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

A

Permit Number HS001399

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* 20050 (no rural route) NW 67th ST City Lincoln, NE Zip

Legal Description NW 1/4 SW 1/4 13 Section 12 Township 5 Range Coyote Ridge Addition Block 2 / Lot 13

PID 06-13-302-007-00 *Approx. Address (If to be determined)

B. Owner

Name Bughes Homes Signature Jay Bugh

Address 5901 N 27th City/State/Zip Lincoln NE 68521

Home Phone Work Phone 402 580 7339

C. Certified Installer

Name: Scott Mueller Signature

Address City/State/Zip

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 4 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

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 2-27-17 Amount Paid 395.00
Received By SB Cash/Check No. 1014

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

Nate Hartman 402 441 8643

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

B

Permit Number: HS001399

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7009 N 15th (no rural route) City NE, Zip

Owner Chad + Kim Dalton Address 7009 N 15th St

Date of Tests 8/8/2016 to 8/9/2016 Weather: Precipitation Temperature

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	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	5/8	48
2	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	5/8	48
3	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	1/2	60
4	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	1/2	60
5	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	1/2	60
6	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Claude Oie PE3939
Phone: 402-486-4444
Address 6645 S. 66th St.
Lincoln NE 68516
Soil type (NRCS Maps/Other) Silty Clay
Groundwater Depth N.A.

