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

A

Permit Number
HS001403

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* 7200 Olive Creek City Hickman, NE Zip NE
(no rural route)

Legal Description 10 7 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 14-10-300-010-000 SB *Approx. Address (If to be determined)

B. Owner

Name Luke Rasser Signature

Address 2641 Woodsdale Blvd City/State/Zip Lincoln NE 68502

Home Phone 402.746.4451 Work Phone

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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

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 3-7-17 Amount Paid $395
Received By SB Cash/Check No. 63164

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

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. HS001403

System Type: Standard

Situs: 7200 OLIVE CREEK RD, RURAL, NE

Issued: 3/13/2017

Expires: 3/13/2018

Description: S10, T7, R7, 6th Principal Meridian, LOT 38 SW

Owner: RASSER, LUKE A & DANIELLE S
2641 WOODSDALE BLVD
LINCOLN, NE 68502

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

WOITA HOIMES INC
3280 S 31ST ST
LINCOLN, NE 68502

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

Exhibit 5

Permit Number: H-5001403

6/1/17

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/25/12 Legal Description ¼ ¼ 10/7/12 Section/Township/Range

Onsite System Location

Address (no rural route) 7200 Olive Creek 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 1377 Sq. Ft. Tank Size 2000 gals

Total length of laterals 408 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width _____ 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 DS Date 5/22/12

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thiele

Date 5/25/12

Field Note Drawing (See Reverse Side):

Updated 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address PID 14-10-300-010-000 (no rural route) City _____ NE, Zip _____

Owner LUKE RASSER Address _____

Date of Tests 11/15/16 to 11/16/16 Weather: Precipitation 0 Temperature 70

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	32"	11/15	9 am	11/16	9 am	11/16	12:30	6	11/16	1:00	30	1	30
2	32"	11/15	9	11/16	9 am	11/16	12:30	6	11/16	1:00	30	1/8	35
3	32	11/15	9	11/16	9	11/16	12:30	6	11/16	1:00	30	3/4	40
4	32	11/15	9	11/16	9	11/16	12:30	6	11/16	1:00	30	1	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7000
Address 105 Locust St
Hickman NE 68372
Soil type (NRCS Maps/Other) 7231 Judson
Groundwater Depth +12

