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

A

Permit Number: HS001405

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

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

Legal Description 25 10 8 6th Principal Meridian. NW 14
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address Parcel ID. 33-25-100-016-000

B. Owner

Name Tim McNeil Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone 402-432-3413 Work Phone _____

C. Contractor

Name Kelly Wolinski Company Name Wellmann Plumbing Inc.

Address 3130 S 6th. #100 City/State/Zip Lincoln, Ne. 68516

☒ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm Wellman Plg Work Phone 402 434 2400

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub 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. 2832

1. Health Department	Date rec'd _____ Date frwd _____	ACTION ☐ Approved ☐ Disapproved	Signature _____
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd _____ Date frwd _____	ACTION ☐ Approved ☐ Disapproved	Signature _____
3. City or County Engineer	Date rec'd _____ Date frwd _____	ACTION ☐ Approved ☐ Disapproved	Signature _____

Installation Final Written Approval

By _____

Date _____

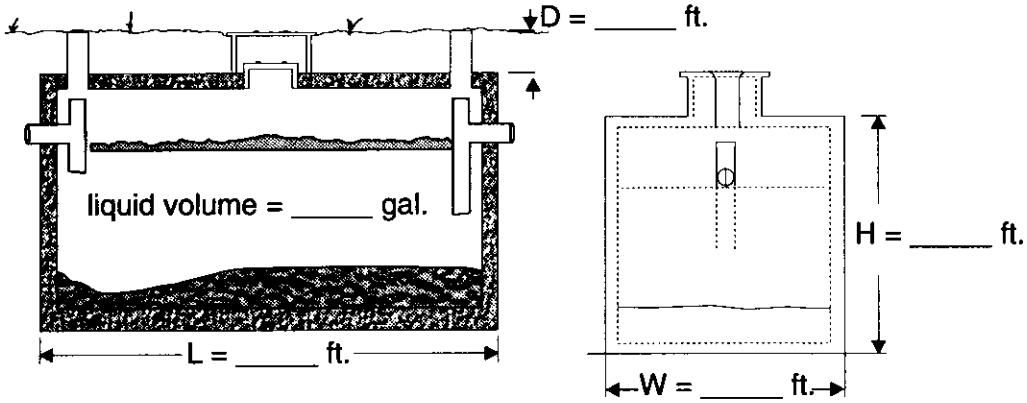
Business Office Use Only
Date Rec'd 3-9-17
Amt Paid #395
Rec'd By SB Cash/Check No. 1178

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

KEY

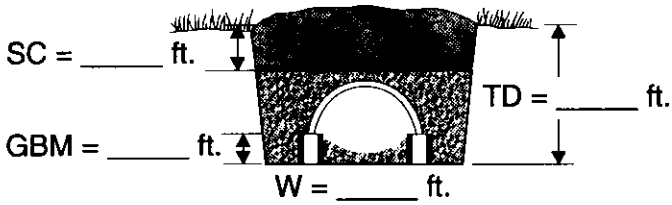
SC = Soil Cover
GBM = Gravel Below Half Moon
TD = Trench Depth
L = Tank Length
H = Tank Height
W = Width
GBP = Gravel Pipe Below
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