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

file Form B 12_06

395.00 Application

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

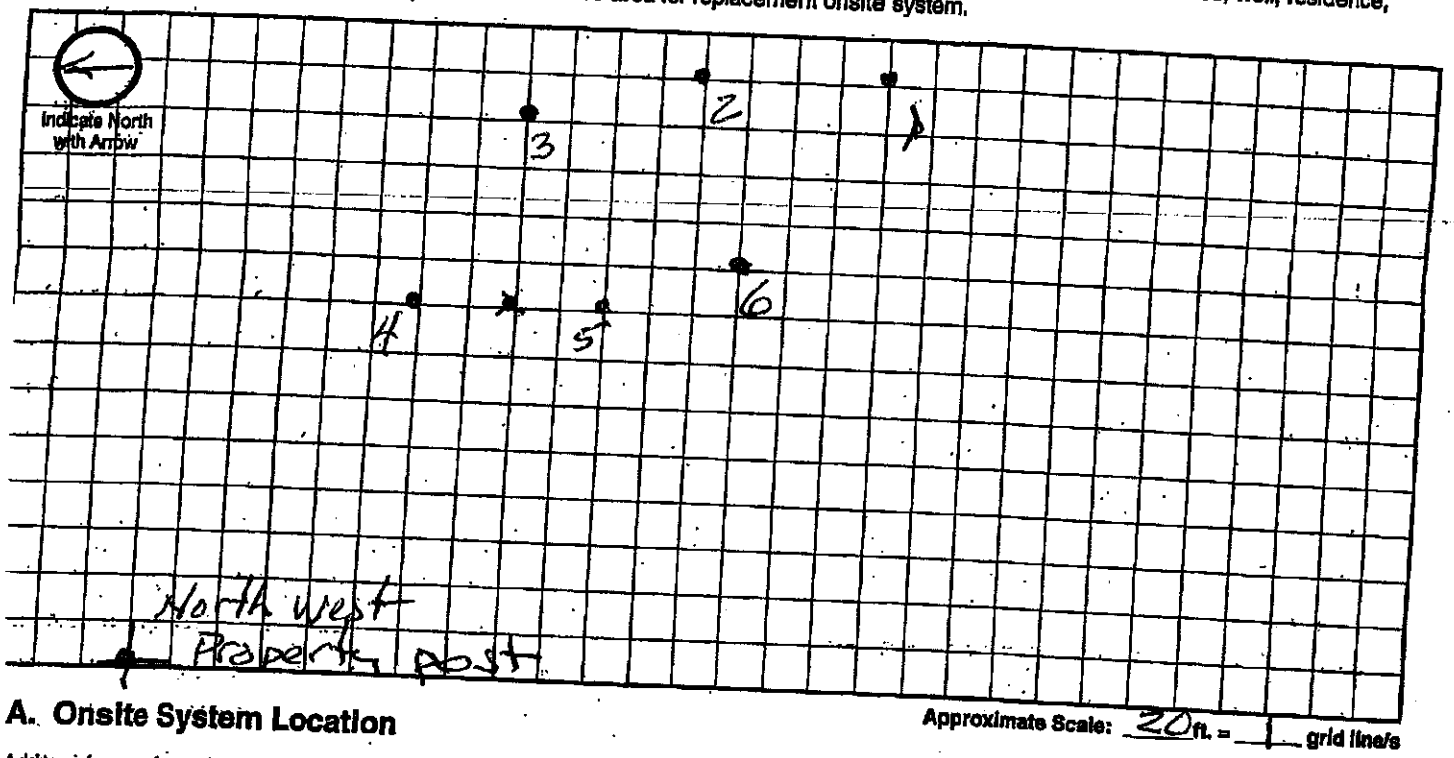
C

Permit Number: HSO 01399

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: 20 ft. = ___ grid line/s

A. Onsite System Location

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ (min/inch = mpi) No. of Bedrooms_____ 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 ☐	☐

