ALICIA B
2000 W FOOTHILLS RD
LINCOLN, NE 68523

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 EAST 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

OK 11/22/16

Exhibit 5

Permit Number: 4500327

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/22/16 Legal Description 21-9-7-Lot 4

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2000 W. Foothills 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): _____

N/O

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

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 _____ 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:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

4 5 ft' trenches as per Contractor - w/ gravel backfill. 1500 Sq ft

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/22/16

Updated 4/15

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) 2000 w Foothills Road

Owner Steve Henderson Address _____

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: 500
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well +50 ft.
   Pressure line NA ft
   Property Line +20 ft.
   Foundation +50 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 30 ft. E

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   Infiltrator Quick 4 Plus
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 100 ft. 100 ft 100 ft. _____
4. Drainfield size: 1500 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line N/A ft.
   Property line +20 ft.
   Depth of Groundwater 89

pH

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: _____ Date: 6 Sept 16

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

2000 west Foothills

N

