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

A

Permit Number HSOD1409

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 6550 Waters Edge Dr City lincoln, NE Zip
(no rural route)

Legal Description 18 9 8 Whispering Creek First 3 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-18-207-001-000 SB

B. Owner

Name Todd/Kristin Pfeil Signature

Address 6550 Waters Edge Dr City/State/Zip lincoln ne

Home Phone Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip lincoln ne 68523

Work Phone 402 310 9160

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 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 3-10-17 Amount Paid $395
Received By SB Cash/Check No. 82464

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: HSOD 1409

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6550 Waters Edge Dr (no rural route) City Lincoln NE, Zip _____

Owner Todd/Kristin Pfeil Address _____

Date of Tests 11-22-16 to 11-23-16 Weather: Precipitation 0 Temperature 42°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. 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	11-22	8:AM	11:23	11:30	11:23	11:30	6	11:23	12:00	30	1	30
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1	30
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 6810 W Claire Ave

Sum of Percolation Rates: 100
Average of Rates: 33.3
Rate Used for Calculation: 30 - 40 MPI

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 _____

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. HS001409

System Type: Standard

Situs: No Site Address Specified

Issued: 3/13/2017

Expires: 3/13/2018

Description: WHISPERING CREEK 1ST ADDITION, BLOCK 3, Lot 1

Owner: PFEIL, TODD D & M KRISTEN
8900 TRUCHARD RD
LINCOLN, NE 68526

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

GAGNER CONSTRUCTION CO INC
4810 W CLAIRE AVE
LINCOLN, NE 68523

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

D

Permit Number: A5001409

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 6-12-17 Legal Description ____ 1/4 ____ 1/4 Whispering Creek Section Township Range

Onsite System Location

Address (no rural route) 6550 Waters Edge City Lincoln NE, Zip ____

Owner Todd Kristin Pfeil Address 6550 Waters Edge Dr.

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 23 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line Over 100 ft.
   stream " ft.
   pressure line " ft.
   property line " ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: Poly
   Number of compartments: 2
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Risers: ☒ above ☐ below grade 24 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line Over 100 ft.
   Stream " ft.
   Pressure line " ft.
   Property line " ft.

C. ☒ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 5 ft.

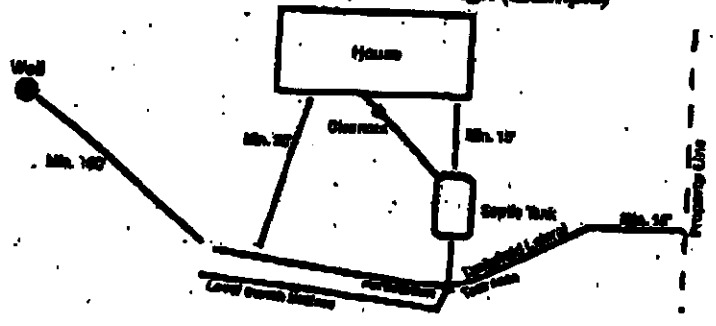
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 29
   Number of distribution lines in bed 5
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 5
   Length of each line: 60 ft. 64 ft.
   47 ft. 132 ft. 80 ft.
3. Drainfield dimensions: Width 3.6.5 ft.
   Distribution Pipe Slope ____ in/100 ft.
   Average depth 35 in
4. Filter material: NA
   Depth of material ____ in.
5. Distances to: Well or suction line ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.
   House or building ____ ft.
   Lake or Stream ____ ft.

