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

A

Permit Number
H3001508

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* 5085 W PANAMA RD (no rural route) City HALLAM, NE Zip 68368

Legal Description _____ 7 7 6

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

PID 07-07-200-001-000 *Approx. Address (If to be determined)_____

B. Owner

Name DAVID EGGERT Signature_____

Address 5087 W PANAMA RD City/State/Zip HALLAM, NE 68368

Home Phone_____ Work Phone 402-580-0127

C. Certified Installer

Name: JASON KUBIK Signature Jason Kubik

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 235.75

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 8-1-17 Amount Paid 395.00
Received By LC Cash/Check No. 2987

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

Form A Updated: 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5085 W PANAMA RD (no rural route) City HALLAM NE, Zip 68368

Owner DAVID EGGERT Address 5087 W PANAMA RD

Date of Tests 6/2314/17 to 6/24/17 Weather: Precipitation 0 Temperature 80

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	30	6/23/17	4:00	6/24/17	12:00	6/24/17	12:50	6	6/24/17	1:00	10	0.875	11.43
2	30	6/23/17	4:00	6/24/17	12:00	6/24/17	12:50	6	6/24/17	1:00	10	1	10
3	30	6/23/17	4:00	6/24/17	12:00	6/24/17	12:50	6	6/24/17	1:00	10	0.75	13.33
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN, NE 68372

Sum of Percolation Rates: 34.76
Average of Rates: 11.59
Rate Used for Calculation: 12

Soil type (NRCS Maps/Other) 7422 MORRILL CLAY LOAM - SOIL BORINGS NOT INDICATIVE, CONTAINED RED SAND

Groundwater Depth +12'

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. HS001508

System Type: Standard

Situs: 5087 W PANAMA RD, RURAL, NE

Issued: 8/1/2017

Expires: 8/1/2018

Description: S7, T7, R6, 6th Principal Meridian, LOT 5 NW & NE1/4

Owner: EGGERT, DAVID
5085 W PANAMA RD
HALLAM, NE 68368

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

EGGERT, DAVID
5085 W PANAMA RD
HALLAM, NE 68368