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

A

Permit Number
HS001487

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 3801 SW 112 (no rural route) City ~~Denton~~ Lincoln NE Zip 68339

Legal Description ____ 5 9 5 ____ 13

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

Geographical Location (if known): Lat/Long: 40 46 35 N 96 52 23 W PID 03-05-400-005-000 SE

B. Owner

Name Richard Carlson Signature ____

Address 3801 SW 112 City/State/Zip Denton NE

Home Phone 402 450 2787 Work Phone ____

C. Certified Installer

Name: Blaine Johnson Signature ____

Address 9533 E Stockham 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5±

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits ____
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 6-27-17 Amount Paid $395
Received By SB Cash/Check No VIS Discover

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

Form A Updated: 5/10

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

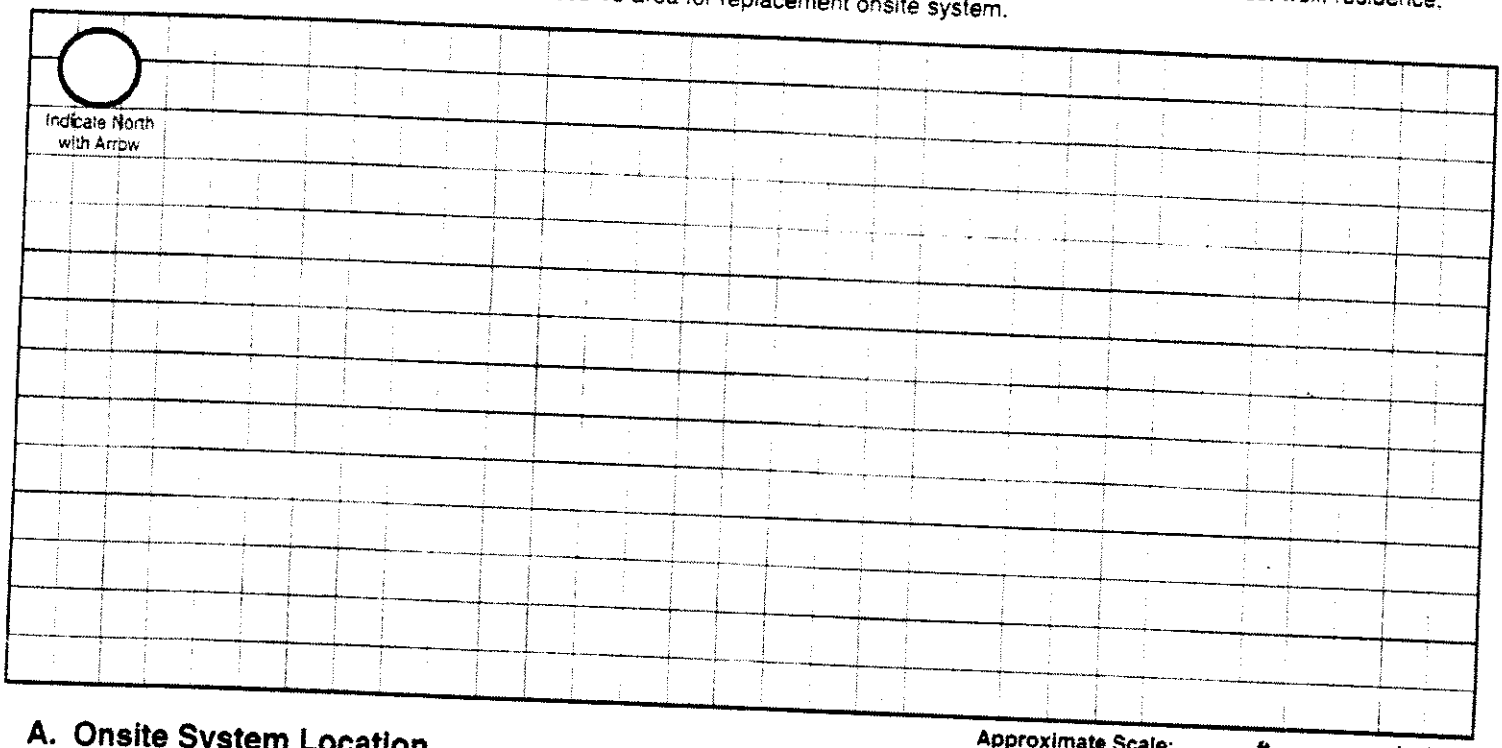
C

Permit Number: HS001487

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) 3801 SW 112 City Renton 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 (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 3 Soil Type _____ Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1400 1400 sq.ft.

