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

A

Permit Number
HSDD1522

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* 3825 Mill Rd (no rural route) City Davey, NE Zip 68336

Legal Description 7 11N 7E North Bluff 12

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

PID 18-07-200-010-0001C *Approx. Address (If to be determined)

B. Owner

Name Michael Woeppel Signature Michael M. Woeppel

Address 3427 R St City/State/Zip Lincoln, NE 68503

Home Phone (402) 525-7922 Work Phone

C. Certified Installer

Name: Hub Muhlbach Constr Signature Nancy T. Muhlbach

Address 5701 Vine St City/State/Zip Lincoln Ne 68505

Work Phone 402-430-1304

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 5

Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

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 8-22-17 Amount Paid 395.00
Received By LC Cash/Check No. 3426

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

SOIL ABSORPTION TEST DATA REPORT 525-7422 cell

Location: Precinct _____ Section _____ Owner: Michael Woeppel

Township _____ Range _____ Address: next door to

1/4 Section _____ 3421 Mill Rd

Property Dimensions: _____ acres. ¼ mile west of N. 40th & Waverly Rd

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

Dates of Tests: 4-7-12 to 4-8-12 Weather, Precip. 0 Temp. 60's

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	Hole Depth	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Level Drop (in.)
1	36	4-7	3:30pm	4-7	7:30pm	4-8	10:45am	6	11:15am	5½	30	½
2	36	4-7	3:30pm	4-7	7:30pm	4-8	10:45am	6	11:15am	5½	30	½
3	36	4-7	3:30pm	4-7	7:30pm	4-8	10:45am	6	11:15am	5¼	30	¾
4	36	4-7	3:30pm	4-7	7:30pm	4-8	10:50am	6	11:20am	5¼	30	¾
5	36	4-7	3:30pm	4-7	7:30pm	4-8	10:50am	6	11:20am	5¼	30	¾
6	36	4-7	3:30pm	4-7	7:30pm	4-8	10:50am	6	11:20am	5¼	30	¾

Sum of Water Level Drops (in.) [Column m]: 4½

Average of Water Level Drops (in.) [Column m]: .67

Inches per Minute: .02

44.78 MPI

PERSON CONDUCTING TEST:

