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

A

Permit Number HS001447

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* 12969 W Holdrege Road (no rural route) City Lincoln, NE Zip 68528

Legal Description _____

1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-19-202-001-000 *Approx. Address (If to be determined) _____

B. Owner

Name Geoffrey Grothen Signature Geoffrey Grothen

Address 2000 Greenspire Dr City/State/Zip Lincoln NE

Home Phone 402 326 4671 Work Phone 402 458 7720

C. Certified Installer

Name: Henry L. Muhlbach Signature Henry L Muhlbach

Address 5701 Vine St City/State/Zip 5701 Vine St, Lincoln NE 68505

Work Phone 402-430-7304

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 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 4.27

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 _____ 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 5-1-17 Amount Paid $395

Received By SB Cash/Check No. DISCOVER

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. HS001447

System Type: Standard

Situs: No Site Address Specified

Issued: 5/15/2017

Expires: 5/15/2018

Description: LUCYANN JACOBY ADDITION, Lot 1

Owner: GROTHEN, GEOFFREY WENDELL & CINDY
2000 GREENSPIRE DR
LINCOLN, NE 68521

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim Health Director

HARRY MUHLBACH
LINCOLN, NE

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

SCANNED

A

Permit Number HS001447

Onsite Wastewater Treatment System Permit Application

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Address* 12969 W Holdrege Road (no rural route) City Lincoln, NE Zip 68528

Legal Description 19 10 5

1/4 1/4 Section Township Range Subdivison Addition Block Lot

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Name Geoffrey Grothen Signature Geoffrey Grothen

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Home Phone 402 326 4671 Work Phone 402 458 7720

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Name: Harry L. Muhlbach Signature Harry L Muhlbach

Address 5701 Vine St. City/State/Zip 5701 Vine St, Lincoln NE 68505

Work Phone 402-430-7304

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

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Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department

Site visits

Comments

Date rec'd 5/15/17

Date frwd 5/15/17

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 9/20/17

Business Office Use Only

Date Received 5-1-17 Amount Paid $395

Received By SB Cash/Check No. DISCOVER

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

Form A Updated: 4/15

Geoffrey Grother
402- 326-4671

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

Owner _____ Address _____

Date of Tests 4-10-17 to 4-10-17 Weather: Precipitation Dry Temperature 50°

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	30"	Soil had				4-10	1:30	6	4-10	5:30	30 min	2.25	
2	30"	Soil rains				4-10	1:35	6	4-10	5:35	30 min	1.75	
3	30"	Good on				4-10	1:40	6	4-10	5:40	30 min	2.00	
4	30"					4-10	1:45	6	4-10	5:45	30 min	2.25	
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Harry Muhlbach
Phone: 402- 430-7304
Address _____

Sum of Percolation Rates: 8.25
Average of Rates: 2.06 = 14.56/hr
Rate Used for Calculation: 10-20 Mpi

Soil type (NRCS Maps/Other) Sharpsburg silty Loam
Groundwater Depth 10 plus feet

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
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