Required Signatures

Name Building Contractor _____

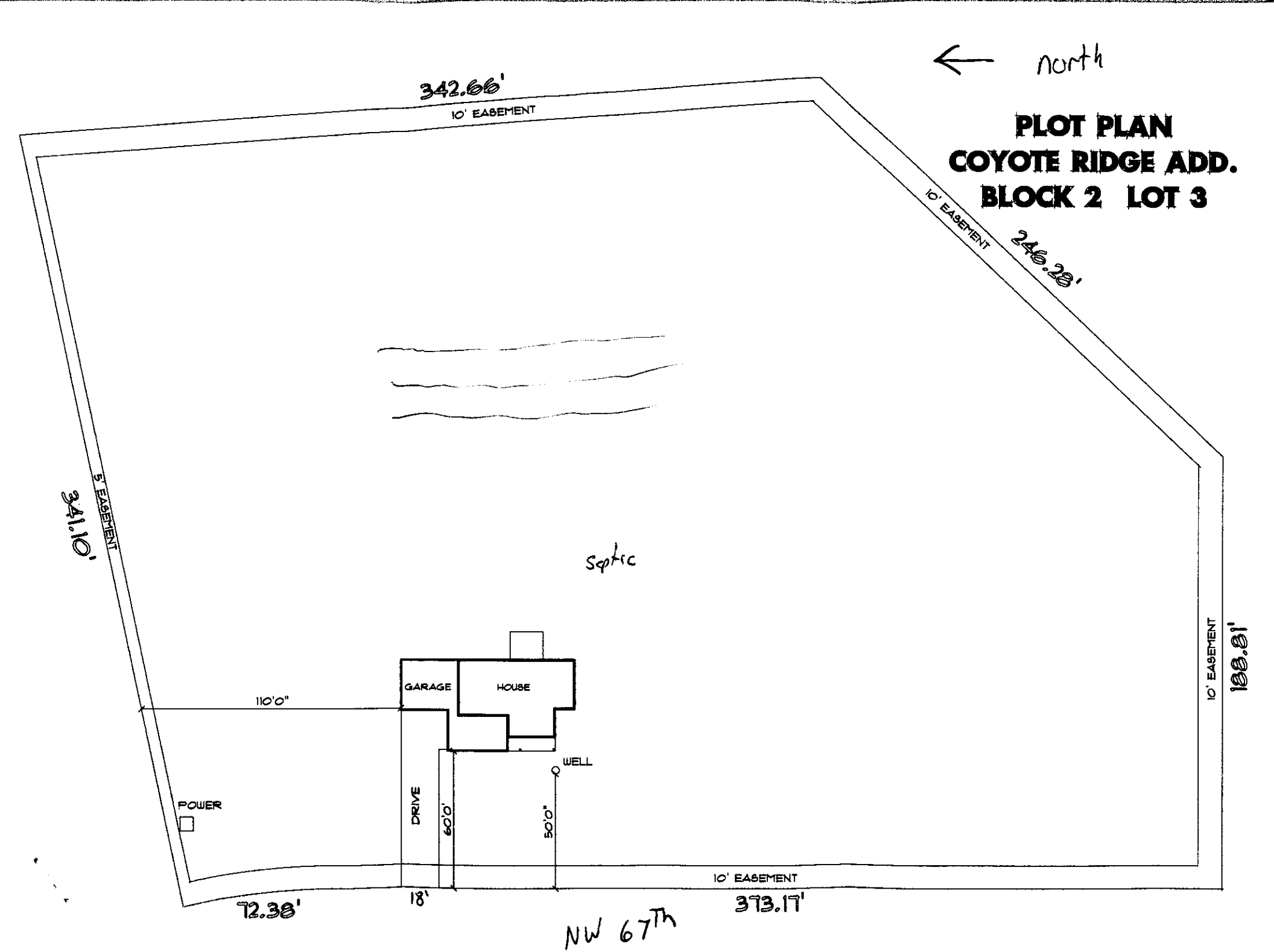
Installer _____ Date _____

Date

Septic

Scott Muller 402- 430-2946

swmueller@windstream.net


north
342.66'
10' EASEMENT
10' EASEMENT
246.28'
PLOT PLAN
COYOTE RIDGE ADD.
BLOCK 2 LOT 3
5' EASEMENT
341.10'
Septic
GARAGE
HOUSE
110'0"
WELL
POWER
DRIVE
60'0'
50'0"
10' EASEMENT
188.81'
10' EASEMENT
72.38'
18'
373.17'
NW 67TH

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. HS001399

System Type: Standard

Situs: No Site Address Specified

Issued: 2/28/2017

Expires: 2/28/2018

Description: COYOTE RIDGE ADDITION, BLOCK 2, Lot 3

Owner: DALTON, CHAD M & KIMBERLY M
7009 N 15 ST
LINCOLN, NE 68521

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

BUGBEE HOMES LLC
6820 STONEBROOK PKWY
LINCOLN, NE 68521

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

OK 6/8/12

Exhibit 5

Permit Number: HS001399

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/2/12 Legal Description Coyote Ridge Blk 2 Lot 3

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20050 NW 62nd 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 1,410 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 390' Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals 3 Width 3.625 factor 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 NA

Lateral #2 _____

Lateral #3 _____

Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DK Date 6/1/12

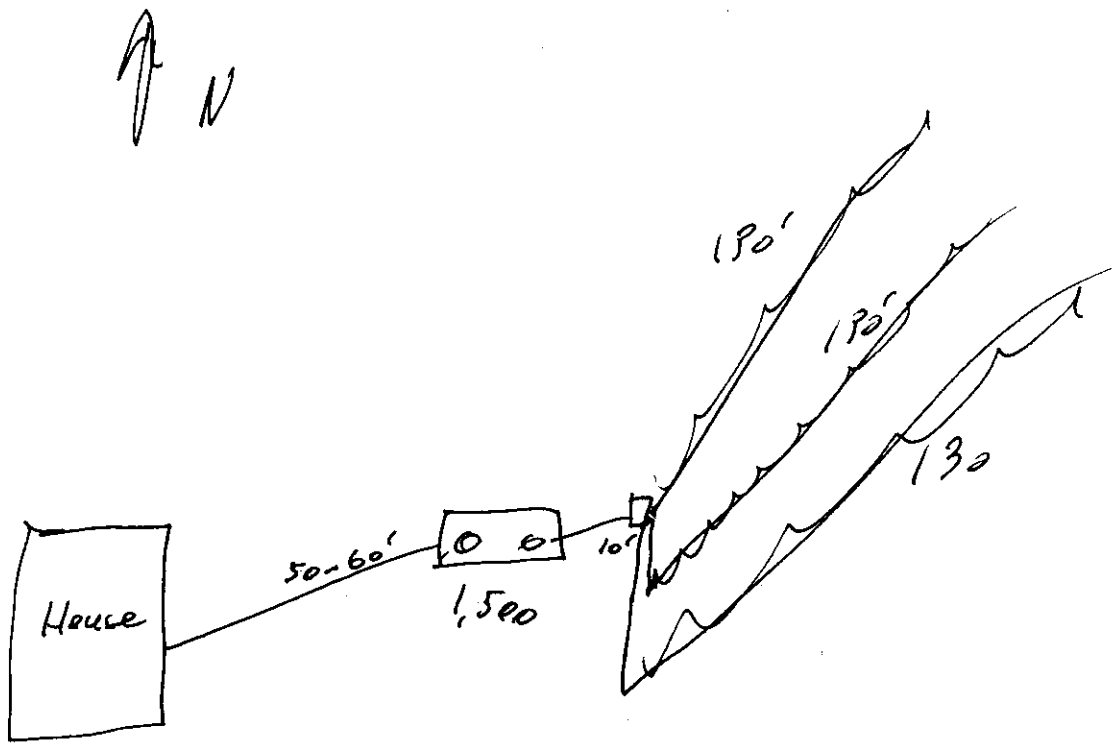
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ahrens

Date 6/2/12

Field Note Drawing (See Reverse Side):


