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

A

Permit Number
HS001378

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 11200 S 14th St. (no rural route) City Lincoln, NE Zip 68430

Legal Description _____

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

PID 09-36-300-002-000SB *Approx. Address (If to be determined) _____

B. Owner

12521 NS 3670

Name Magellan Pipe Line LLC Signature Wewoka, OK 74884

Address 11200 S 14th St. City/State/Zip _____

Home Phone (Ralph) 405-264-6506 Work Phone _____

C. Certified Installer

Name: Matt Taylor Signature _____

Address 2610 S 11th St. City/State/Zip Lincoln, NE 68502

Work Phone 402 450-6599

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 100 Gal.

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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 12-2-16 Amount Paid $395
Received By SB Cash/Check No. 1326

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

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

B

Permit Number: HS001378

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11200 S. 14th St. (no rural route) City Lincoln NE, Zip 68430

Owner Magellan Pipe Line Address

Date of Tests 11-30-16 to 12-2-16 Weather: Precipitation None Temperature 38°

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	42"	11/30	5 PM	12/1	5 PM	12/2	8 AM	6	12/2	10 AM	30 min	1"	30min/1"
2	48"	11/30	5 PM	12/1	5 PM	12/2	8 AM	6	12/2	10 AM	30 min	1"	30min/1"
3	42"	11/30	5 PM	12/1	5 PM	12/2	8 AM	6	12/2	10 AM	30 min	1"	30min/1"
4	40"	11/30	5 PM	12/1	5 PM	12/2	8 AM	6	12/2	10 AM	30 min	1"	30min/1"
5	46"	11/30	5 PM	12/1	5 PM	12/2	8 AM	6	12/2	10 AM	30 min	1"	30min/1"
6	44"	11/30	5 PM	12/1	5 PM	12/2	8 AM	6	12/2	10 AM	30 min	1"	30min/1"
								6					
								6					

Person Conducting Percolation Test

Name: Matt Taylor
Phone: 402-450-6599
Address 2610 S 11th St

Sum of Percolation Rates:
Average of Rates: 30min/1"
Rate Used for Calculation: 30min/1"

Soil type (NRCS Maps/Other)
Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

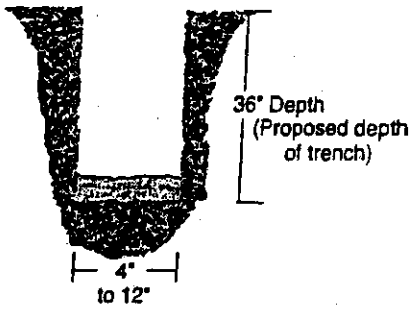
I. Size, Number, and Location or Test Holes

A. Dig six or more holes spaced uniformly over proposed lateral field site.

B. Scratch smeared spots on sides of hole.

C. Remove loose material from hole.

D. Add 2" of gravel to hole.

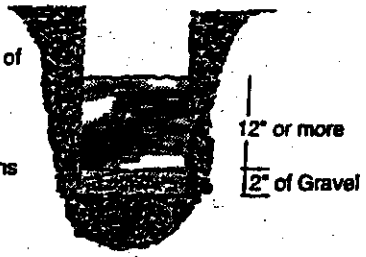


II. Saturation of Soil (Pre-soak)

A. Fill hole with 12" or more of water.

B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.

C. Record on Form B columns a thru f.



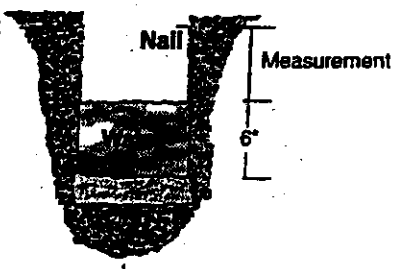
24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**

A. Add 6" of water.

B. Measure from fixed reference point (nail) to water.

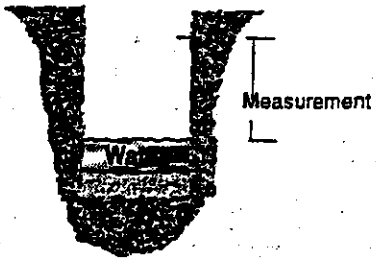
C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

