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

MAY 15 2017

A

Permit Number HS001460

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* 6820 Holdrege Rd (no rural route) City Lincoln, NE Zip

Legal Description SE SW 14 10 7E
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 17-14-300-612-0005 *Approx. Address (If to be determined)

B. Owner

Name Terry McAuliffe Signature

Address 3520 N. 74th City/State/Zip Lincoln, NE 68507

Home Phone Work Phone 429-4258

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

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 5/16/17 Amount Paid $395
Received By SB Cash/Check No 7323

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

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

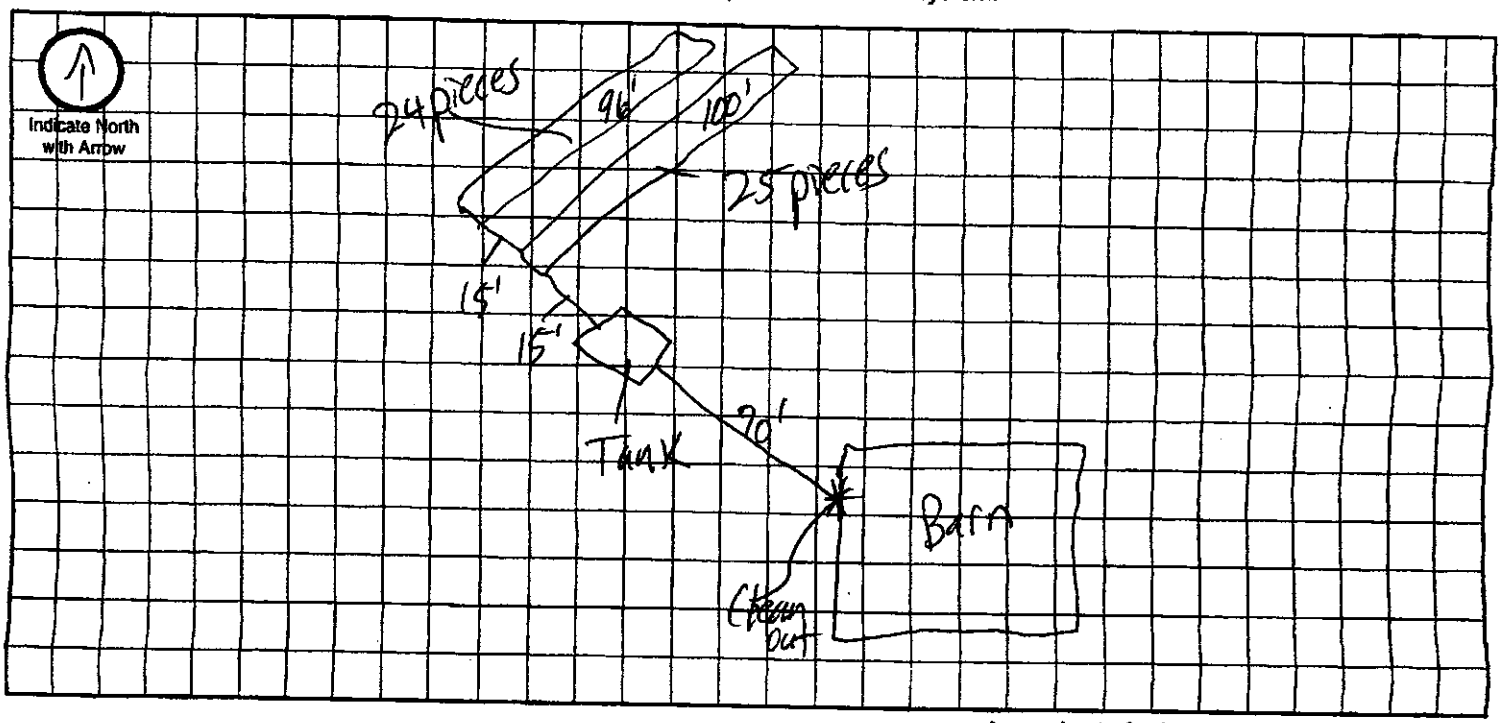
C

Permit Number: 1500460

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) 4420 Holdrege Rd City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____ ☐ Lagoon (Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 44/78 (min/inch = mpi) No. of Bedrooms 2 Soil Type Clay Loam Land Slope 1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 661.5 sq.ft.