N
150'
150'
130
House
50-60'
1,500
10'

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

A

SCANNED

Permit Number
HS001399

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* 20050 (no rural route) NW 67th ST City Lincoln NE Zip

Legal Description NW (1/4) SW (1/4) 13 (Section) 12 (Township) 5 (Range) Coyote Ridge (Subdivison) Addition 2 (Block) 13 (Lot)

PID 06-13-302-003-00 *Approx. Address (If to be determined)

B. Owner

Name Bughea Homes Signature Troy Bughea

Address 5901 N 27th City/State/Zip Lincoln NE 68521

Home Phone Work Phone 402 580 7339

C. Certified Installer

Name: Scott Mueller Signature Scott Mueller

Address 1245 N 21st Rd City/State/Zip Seward NE 68434

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☐ Yes ☒ No Total Acres 3.46 ac

☐ 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

1. **Health Department**
Site visits 6/1/17 DC
Comments
Date rec'd 2/27/17
Date frwd 2/28/17
ACTION ☒ Approved ☐ Disapproved
Signature

2. **Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd 2/27/17
Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature

3. **City or County Engineer**
Comments
Date rec'd 2-27-17
Date frwd 2-27-17
ACTION ☒ Approved ☐ Disapproved
Signature Kenneth D Schroeder

Installation Final Written Approval
By Doug Muller
Date 6/2/17

Business Office Use Only
Date Received 2-27-17 Amount Paid 395.00
Received By SB Cash/Check No. 1014

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

Form A Updated: 4/15

Nate Hartman 402 441. 8643

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

SCANNED

B

Permit Number: HS001399

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address ~~7009 N 15th~~ (no rural route) City NE, Zip

Owner Chad + Kim Dalton Address 7009 N 15th St

Date of Tests 8/8/2016 to 8/9/2016 Weather: Precipitation Temperature

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			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	5/8	48
2	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	5/8	48
3	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	1/2	60
4	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	1/2	60
5	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	1/2	60
6	36	8/8	5:00	8/9	1:30	8/9	5:00	6	8/9	5:30	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Claude Oie PE3939
Phone: 402-486-4444
Address 6645 S. 66th St.
Lincoln NE 68516
Soil type (NRCS Maps/Other) Silty Clay
Groundwater Depth N.A.