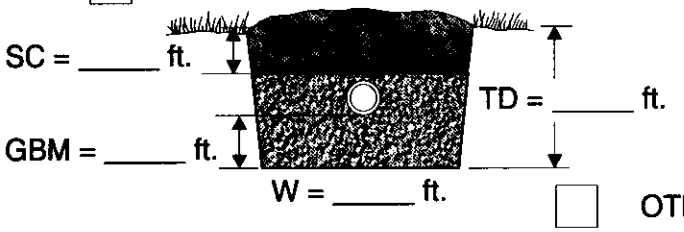


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

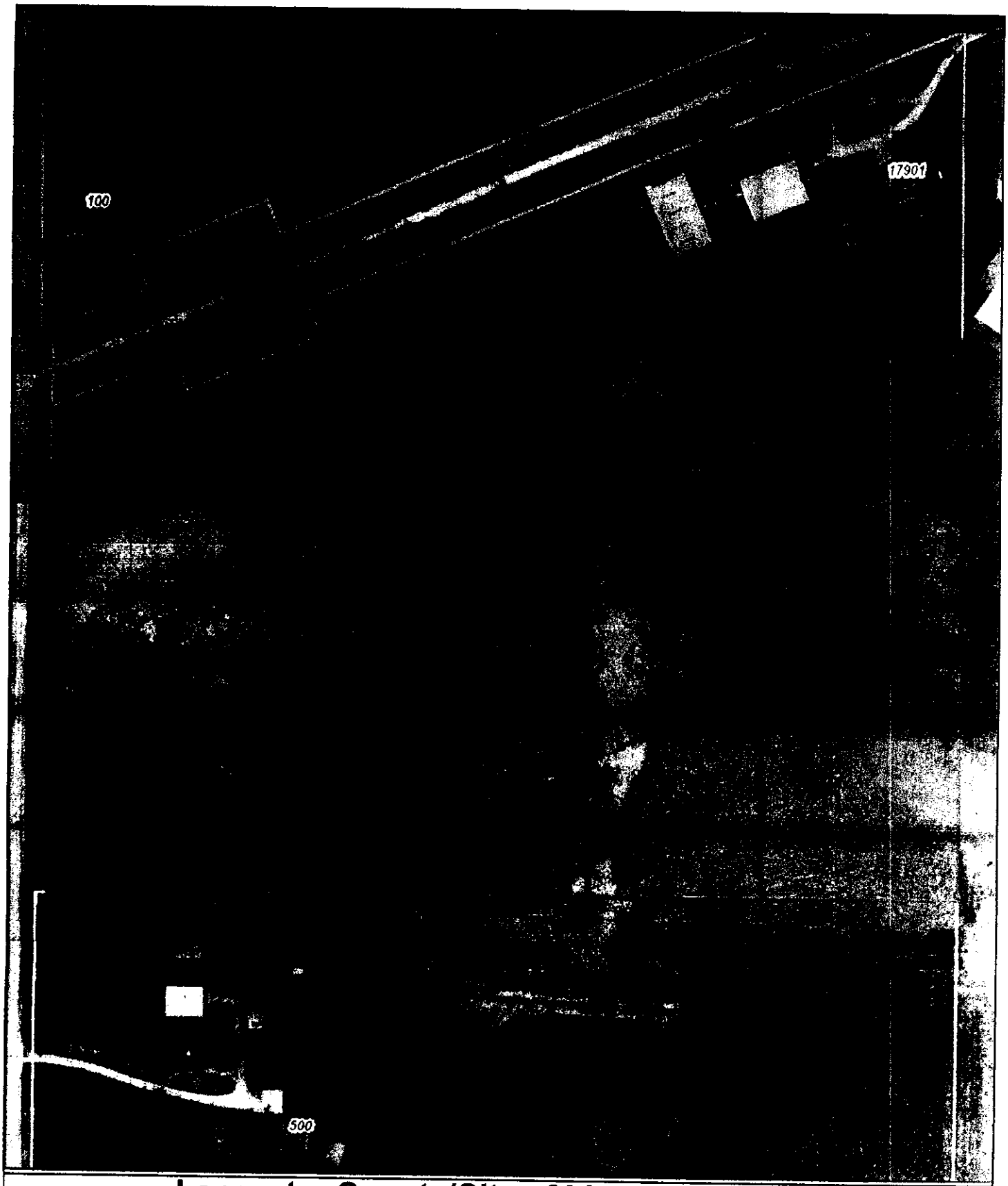
No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

Soil Percolation Test

30min test Hole	east 1	middle 2	west 3
1. 30min	0 in	0 in	0 in
2. 60 min	1/8 in	1/4 in	0 in
3. 1h 30min	1/8 in	1/4 in	1/16 in
4. 2h	1/8 in	0 in	0 in
5. 2h 30min	1/16 in	0 in	0 in
6. 3h	1/8 in	1/8 in	1/16 in
7. 3h 30min	1/16 in	0 in	1/8 in
8. 4h	1/8 in	0 in	1/16 in