Total length of laterals 196' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 36" No. of drop boxes 0 Distrubtion Box 0

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 NA Date _____

Installer Justyn Peterson Date 5/10/17

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

D Exhibit 4

Permit Number: HS001460

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) 8820 Holdrege Rd

Owner: Terry McAuliffe Address 3520 N. 74th Lincoln NE 68507

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 50+ ft.
   Pressure line 50+ ft
   Property Line 50+ ft.
   Foundation 50+ 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 Quick4 Standard
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 100' ft. 96' ft. ____ ft. ____
4. Drainfield size: 66150 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.
   Depth of Groundwater 95+

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

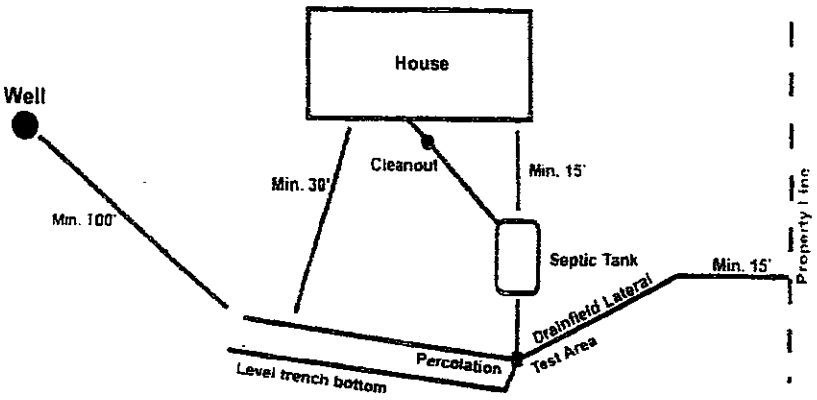
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 5/10/17

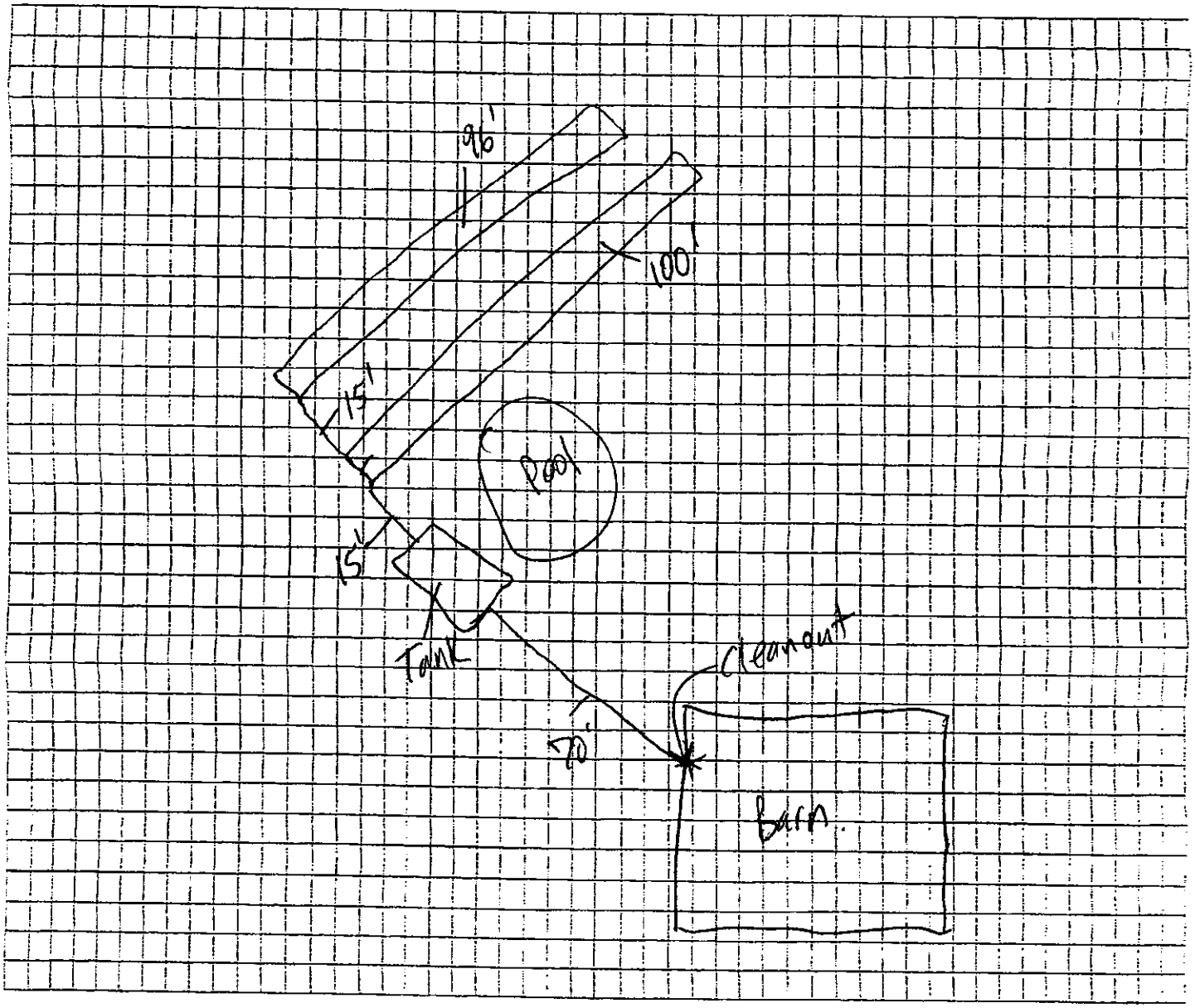
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Terry McAuliffe
Address: 8820 Holdredge Rd