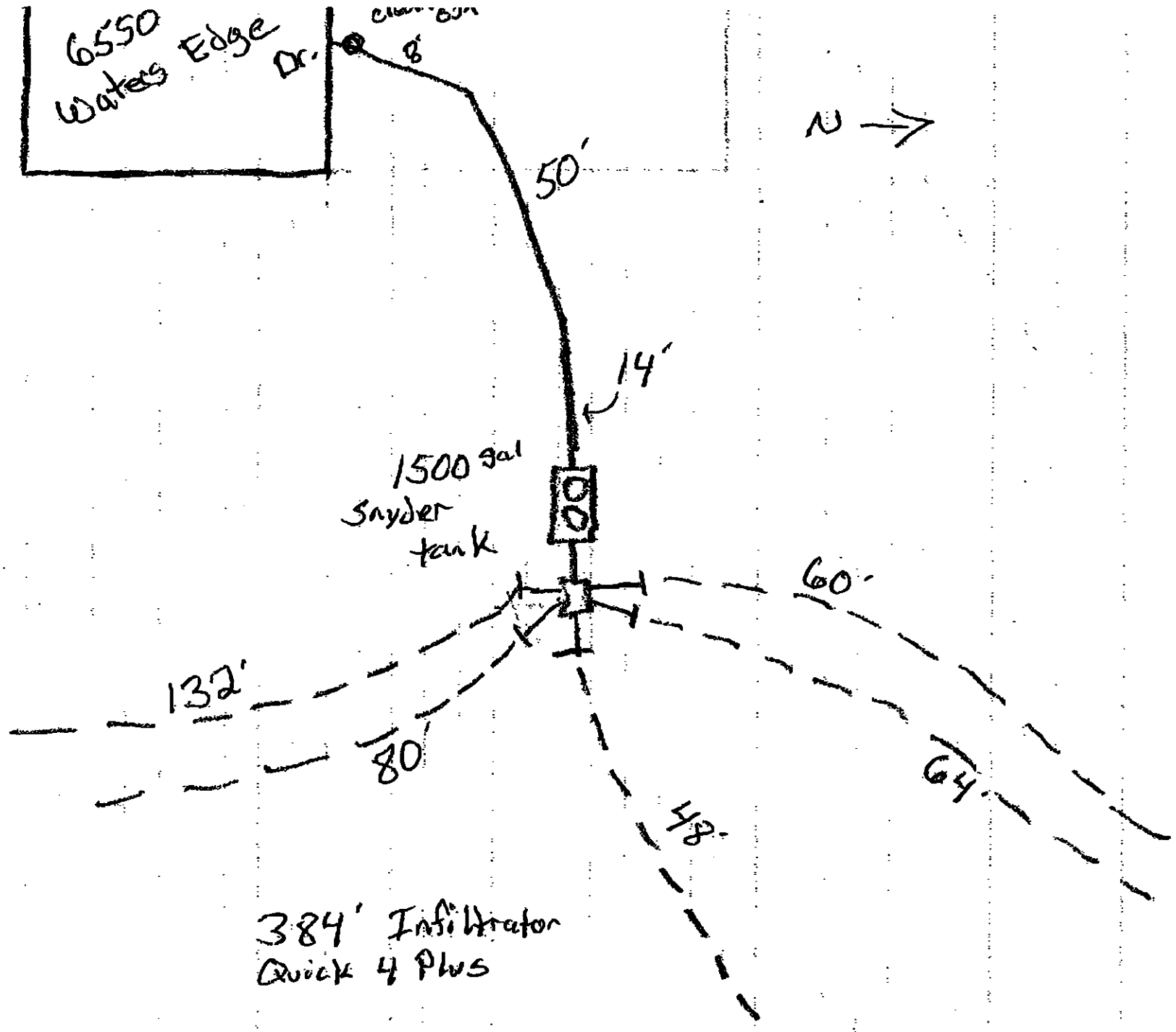
Complete As-Built drawing on the back to this form.

Onsite Wastewater System Design (Example)



Indicate North with Arrow

Form # 12_06


6550
Waters Edge
Dr.
8'
50'
N
14'
1500 gal
Snyder
tank
60'
132'
80'
64'
48'
384' Infiltrator
Quick 4 Plus

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

Exhibit 5

OK 9 6/22/17

Permit Number: H5001409

Onsite Wastewater Treatment System

Inspection Sheet

Blk 3, Lot 1

Date 6/28/17 Legal Description ¼ ¼ Whispering Creek Section/Township/Range

Onsite System Location

Address (no rural route) 6550 Water Edge 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 1,375 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 384' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 5 Width 3.625 faces 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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

N/A

Comments:

Inspections prior to Final Approval
Initial DC Date 6/7/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Barr
Date 6/28/17

Field Note Drawing (See Reverse Side):