D. 30 minutes later remeasure and record time.

E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



F. Continue for 3½ hours taking readings every 30 minutes.

G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

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

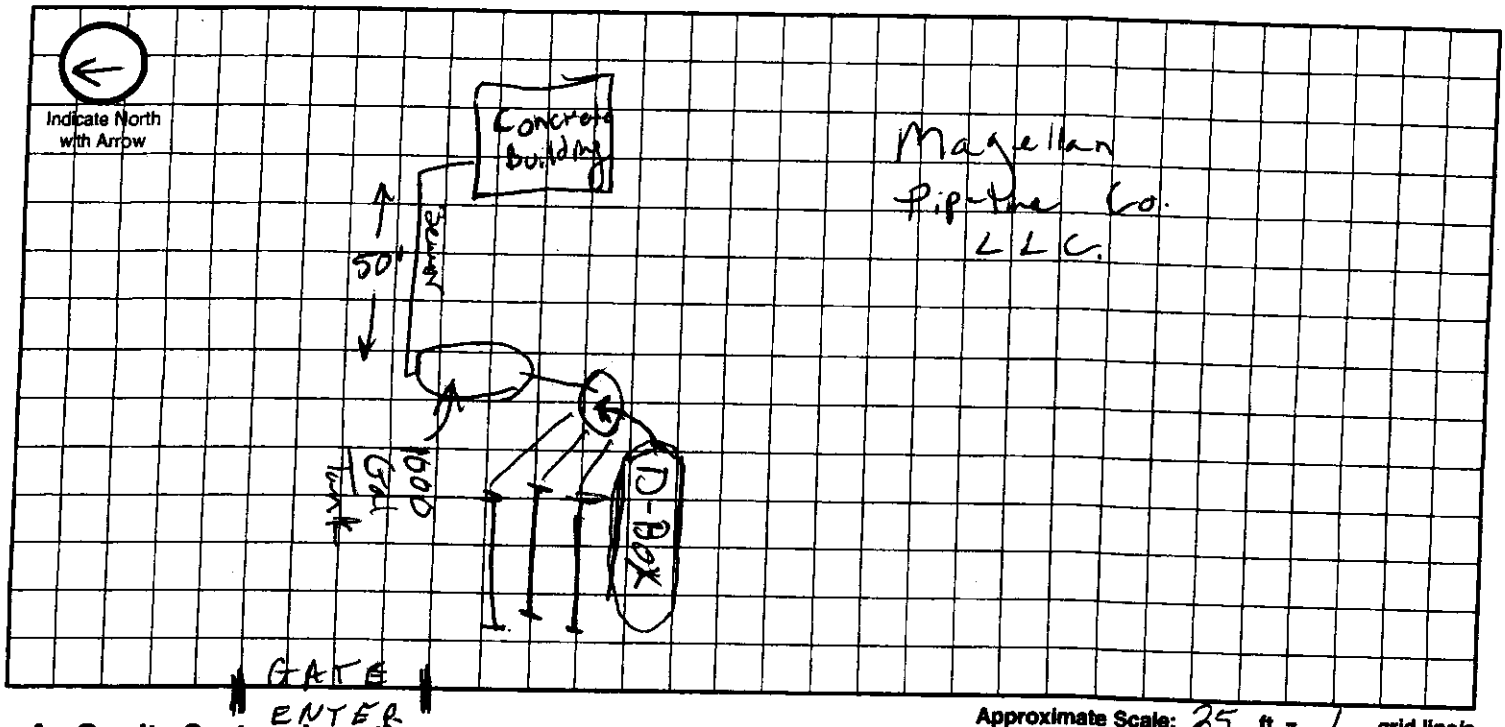
C

Permit Number: HS001378

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: 25 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 11200 S 14th St City Lincoln NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 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 30 (min/inch = mpi) No. of Bedrooms — Soil Type _____ Land Slope 0 %

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

Total length of laterals 50' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 5' 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 Matt Taylor "Taylor Excavating" Date 12-2-16

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. HS001378

System Type: Standard

Situs: 11200 S 14 ST, RURAL, NE

Issued: 12/6/2016

Expires: 12/6/2017

Description: S36, T9, R6, 6th Principal Meridian, LOT 79 SW

Owner: MAGELLAN PIPELINE COMPANY
ATTN: MIKE EASTERWOOD, TAX
MGR PO BOX 22186
TULSA, OK 74121

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

TAYLOR CONSTRUCTION
2610 S 11TH ST
LINCOLN, NE 68502

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: H.S001378

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) Magellan Pipe line

Owner: _____ Address 11200 S 14th St.

A. Wastewater Piping

1. Material: PVC SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 55 ft.

B. Septic Tank

1. Material Poly Ethylene (HDLPE)
2. Capacity: 1000 Gal.
3. Depth to top of tank, below unfinished grade: 40 in.
4. Distance to:
   Well 287 ft.
   Pressure line 65 ft
   Property Line 75 ft.
   Foundation 55 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 5 ft. 5

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☒ Other Chamber
   Material brand and inside width of Chamberless: Infiltrator (quick 4 standard)
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 50 ft. 50 ft. 50 ft. _____
4. Drainfield size: 547.5 sq. ft.
5. Distance to:
   Well 217 ft.
   Pressure line 45 ft.
   Property line 15 ft.
   Depth of Groundwater <4 ft.