Name: Justin Peterson

Address: 525 238th Rd

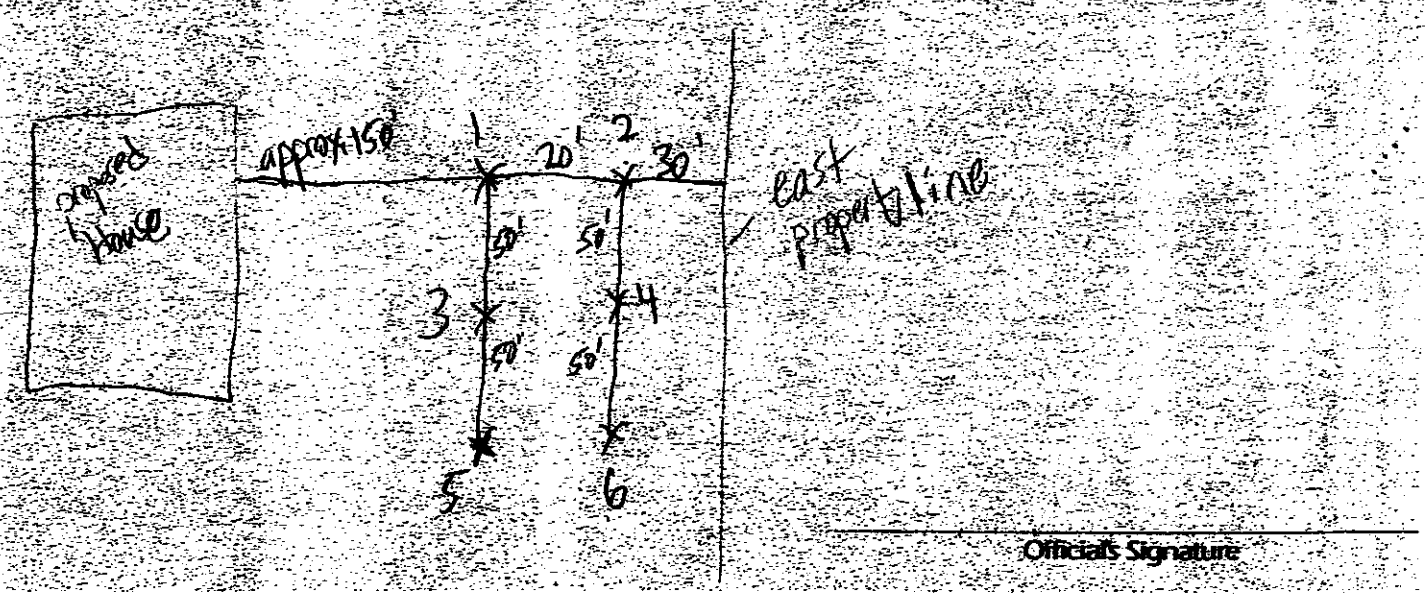
Milford NE 68405

Phone: 402-641-6174

Signature: [signature]

Square Feet of Lateral per Bedroom: 330

SKETCH SHOWING HOLE LOCATION:



