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

**A**

Permit Number
HS 001349

# 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 Nathey St. (no rural route) City Hickman, NE Zip 68372

Legal Description Mueller Addition 2 1

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

PID 15-22-106-001-000 SB

## B. Owner

Name Denali Homes Signature

Address City/State/Zip

Home Phone 402-770-5184 Work Phone

## C. Certified Installer

Name: Sam Mueller Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

## 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 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
Comments
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 9-28-16 Amount Paid $395
Received By CB Cash/Check No. VISA

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. HS001349**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 9/29/2016

Expires: 9/29/2017

**Description:** MUELLER ADDITION, BLOCK 2, Lot 1

**Owner:** HANWAY, JASON M & DAWN P
8621 EXECUTIVE WOODS DR APT 174
LINCOLN, NE 68512

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

SCOTT MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446

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

BK 4/19/17

Exhibit 5

Permit Number: HS001349

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 3/27/12 Legal Description Mueller Addition Blk 2 Lot 1

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 7177 Nathey City Hickman

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 1,276 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 490' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 feet 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 DC Date 3/24/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thiele

Date 4/18/17

Field Note Drawing (See Reverse Side):

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

D Exhibit 4

Permit Number: HS001349

# 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) T8N/R7E/S23 Blk 2, Lot 1

Owner: _____ Address _____

### A. Wastewater Piping

1. Material: 4" PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 160 ft.

### B. Septic Tank

1. Material Concrete
2. Capacity: 2000 gal
3. Depth to top of tank, below unfinished grade: 10 in.
4. Distance to:
   Well NA ft.
   Pressure line 200 ft
   Property Line 100 ft.
   Foundation 110 ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 5 ft. S

### D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Quick 4 29.2
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 150 ft. 150 ft. 150 ft. 40
4. Drainfield size: 1764 sq. ft.
5. Distance to:
   Well N/A ft.
   Pressure line 250 ft.
   Property line 30 ft.
   Depth of Groundwater 15

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.

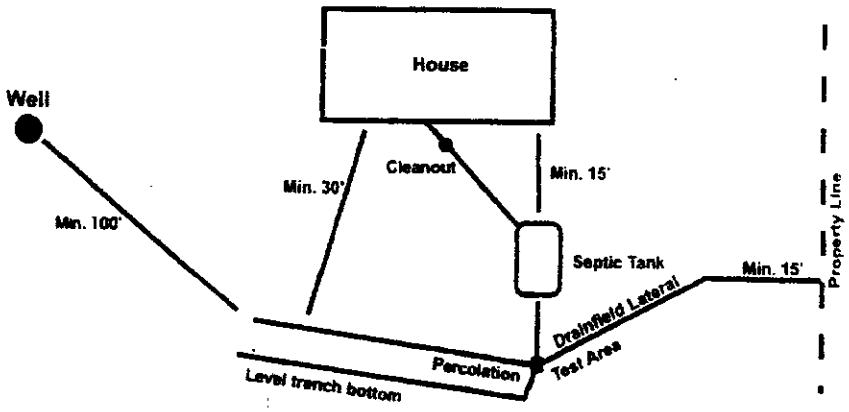
Certified Professional Signature: _____ Date: _____