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

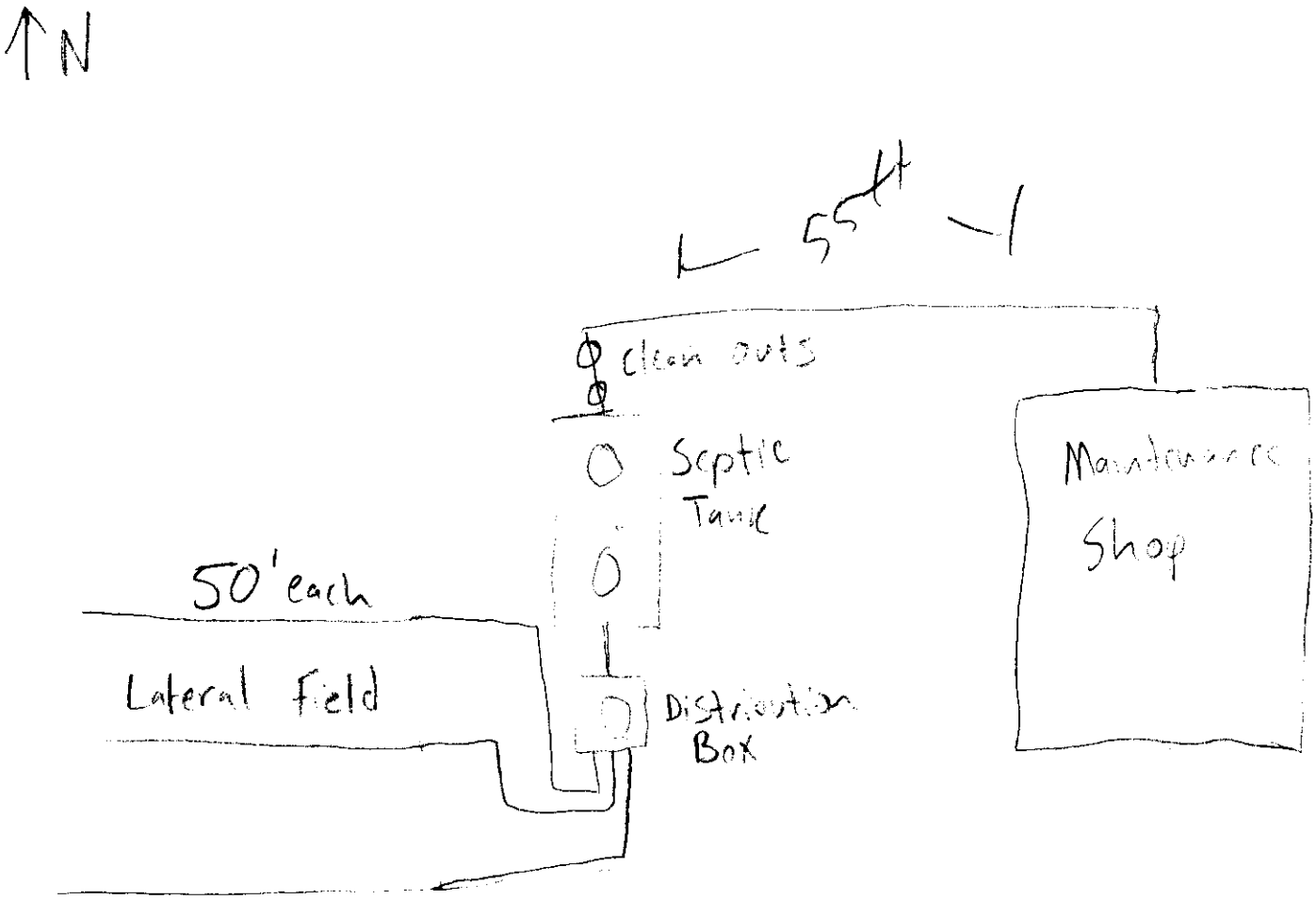
If Yes, the Certified Professional must sign below for final approval:

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.

Updated 4/15


N
55 ft
clean outs
Septic Tank
Maintenance Shop
50' each
Lateral field
Distribution Box

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

SCANNED

A

Permit Number
HS001378

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 11200 S 14th St. (no rural route) City Lincoln, NE Zip 68430

Legal Description 56 9 6

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

PID 09-36-300-002-000SB *Approx. Address (If to be determined)

B. Owner

Name Magellan Pipe Line LLC Signature 12521 NS 3670 Wewoka, ok 74884

Address 11200 S 14th St. City/State/Zip

Home Phone (Ralph) 405-264-6506 Work Phone

C. Certified Installer

Name: Matt Taylor Signature

Address 2610 S 11th St. City/State/Zip Lincoln, NE 68502

Work Phone 402 450-6599

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 office RR - NH Design flow in gallons per day 100 Gal.

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 12/6/16
Date frwd 12/6/16
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 12/6/16

Business Office Use Only
Date Received 12-2-16 Amount Paid $395
Received By SB Cash/Check No. 1326

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

Exhibit 5

Permit Number: HS001378

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/16/16 Legal Description 36 - 9 - 6
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11200 S. 14th 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 525 Sq. Ft. Tank Size 1000 gals (Plastic)

Total length of laterals 150 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments: * System Replacement
1-employee Station

Inspections prior to Final Approval
Initial 12/16/16 Date DH

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 12/16/16

Field Note Drawing (See Reverse Side):