Total length of laterals 390 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 36 No. of drop boxes 3 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 _____ Date 26 June 2017

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. HS001487

System Type: Standard

Situs: 3801 SW 112 ST, RURAL, NE

Issued: 7/7/2017

Expires: 7/7/2018

Description: S5, T9, R5, 6th Principal Meridian, LOT 13 SE

Owner: CARLSON, RICHARD L & CAROLYN A
3812 H ST
LINCOLN, NE 68510-1627

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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301

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

B

Permit Number: HS001487

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 3801 SW 112th (no rural route) City Denton NE, Zip 68329

Owner Richard Carlson Address

Date of Tests 11/15/16 to 11/16/16 Weather: Precipitation 0 Temperature 50

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	32	11/15	11:30	11/16	11:45	11/16	3:15	6	11/16	8:45	5 hr	5/8	48
2	32	11/15	11:30	11/16	11:45	11/16	3:15	6	11/16	3:45	30	1/2	60
3	32	11/15	11:30	11/16	11:45	11/16	3:15	6	11/16	3:45	30	5/8	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-415-2462
Address 105 Locust St
Wilman NE 68312
Soil type (NRCS Maps/Other) 7200 Arcsarben
Groundwater Depth +12

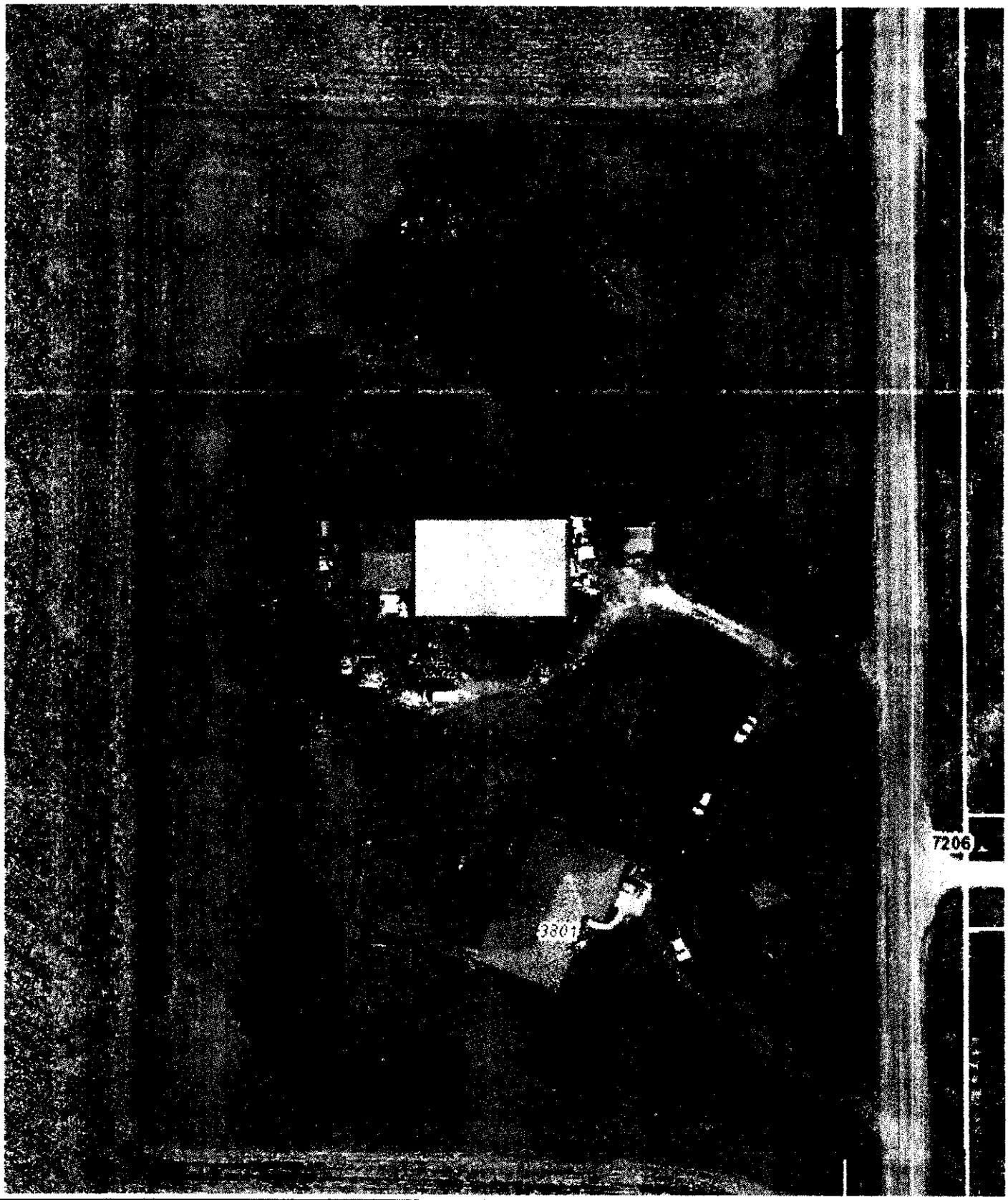
Sum of Percolation Rates: 156
Average of Rates: 52
Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date