Official's Signature

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

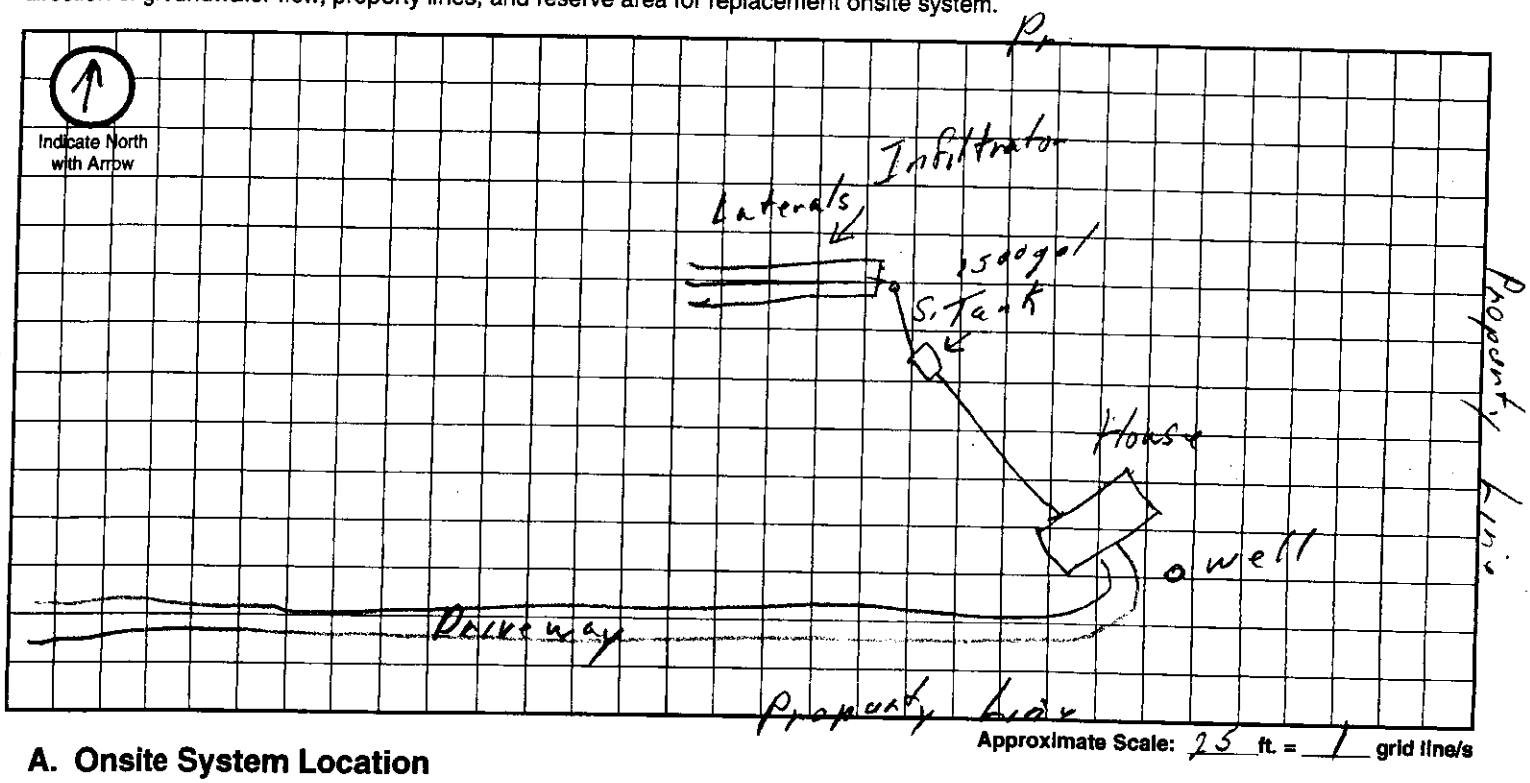
C

Permit Number:

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: 25 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) _____ City _____ 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 (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 45 (min/inch = mpi) No. of Bedrooms 4 Soil Type Sharpsburg silty Clay loam Land Slope 3 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1320 sq.ft.

Total length of laterals 330 Type of distribution: ☐ Perforated pipe ☒ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 3 Width 48" No. of drop boxes 2 Distrubtion Box 1