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Site Form B 12_06

395.00 Application

SCANNED

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

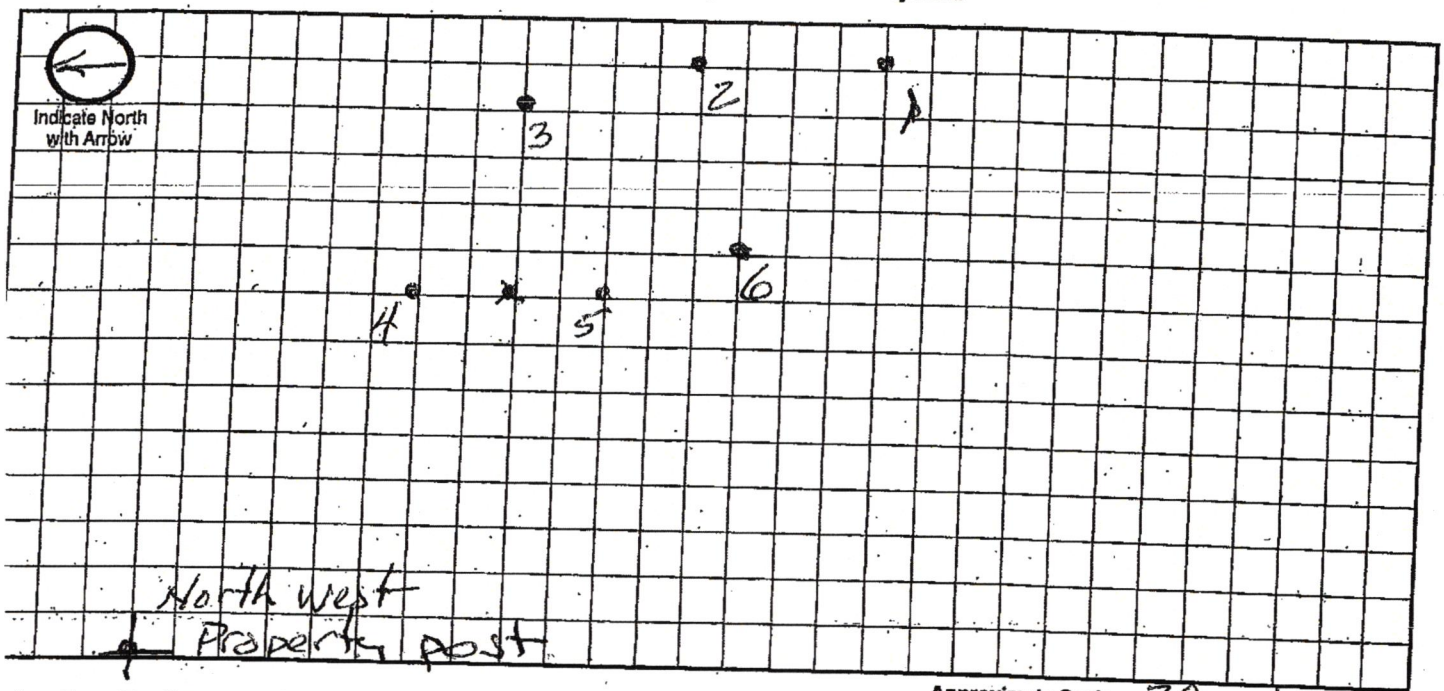
C

Permit Number: HSO 01399

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: 20 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ (min/inch = mpi) No. of Bedrooms_____ 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

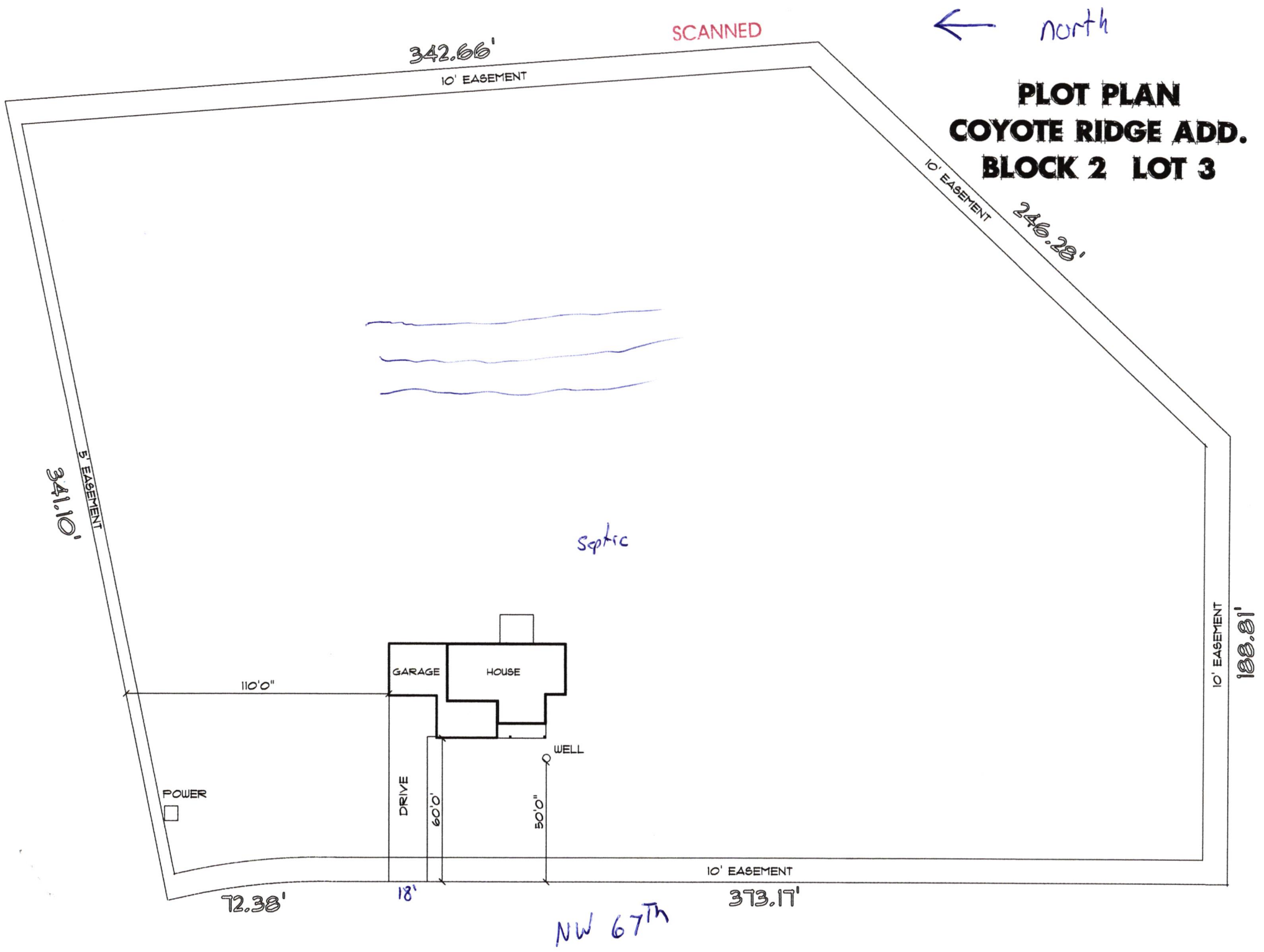
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

