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

MAY 04 2017

A

Permit Number
HS001451

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* 3800 W VAN DORN ST City LINCOLN, NE Zip 68522
(no rural route)

Legal Description SW 32 10 6 65
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID ~~16-11-100-001-000~~ 10-32-300-004-000 *Approx. Address (If to be determined)

B. Owner

Name DUANE HOFFMAN Signature

Address 179 PAM DR City/State/Zip CHICO, TX 76431

Home Phone 940-644-5958 or 402-610-1315 Work Phone

C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 1.79
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 5-4-17 Amount Paid $395.00
Received By SB Cash/Check No. 5502

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

MAY 04 2017

B

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

Permit Number: HS001457

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 3800 W Van Dorn St (no rural route) City Lincoln NE, Zip 68522

Owner Duane R Hoffman Address 179 Pam Dr, Chico, TX 74631

Date of Tests 4/25/17 to 4/26/17 Weather: Precipitation 0 Temperature 44°

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	29	4/25	1:00p	4/25	5:00p	4/26	5:00p	6	4/26	5:30p	30	1-3/4	17
2	42	"	"	"	"	"	"	6	"	"	"	1-7/8	16
3	24	"	"	"	"	"	"	6	"	"	"	5/8	48
4	40	"	"	"	"	"	"	6	"	"	"	1-1/8	27
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St
Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 108

Average of Rates: 27

Rate Used for Calculation: 48 (20 mpi variance)

Soil type (NRCS Maps/Other) Wymore SCL

Groundwater Depth >8'

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. HS001451

System Type: Standard

Situs: 3800 W VAN DORN ST, RURAL, NE

Issued: 5/4/2017

Expires: 5/4/2018

Description: S32, T10, R6, 6th Principal Meridian, LOT 65 SW

Owner: HOFFMAN, DUANE R & RUTH M
179 PAM DR
CHICO, TX 76431

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

DUANE HOFFMAN
179 PAM DR
CHICO, TX 76431

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

SCANNED

MAY 04 2017

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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* 3800 W VAN DORN ST (no rural route) City LINCOLN, NE Zip 68522

Legal Description SW 1/4 32 1/4 10 Section 6 Township Range 65 Subdivison Addition Block Lot

PID ~~18-11-100-001-000~~ 10-32-300-004-000 *Approx. Address (If to be determined)

B. Owner

Name DUANE HOFFMAN Signature

Address 179 PAM DR City/State/Zip CHICO, TX 76431

Home Phone 940-644-5958 or 402-610-1315 Work Phone

C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

D. Engineer

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

Designer Name Firm Work Phone

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☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 1.79
Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day Type of Wastewater ☐ Domestic ☐ Non-Domestic

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Approval Process

1. Health Department
Site visits
Comments
Date rec'd 5/9/17
Date frwd 5/3/17
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

Business Office Use Only
Date Received 5-4-17 Amount Paid $395.00
Received By SB Cash/Check No. 3502

Extension: pd 5-03-18 $120.00

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

CC0214 JAP

2 Story Home

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

SCANNED

MAY 04 2017

A

Permit Number HS001451

Onsite Wastewater Treatment System Permit Application

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

PID ~~16-11-100-001-000~~ 10-32-300-004-000 *Approx. Address (If to be determined)

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Approval Process

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Site visits
Comments
Date rec'd 5/3/17
Date frwd 5/3/17
ACTION ☑ Approved ☐ Disapproved
Signature

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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 5/22/18

Business Office Use Only
Date Received 5-4-17 Amount Paid $395.00
Received By SB Cash/Check No. 5502

Extension: PD 5-03-18 $120.00 CC0214 JAP

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

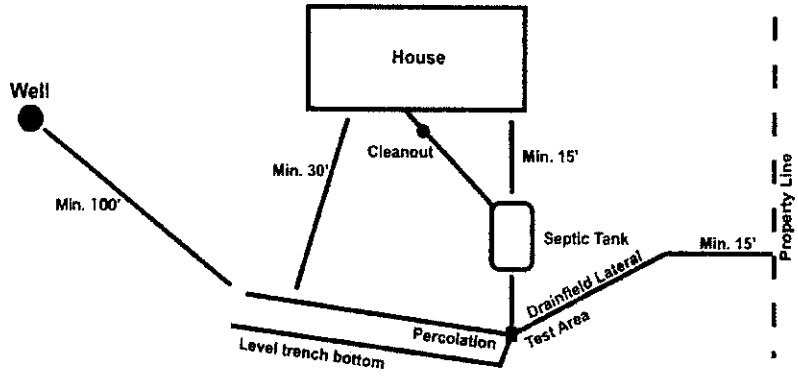
Form A Updated: 4/15

2 story Home

Onsite Wastewater System Design (Example)