Lancaster County/City of Lincoln GIS Map

N
W E
S

Parcel ID: 23-25-100-016-000
Owner: MCNEIL, TIMOTHY A & KATHLEEN D
Address: No Data
Legal: S25, T10, R8, Acres 6th Principal Meridian, LOT 14 NW

Printed: Feb 20, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

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. HS001405

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/15/2017

Expires: 3/15/2018

Description: S25, T10, R8, Acres 6th Principal Meridian, LOT 14 NW

Owner: MCNEIL, TIMOTHY A & KATHLEEN D
PO BOX 203
EAGLE, NE 68347

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

WELLMANN PLUMBING INC
3130 S 6TH ST STE 100
LINCOLN, NE 68516

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

ok JK 7/12/12

Exhibit 5

Permit Number: H500/405

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/27/12 Legal Description 10-8-25 Lot 14
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 360 E. 176th 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 1080 Sq. Ft. Tank Size 1250 gals

Total length of laterals 240 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 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:

Inspections prior to Final Approval
Initial NH Date 6/26/12

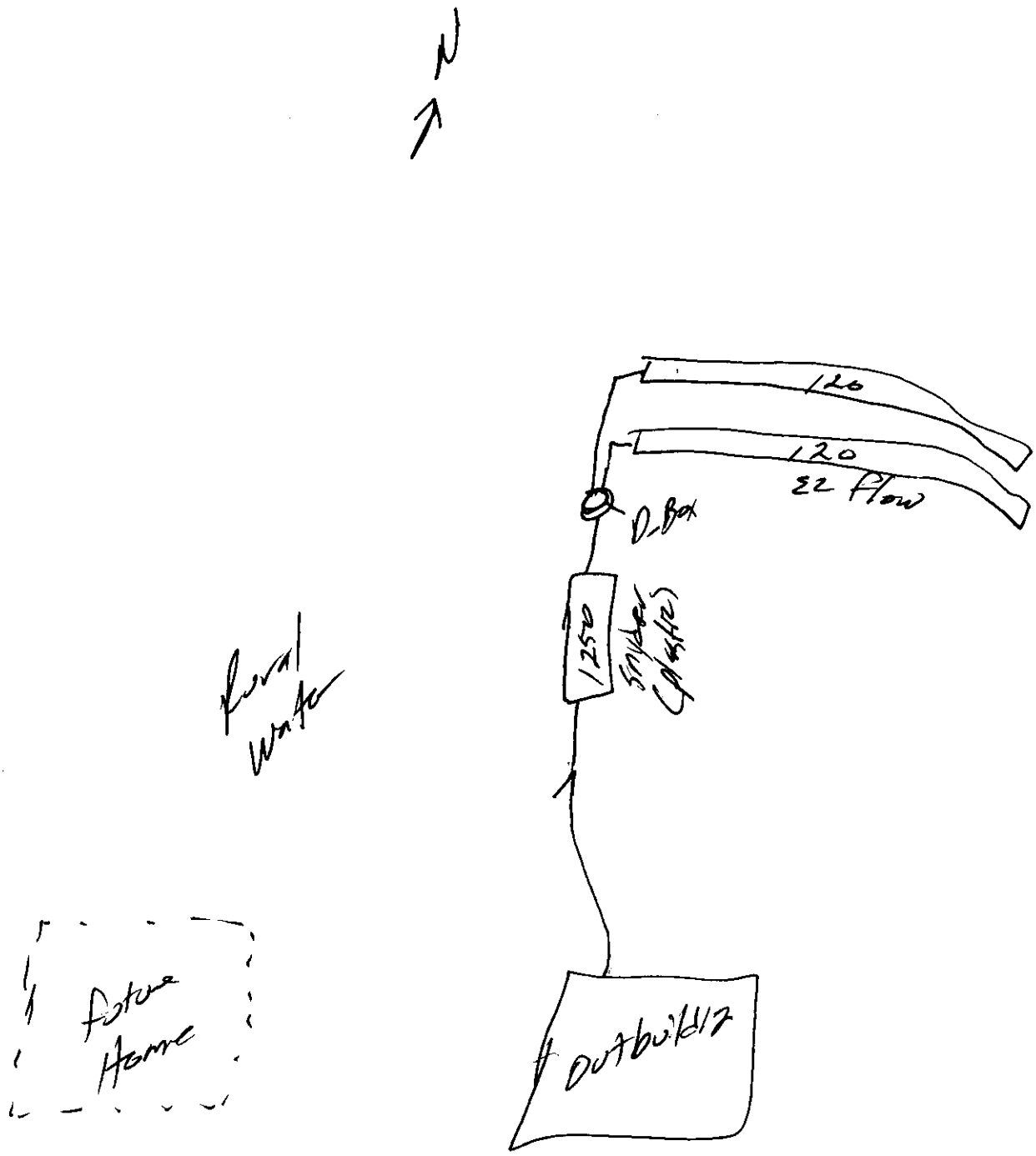
Follow-Up _____ Date _____

Follow-Up _____ Date _____

~~Installation Final Written Approval~~
By _____

Date 6/27/12

Field Note Drawing (See Reverse Side):


N
120
120
22 Flow
D. Box
1250
Septic Tank
Leach Field
Future Home
Outbuilding

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

B

Permit Number: 782217

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 360 S 176 th. (no rural route) City Lincoln NE, Zip _____