No. of absorption beds _____ Width _____ No of Distribution lines per bed 3

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 8-20-17

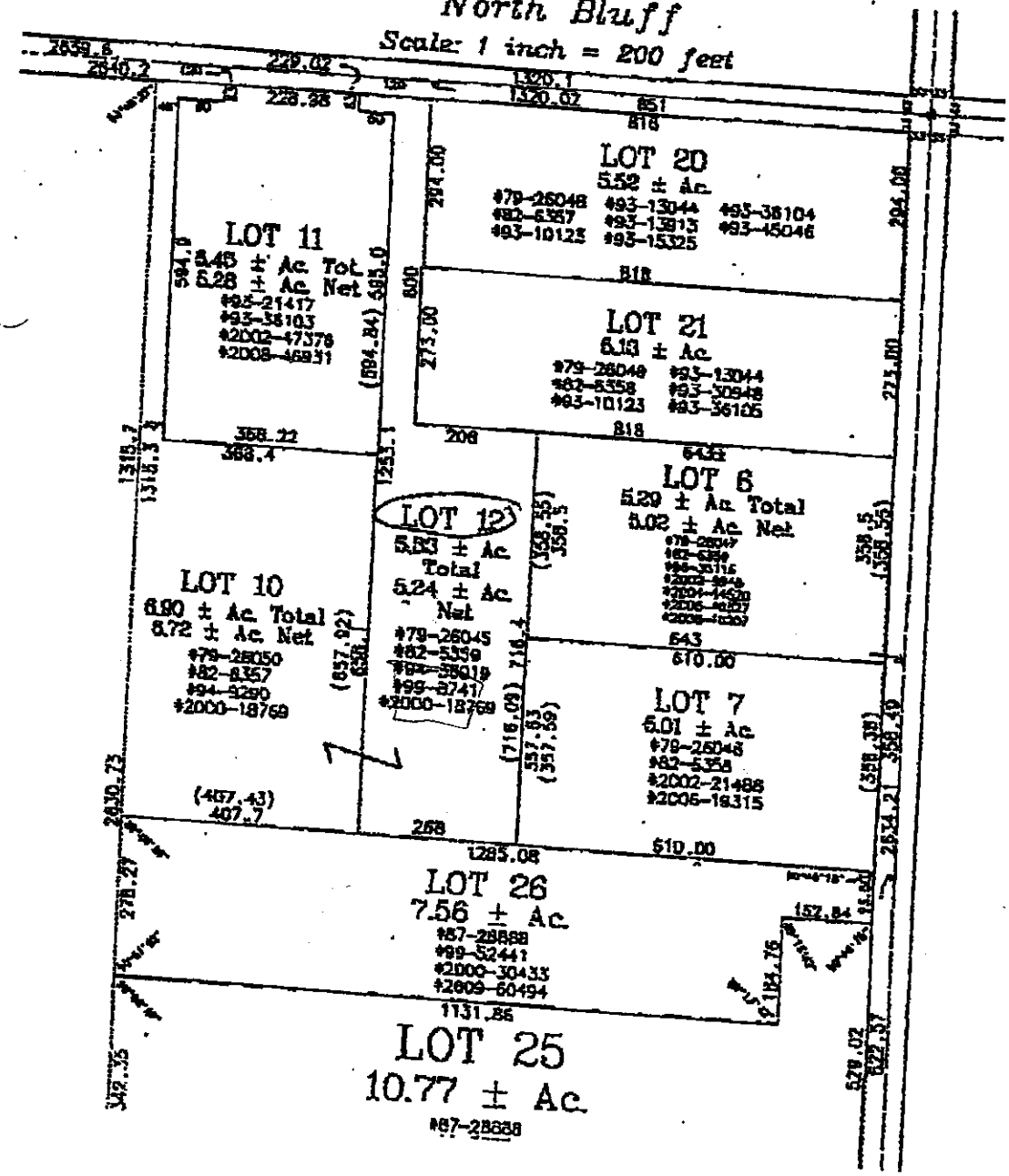
Installer Harry L. Milburn Date 8-20-17

38th Mill Rd
Lot 12
Vacant lot
5.24 acres

SEC.7–T11N–R7E

North Bluff

Scale: 1 inch = 200 feet



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. HS001522

System Type: Standard

Situs: No Site Address Specified

Issued: 8/25/2017

Expires: 8/25/2018

Description: S7, T11, R7, 6th Principal Meridian, LOT 12 NE

Owner: WOEPPEL, MICHAEL N & CHRISTY M
3427 R ST
LINCOLN, NE 68503

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

CREATIVE BUILDERS
7940 S 16 ST
LINCOLN, NE 68512

SCANNED

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

A

Permit Number
HSD01522

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

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Legal Description 7 11N 7E North Bluff 12
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 18-07-200-010-0001C *Approx. Address (If to be determined)

B. Owner

Name Michael Woeppel Signature Michael M. Woeppel

Address 3427 R St City/State/Zip Lincoln, NE 68503

Home Phone (402) 525-7922 Work Phone

C. Certified Installer

Name: Hub Muhlbach Constr Signature Harry T Mellad

Address 5701 Vine St City/State/Zip Lincoln, Ne 68505

Work Phone 402-430-7304

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 5
Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 8/23/17
Date frwd 8/25/17
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature see attached

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 4/25/18

Business Office Use Only
Date Received 8-22-17 Amount Paid 395.00
Received By LC Cash/Check No. 3422

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

Form A Updated: 4/15

SCANNED

SOIL ABSORPTION TEST DATA REPORT 525-7922 cell

Location: Precinct _____ Section _____ **Owner:** Michael Woeppel

Township _____ Range _____ **Address:** Next door to 3421 Mill Rd

1/4 Section _____ ½ mile west of N. 40th & Wavcity Rd South side

Property Dimensions: _____ acres

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

Dates of Tests: 4-7-12 to 4-8-12 **Weather:** Precip. 0 Temp. 60's

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	4-7	3:30pm	4-7	7:30pm	4-8	10:45am	6	11:15am	5½	30	½
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Average of Water Level Drops (in.) [Column m]: .67

Inches per Minute: _____

44.78 MPI

PERSON CONDUCTING TEST:

