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

A

Permit Number
HS001410

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* 3600 W VanDorn City Lincoln, NE Zip 68522
(no rural route)

Legal Description 32 10 6 S6 62
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 10-32-300-011-000 SB *Approx. Address (If to be determined)

B. Owner

Name Jason Suelter Signature

Address 3600 W VanDorn City/State/Zip Lincoln NE 68522

Home Phone Work Phone

C. Certified Installer

Name: Jason Suelter Signature

Address 105 Locust St City/State/Zip

Work Phone

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 3-15-17 Amount Paid $395
Received By [illegible] Cash/Check No. 2851

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

Form A 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: HS001410

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 3600 W Van Dorn St (no rural route) City Lincoln NE, Zip 68522

Owner Jason Suelter Address same

Date of Tests 10/25/16 to 10/26/16 Weather: Precipitation trace Temperature 60

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	28	10/25	10:30	10/26	9:15	10/26	1:15	6	10/26	1:45	30	3/4	40
2	28	10/25	10:30	10/26	9:15	10/26	1:15	6	10/26	1:45	30	1 3/8	22
3	28	10/25	10:30	10/26	9:15	10/26	1:15	6	10/26	1:45	30	1	30
4	28	10/25	10:30	10/26	9:15	10/26	1:15	6	10/26	1:45	30	1 1/4	24
5	28	10/25	10:30	10/26	9:15	10/26	1:15	6	10/26	1:45	30	1 1/4	24
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust St
Hickman NE 68372
Soil type (NRCS Maps/Other) 7267 Aksarben
Groundwater Depth 1 12

Sum of Percolation Rates: 140
Average of Rates: 28
Rate Used for Calculation: 29

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

site Form B 12_06

0

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. HS001410

System Type: Standard

Situs: 3600 W VAN DORN ST, RURAL, NE

Issued: 3/20/2017

Expires: 3/20/2018

Description: S32, T10, R6, 6th Principal Meridian, LOT 62 SW

Owner: SUELTER, JASON & SHERRI
3600 W VAN DORN ST
LINCOLN, NE 68522

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

SOUTHWICK LIQUID WASTE INC
105 LOCUST STREET
HICKMAN, NE 68372

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

Exhibit 5

Permit Number: H5001410

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/27/17 Legal Description 32 / 10 / 6 Lot 62

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3600 W. Van Dorn 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 1754 Sq. Ft. Tank Size 2 - 2,000 + 1500 gals

Total length of laterals 494' Type of Distribution: ☑ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 5 Width 3.625 facem No. of Drop Boxes _____ Distribution Box 2

Leveling Method Used _____

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 DS. Date 3/27/17

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By Doug Ayers

Date 3/27/17

Field Note Drawing (See Reverse Side):