Owner Tim McNeil Address _____

Date of Tests 5-15 to 5-16 Weather: Precipitation NA 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	5/15				5/16	10:00	6	5/16	2:00	30	.625	48
2	36	"						6			30	.55	54.5
3	36	"						6			30	.5	60
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kelly Wolinski
Phone: 402-610-0561
Address _____

Soil type (NRCS Maps/Other) AK Silty Clay Loam
Groundwater Depth _____

Sum of Percolation Rates: 162.5
Average of Rates: 54.166
Rate Used for Calculation: 51-60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

Se T10, R8, Sec. 25

23251000160 00

HS001405

D

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

Permit Number: 782217

Sewage Disposal System
As Built Plans & Specifications

Date 7-7-17

System Location (Indicate correct number and street)

Address 360 S 176th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 54 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Plastic Nexgen D2
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line ____ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 12
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

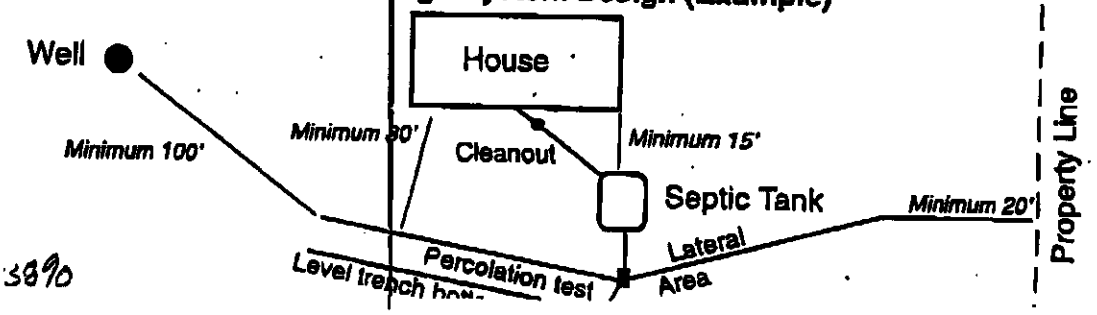
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other E-Z Flow 1203 H
2. Lateral lines: Number 2
   Length of each line: 120 ft. 120 ft.
   ____ ft. ____ ft. ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 30" in
4. Filter material: ____
   Depth of material ____ in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line 100 ft.
   Property line ____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



ORM 22-103 10-96

441-3890

As Built Drawing