Name: Justyn Peterson

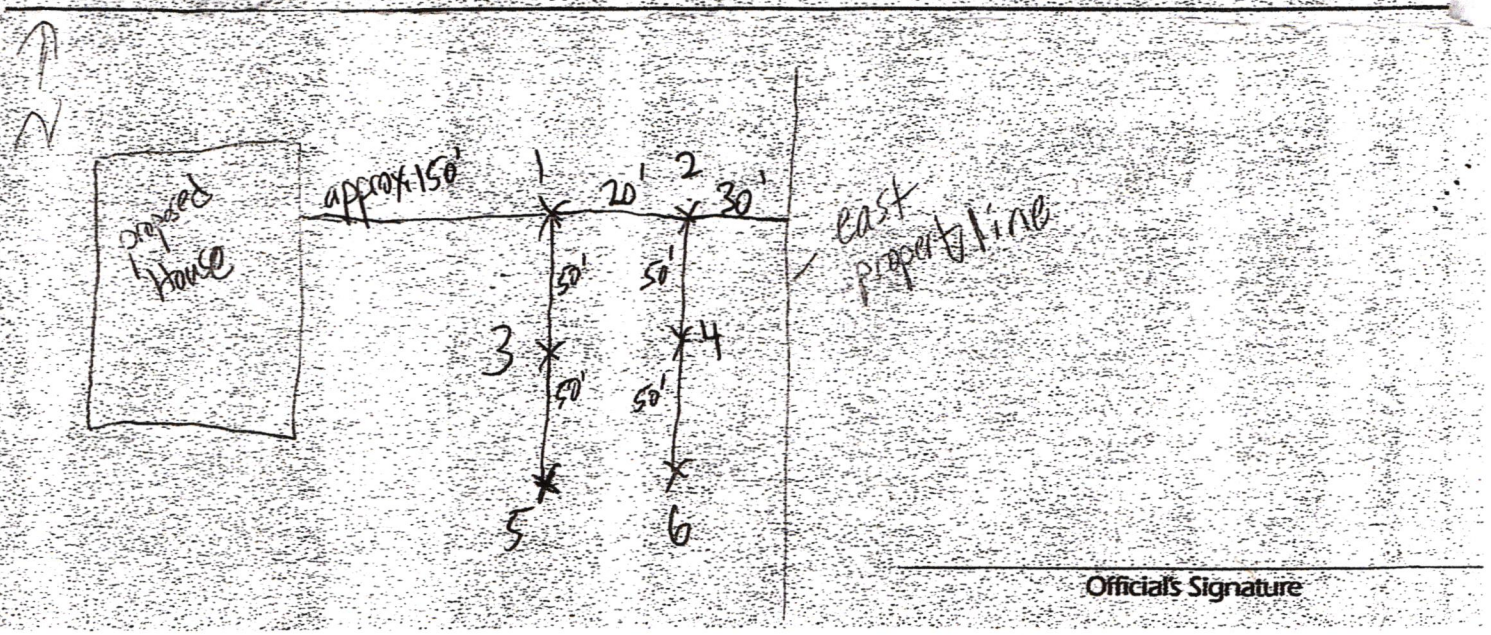
Address: 525 238th Rd Milford NE 68405

Phone: 402-641-6174

Signature: _____

Square Feet of Lateral per Bedroom: 330

SKETCH SHOWING HOLE LOCATION:



Official's Signature

SCANNED

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

C

Permit Number:

Onsite Wastewater Treatment System

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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.



A. Onsite System Location

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. seepage 1/8" per day)

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D. Drainfield Absorption System

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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 8-20-17

Installer Harry L. Millbas Date 8-20-17

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Top 65'59

4br-Lagoon

Date 4-1-18 Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 3825 Mill Rd City Davey NE, Zip 68336

Owner Michael Woeppel Address Same

A. Sewer Pipe

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

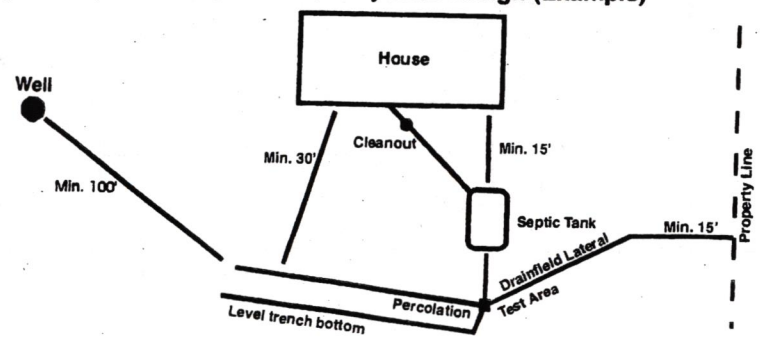
D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe _ ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☑ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