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 10/29/16 to 10/30/16 **Weather:** Precip. Ø Temp. 60s

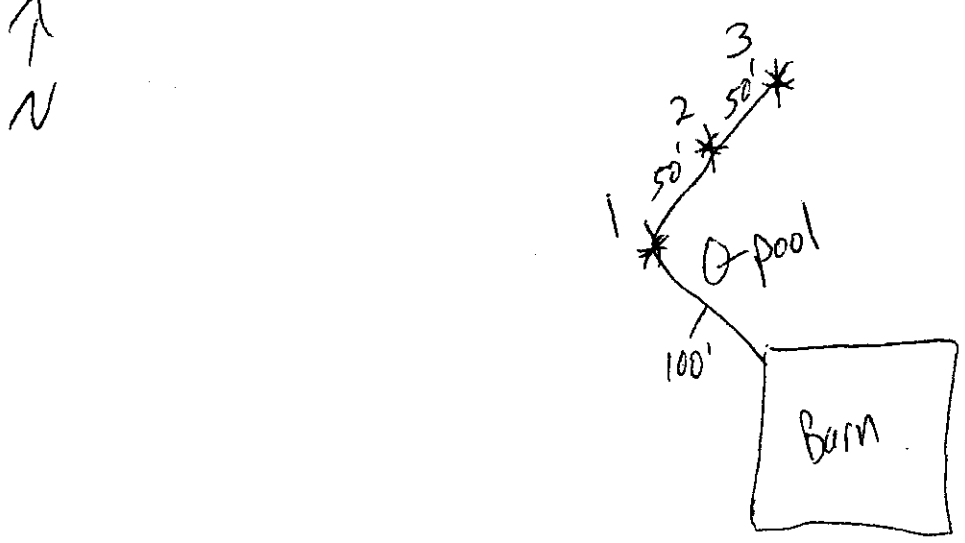
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	10/29	5:00pm	10/29	9:00pm	10/30	12:30pm	6	1:00pm	5¼	30	¾
2	36	10/29	5:00pm	10/29	9:00pm	10/30	12:30pm	6	1:00pm	5¼	30	¾
3	36	10/29	5:00pm	10/29	9:00pm	10/30	12:30pm	6	1:00pm	5½	30	½

Sum of Water Level Drops (in.) [Column m]: 2
Average of Water Level Drops (in.) [Column m]: .67
~~inches per Minute:~~ _____
44.74 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322-238th Rd
Milford NE 68405
Phone: 402-641-6174
Signature: Justyn

Square Feet of Lateral per Bedroom: 330

SKETCH SHOWING HOLE LOCATION:



_____
Official's Signature

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. HS001460

System Type: Standard

Situs: 8820 HOLDREGE ST, RURAL, NE

Issued: 5/18/2017

Expires: 5/18/2018

Description: S14, T10, R7, 6th Principal Meridian, LOT 47 SW

Owner: MCAULIFFE, TERRENCE
3520 N 74 ST
LINCOLN, NE 68507

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

EARNESET WELL DRILLING INC
P BOX H
MILFORD, NE 68405