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

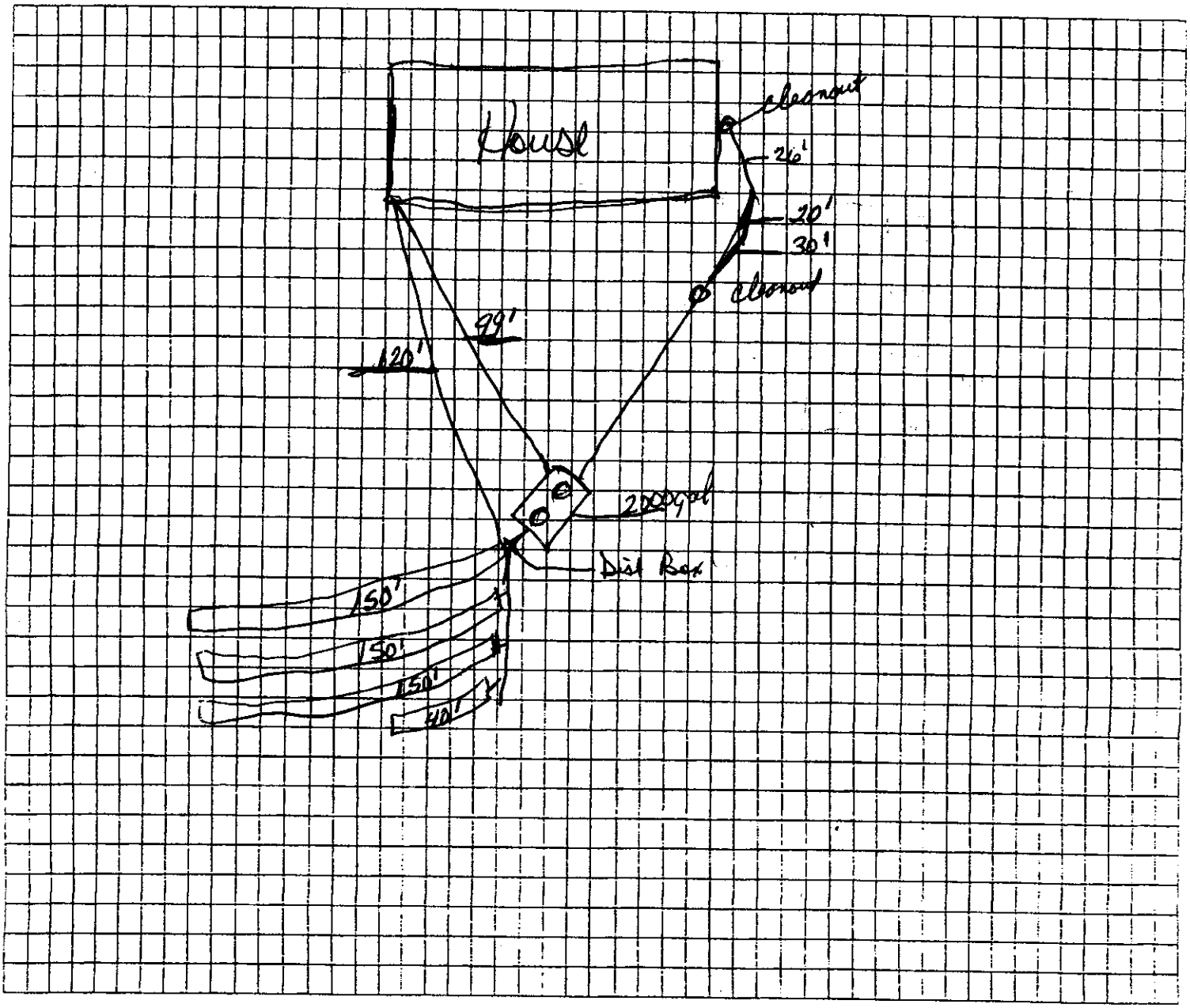
## Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:






*Note-If Lagoon, show all applicable dimensions



**Engineering** **Surveying**

[illegible] 691-0854

# SOIL ABSORPTION TEST DATA REPORT

Property Where Soil Tested:

Owner: Ben Flak Address:

Location: 7133 Harney 7177 Property Dimensions: X Lot Size:
(attach sketch of property showing hole location)

Soil Type:

Silty Clay ☐ Silty Clay Loam ☐ Sandy Loam ☐
Silty Loam ☐ Clay Loam ☐ Sandy Clay ☐

Dates of Test: 8-8 Weather: Precipitation N/A Temperature 80's

**PERCOLATION TEST DATA TABLE**

| A | B | C | D | E | F | G | H | I | J | K | L | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | Results | | |
| | | Start | | End | | Start | | | End | | | | |
| Hole # | Hole Depth (ins.) | Date | Time | Date | Time | Date | Time | Water Level | Time | Water Level | Elapsed Time (min.) | Water Level Drop (ins.) | Perc. Rate |
| 1 | 36 | 8-8 | 12p | 8-8 | 3:30 | 8-8 | 3:30 | 20" | 4p | 19¾" | 30 | ¾ | 45 |
| 2 | 36 | " | " | " | " | " | " | 21 | " | 20½ | 30 | ½ | 60 |
| 3 | 36 | " | " | " | " | " | " | 20 | " | 19¼ | 30 | ¾ | 45 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates 150
Average of Rates 50
Inches Per Minute 5¼

Signature of Person Conducting Test

PE/LS, Inc. 6037 Colorado [illegible] Nebraska, No. 6813-37

(402) 691-0854

DO NOT WRITE BELOW THIS LINE

Remarks:

Reviewing Action

Approved Perc. Rate:

Signature of Reviewing Offial Date

1500 Gal Septic Tank
310' Infiltrator Lateral
2-18" Risers w/ Lids
Dist Box
STATE Inspection Fee
4" PVC Pipe

TOTAL $7100.00
perk test 400.00

TOTAL $7500.00

456-0588