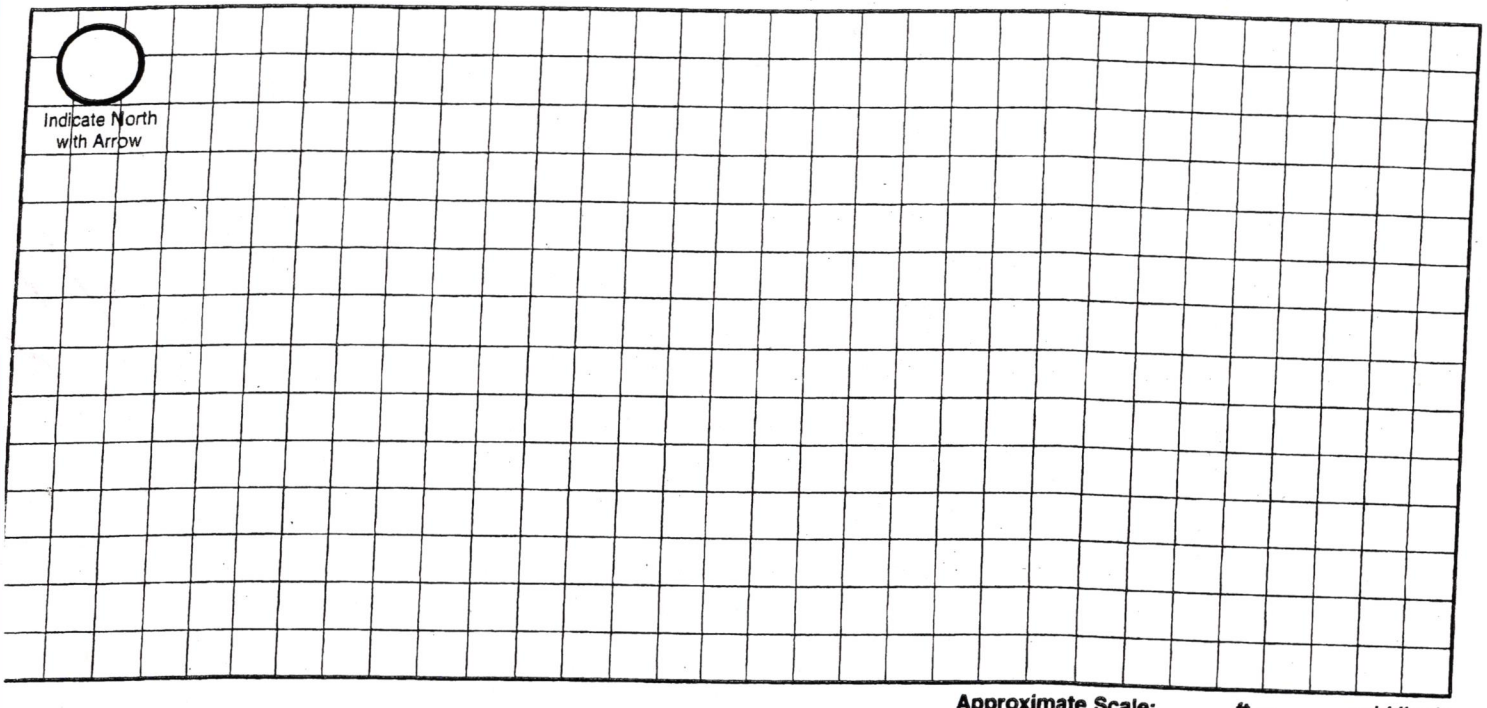
C

Permit Number: HS001447

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: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 12969 W Holdrege Rd City Lincoln NE, Zip 68528

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 (percoloation 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 ❑	❑
agoon (ft)	100 ❑	500 ❑	50 ❑	N/A ❑	30 ❑	50 ❑	100 ❑	200 ❑	❑

