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

A

Permit Number HS001479

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 6350 S. 109th St.

Address* ~~10900 Effingham Rd~~ (no rural route) City Lincoln, NE Zip 68526

Legal Description Hidden Valley Acres 1st 4 1

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

PID 14-13-409-001-000 SB *Approx. Address (If to be determined)

B. Owner

Name Eric Linder Signature

Address 9560 Forest Glen Dr City/State/Zip Lincoln NE 68526

Home Phone 402-5280334 Work Phone N/A

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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 3

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 10-14-17 Amount Paid $395
Received By EB Cash/Check No. VISA

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

Form A Updated: 4/15

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. HS001479

System Type: Lagoon

Situs: 6350 S 109 ST, RURAL, NE

Issued: 6/19/2017

Expires: 6/19/2018

Description: HIDDEN VALLEY ACRES FIRST ADDITION, BLOCK 4, Lot 1

Owner: LINDER, ERIC D & SHANNON M
9560 FOREST GLEN DR
LINCOLN, NE 68526-9642

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

ERIC LINDER
9560 FORREST GLEN DR
LINCOLN, NE 68526

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

SCANNED

A

Permit Number
HS001479

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 6350 S. 109th St.

Address* 10900 Etheridge Rd (no rural route) City Lincoln SB, NE Zip 68526

Legal Description 13 9 7 Hidden Valley Acres 1st 4 1

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

PID 14-13-409-001-000 SB *Approx. Address (If to be determined)

B. Owner

Name Eric Linder Signature

Address 9560 Forest Glen Dr City/State/Zip Lincoln NE 68526

Home Phone 402-3280334 Work Phone N/A

C. Certified Installer

Name: Scott Mercer Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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 3.47

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 5/16/18 DS, Tank + parcel on interest
Comments
Date rec'd 6/19/17
Date frwd 6/19/17
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 6-16-17
Date frwd 6-16-17
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blaugh

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-14-17 Amount Paid $395
Received By SB Cash/Check No. VISA

Contractor on 5/1/18

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: HS001479

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/22/19

Legal Description Hidden Valley Acres Blk 4 Lot 1
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6350 S 109th 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 1,396 Sq. Ft. Tank Size 2000 gals

Total length of laterals 285' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 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 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 5/16/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thiele

Date 5/22/19

Field Note Drawing (See Reverse Side):

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 Eric Linder Address _____

Date of Tests 3-18-18 to 3-19-18 Weather: Precipitation N/A Temperature 60's

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			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	36	3-18	13:00	3-19	14:00	3-19	14:00	6	3-19	14:30	30	5/8	48
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	5/8	48
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	5/8	48
4	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	95
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mueller
Phone: 402-430-2946
Address: Syracuse NE

Soil type (NRCS Maps/Other) 700 190th
Groundwater Depth 15

Sum of Percolation Rates: 198
Average of Rates: <19.5
Rate Used for Calculation: 40-50 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____