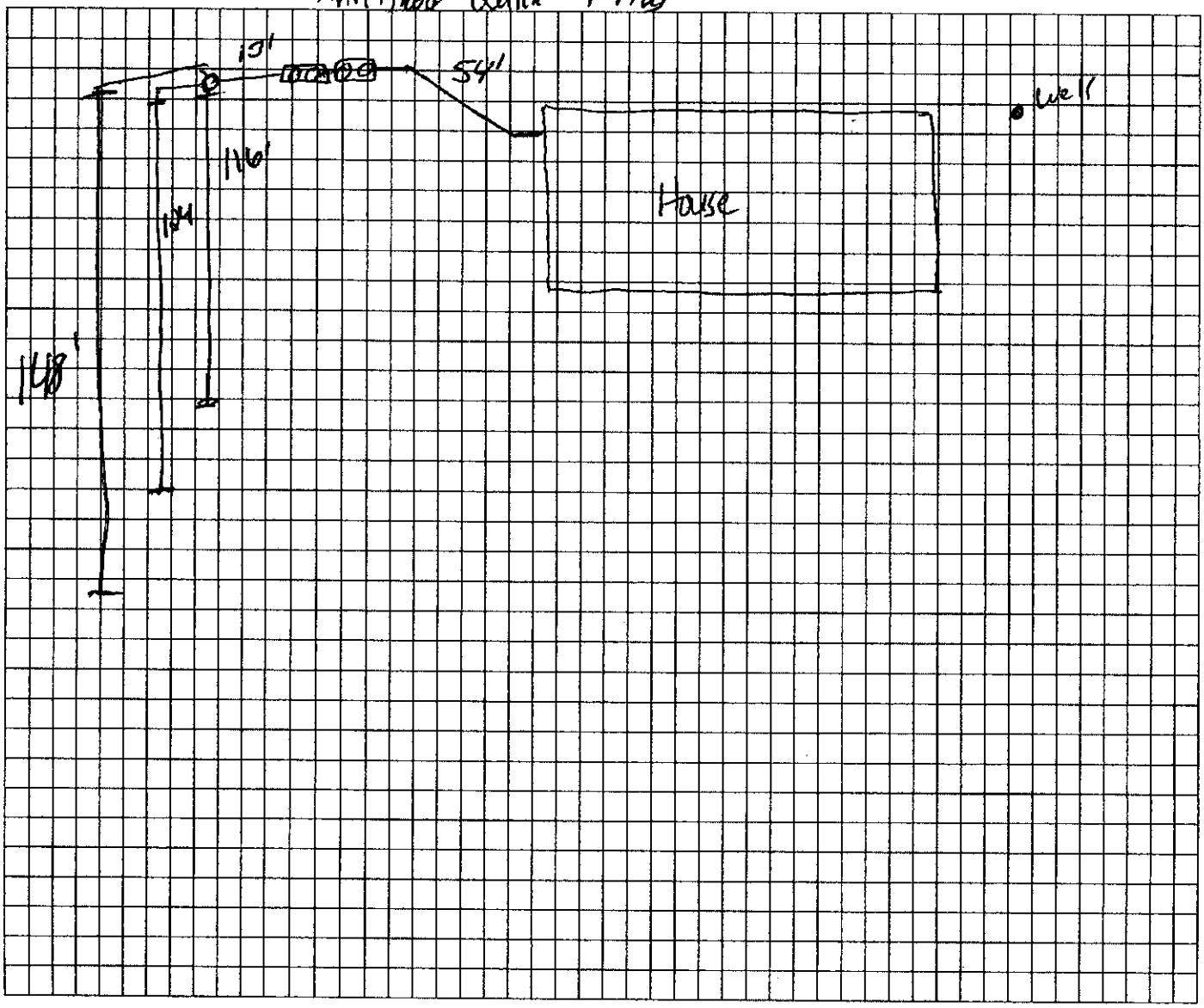
Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions

(2) 1000 gallon tank
Trit Rite Quick 4 Plus



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

D

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) ~~[illegible]~~ 10-32-300-004-000

Owner: DUANE HOFFMAN Address 3800 W VAN DORN ST LINCOLN, NE 68522

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 54 ft.

B. Septic Tank

1. Material INFILTRATOR IM 1060 (2)
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 20 in.
4. Distance to:
   Well 125 ft.
   Pressure line 25 ft
   Property Line 25 ft.
   Foundation 54 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 13 ft. W

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless: INFILTRATOR QUICK 4 PLUS 29
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 116 ft. 124 ft. 148 ft.
4. Drainfield size: 1406.5 sq. ft.
5. Distance to:
   Well 125 ft.
   Pressure line 25 ft.
   Property line 10 ft.
   Depth of Groundwater +12

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: 5/21/18

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

Exhibit 5

Permit Number: HS001451

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/22/18

Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3800 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 1406.5 Sq. Ft. Tank Size 2000 gals

Total length of laterals 398' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3.625 factor 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 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 5/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Deacy Mause

Date 5/22/18

Field Note Drawing (See Reverse Side):