. Required Signatures

me Building Contractor _____ Date _____

taller Date

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

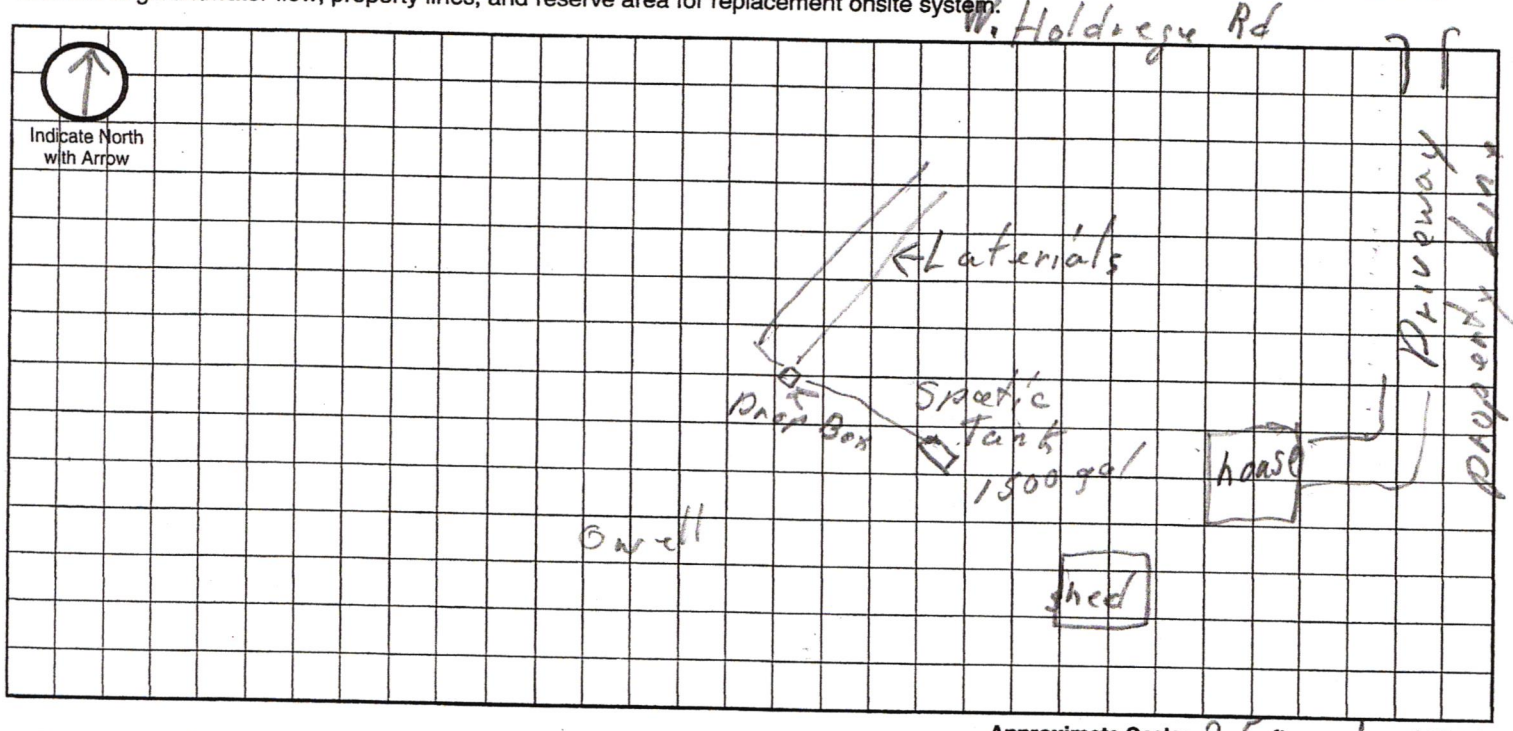
C

Permit Number:

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: 25 ft. = 1 grid line/s

A. Onsite System Location

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

B. Proposed Septic Tank/s

Septic Tank Cap 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 14.5 (min/inch = mpi) No. of Bedrooms 4 Soil Type Sharpsburg Land Slope 2 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 840 sq.ft.

Total length of laterals 210' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 2 Width 4' No. of drop boxes 1 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 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer Danny T. Millback Date 5-8-17

D Exhibit 4

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

ok gp 9/21/17

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) 12969 W. Holdrege St.

Owner: Jeff Grothen Address

A. Wastewater Piping

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

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 40+ ft
   Property Line 100+ ft.
   Foundation 100+ ft.

C Distribution Box or Drop Box NONE

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard 27"
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 124 ft. 128 ft. ____ ft. ____
4. Drainfield size: 850.5 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 50+ ft.
   Property line 30+ ft.
   Depth of Groundwater 54

- Contractor got done early - to be approved to be covered - NH

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: [signature] Date: 9/15/17

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

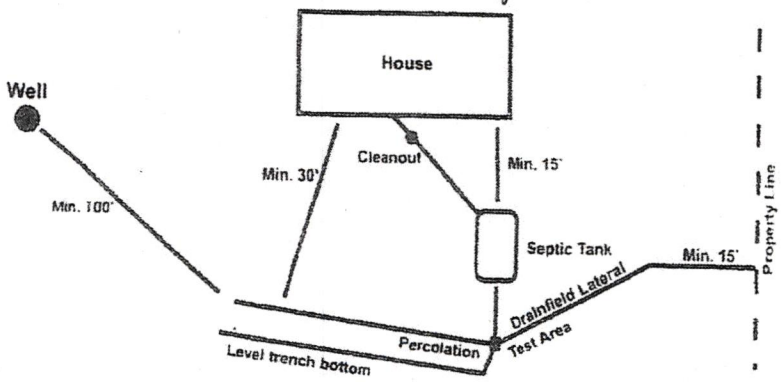
Must did install, not permit applicant

Updated 4/15

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)

12969 W. Holdrege St.



*Note-If Lagoon, show all applicable dimensions

W. Holdrege Rd

124'

128'

10'

15'

62'

75'

House

Tank

Cleanouts

well 100' ±

* System oversized per plat's & bedroom size.

-MH 7/20/17