Sum of Percolation Rates: 135
Average of Rates: 34
Rate Used for Calculation: 39

DO NOT WRITE BELOW THIS LINE

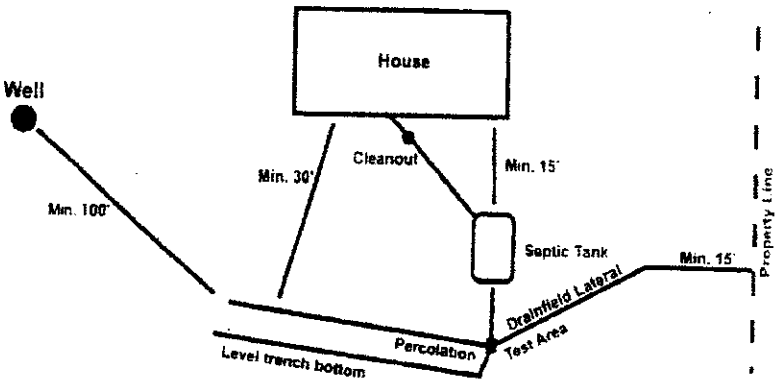
Reviewing Action

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

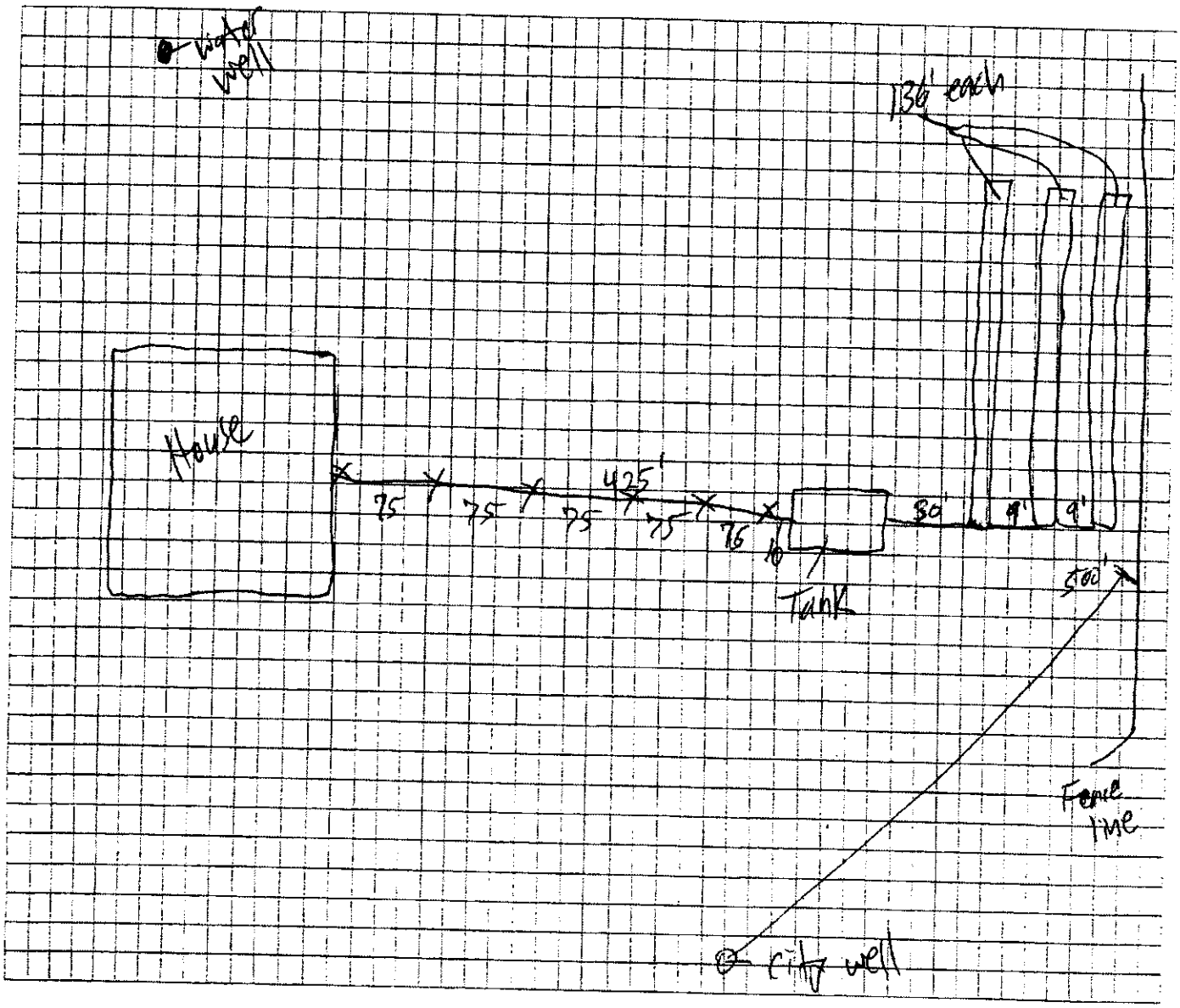
Signature of Reviewing Official _____ Date _____

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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D Exhibit 4

Permit Number:

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) 7200 Olive Creek Rd

Owner: Luke Rasser Address

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 425 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 500+ ft.
   Pressure line 500+ ft
   Property Line 50+ ft.
   Foundation 425+ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____
NONE

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ☒ Chamberless ❑ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Plus 27"
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 136 ft. 136 ft. 136 ft. ____
4. Drainfield size: 1377 sq. ft.
5. Distance to:
   Well 400+ ft.
   Pressure line 400+ ft.
   Property line 30 ft.
   Depth of Groundwater 40'

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: 5/22/17

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

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

SCANNED

A

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Comments
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Date frwd 3/16/17
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3/10/17
Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Avoid areas of Flood plain
Date rec'd 3-13-17
Date frwd 3-13-17
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By Doug Rye
Date 5/22/17

Business Office Use Only
Date Received 3-7-17 Amount Paid $395
Received By SB Cash/Check No. 63164

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