Lancaster County/City of Lincoln GIS Map

3801 sw 112th st

N
W E
S

Printed: Nov 14, 2016

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

Onsite Wastewater Treatment System
As-Built Description and Drawing

ok gr 7/11/17

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) 3801 SW 112 Denton NE

Owner: Rich Carlson Address _____

A. Wastewater Piping

1. Material: _____ Diameter: _____ in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well ± 50 ft.
   Pressure line NA ft
   Property Line ± 50 ft.
   Foundation ± 200 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: NE ft. 42

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Plus
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 142 ft. 126 ft. 120 ft. _____
4. Drainfield size: 1400 sq. ft.
5. Distance to:
   Well ± 100 ft.
   Pressure line NA ft.
   Property line 15 ± ft.
   Depth of Groundwater 124

partial 3rd lateral 2/10 pH

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: 30 June 2017

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: HS001487

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/2/12 Legal Description S 9-5 Lot 13

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3801 SW 112th 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 Sq. Ft. Tank Size 1500 gals

Total length of laterals 388 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 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 [illegible] Date JH

Follow-Up _____ Date _____

Follow-Up _____ Date _____

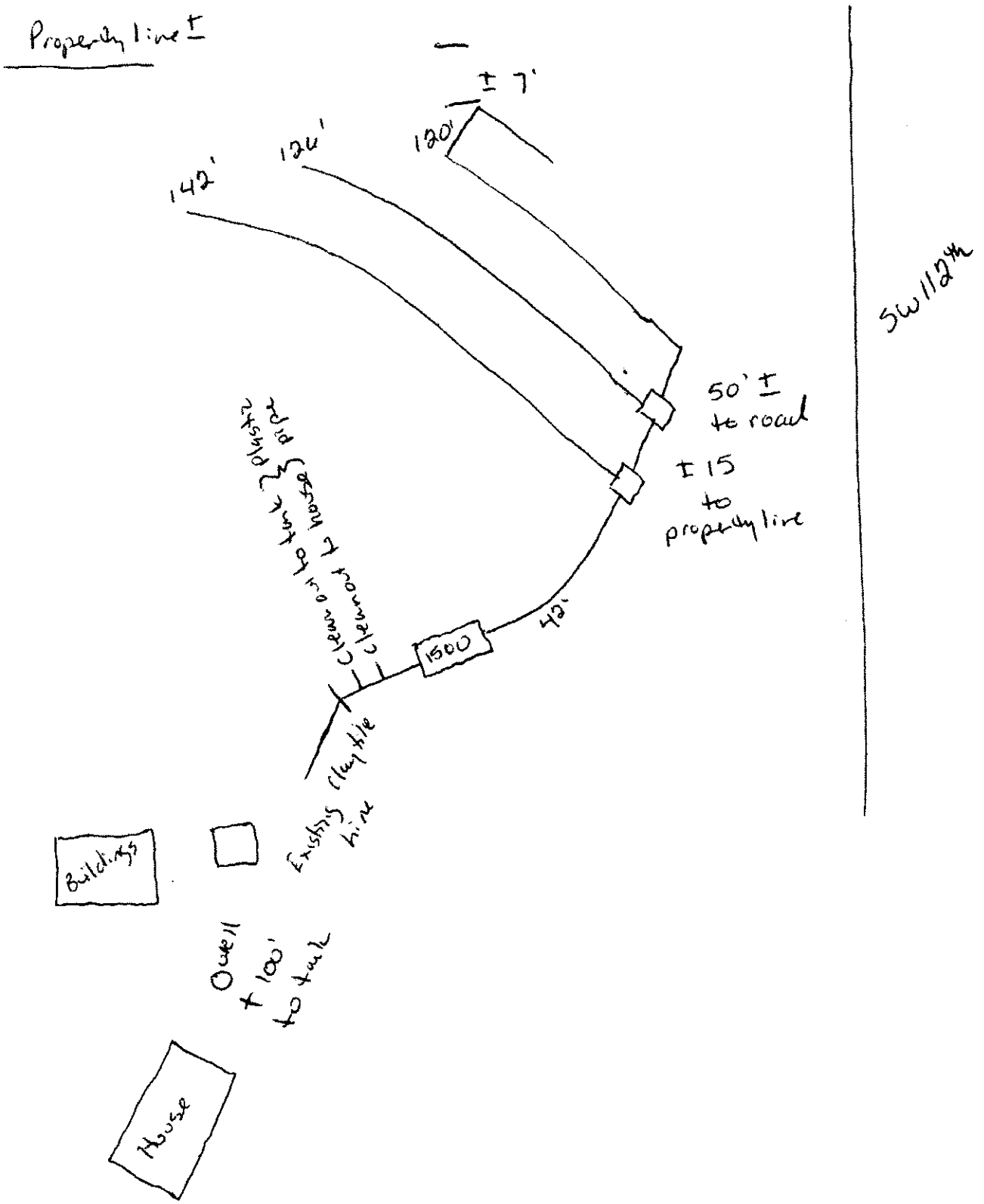
Installation Final Written Approval
By _____

Date 7/2/12

Field Note Drawing (See Reverse Side):

3801 SW 112th
Renton NE

N



SCANNED



Lancaster County/City of Lincoln GIS Map

3801 sw 112th st

N
W E
S

Printed: Nov 14, 2016

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

SCANNED

A

Permit Number
HS001487

Onsite Wastewater Treatment System
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Include Form B and C.
Submit correct fee
with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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PLEASE PRINT OR TYPE

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Address 3801 SW 112 (no rural route) City ~~Denton~~ Lincoln, NE Zip 68339

Legal Description ____ 5 (1/4) 9 (1/4) Section 5 Township Range Subdivison Addition 13 Block Lot

Geographical Location (if known): Lat/Long: 40 46 35 N 96 52 23 W PID 03-05-400-005-000

B. Owner

Name Richard Carlson Signature

Address 3801 SW 112 City/State/Zip Denton NE

Home Phone 402 450 2787 Work Phone

C. Certified Installer

Name: Blain Johnson Signature

Address 9533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5 I

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Date rec'd 7/7/17
Date frwd 7/7/17
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 7/7/17

Business Office Use Only
Date Received 6-27-17 Amount Paid $395
Received By SB Cash/Check No VIS DISCOVER

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

Form A Updated: 5/10