The Building Contractor _____ Date _____

Installer _____ Date

SCANNED


north
PLOT PLAN
COYOTE RIDGE ADD.
BLOCK 2 LOT 3
342.66'
10' EASEMENT
10' EASEMENT
246.28'
5' EASEMENT
341.10'
Septic
GARAGE
HOUSE
110'0"
WELL
POWER
DRIVE
60'0'
50'0"
10' EASEMENT
188.81'
72.38'
18'
373.17'
NW 67th

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

SCANNED 6/8/17

Exhibit 5

Permit Number: HS001399

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/2/17 Legal Description Coyote Ridge Blk 3, Lot 3

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20050 NW 67th 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 1,410 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 390' Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals 3 Width 3.625 factor 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 DA Date 6/1/17

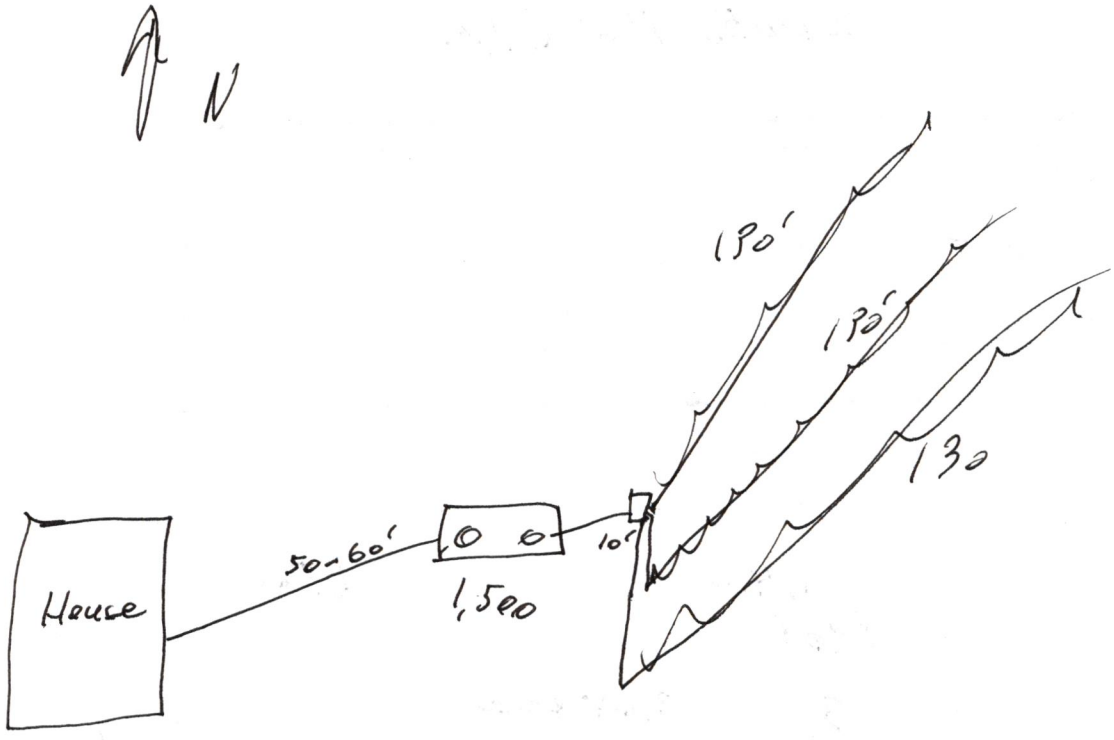
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ahrens

Date 6/2/17

Field Note Drawing (See Reverse Side):


N
150'
130'
130
House
50-60'
1,500
10'