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

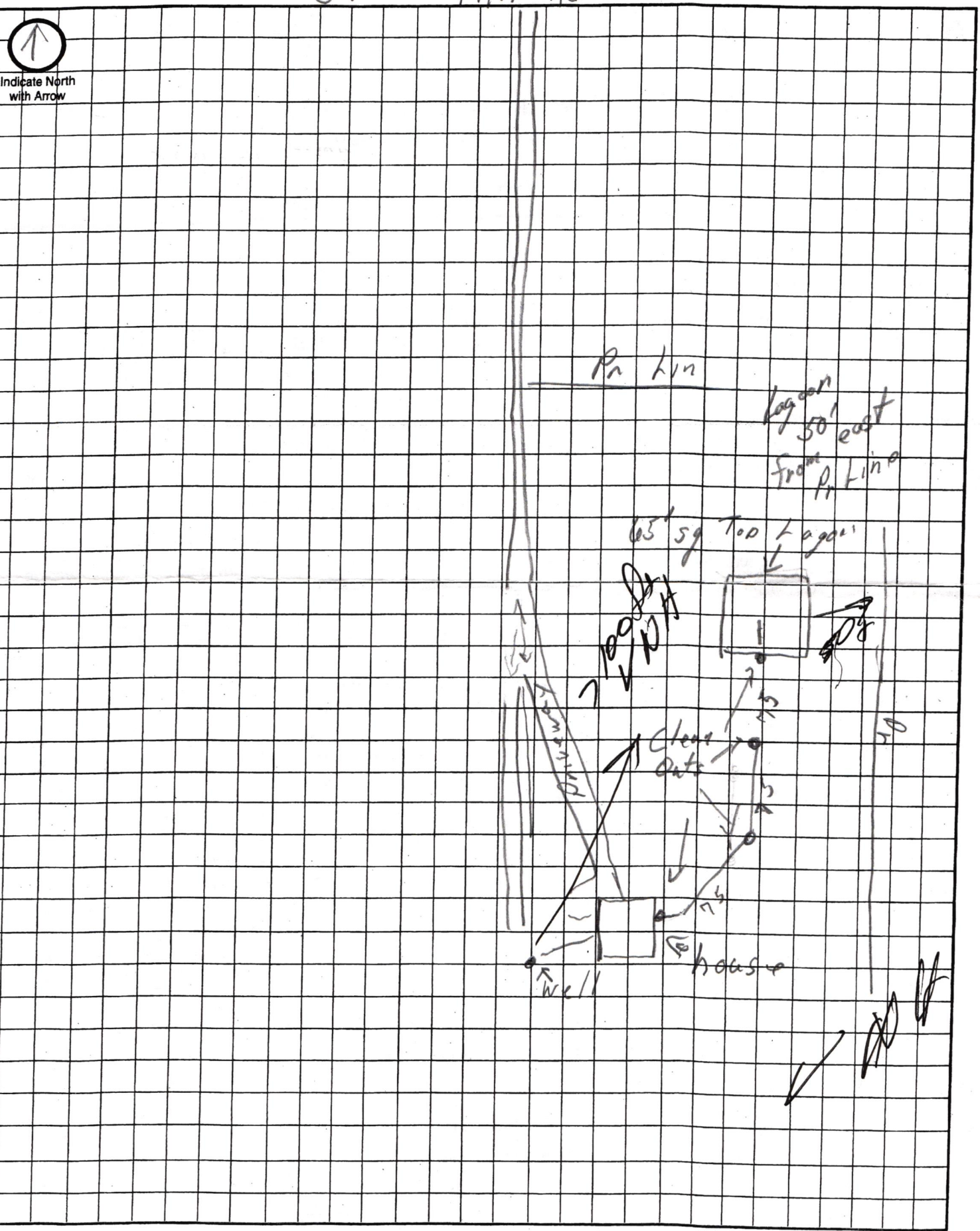
Onsite Wastewater System Design (Example)



dicate North with Arrow

As Built Drawing

3825 - Mill Rd



Approximate Scale: 1 ft. = 25' grid line/s

SCANNED

38+5 Mill Rd

Lot 12

Vacant lot

5.24 acres

SEC.7–T11N–R7E

North Bluff

Scale: 1 inch = 200 feet

