SEP 15 2017

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

A

Permit Number
HSD01536

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 1855 N. 173 (no rural route) City Lincoln, NE Zip 685

Legal Description Sagebrook Estates 4th Lot 4, B. 1

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

PID 23-14-401-004-000

B. Owner

Name James Bopp Signature by Rick Builder

Address 2141 Larchdale City/State/Zip Lincoln NE 68506

Home Phone Work Phone

C. Certified Installer

Name: Bob Beres Signature

Address 1640 Normandy Ct. City/State/Zip Lincoln, NE 68512

Work Phone 402-423-6811

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 3.1

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

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 9-19-17 Amount Paid $395.00
Received By LC Cash/Check No. 23131
9-19-17 CC102431 0.00

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

1855
System Location (Indicate correct number and street)

Address [redacted] N 173 (no rural route) City Lincoln NE, Zip

Owner Bopp Address

Soil Type (SCS): Percolation Rate: min./inch

Date of Tests 8-15 to 8-16 Weather: Precipitation Hot Temperature 80

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/In)
1	36	8-15	2pm	8-16	2:00	8-16	1:59	22"	8-16	2:29	30	1 9/16	19
2	36						2:03	28		:33		1 1/2	20
3	36						2:05	23		:35		1 7/16	21
4	36						2:07	24		:37		1 5/8	18
5	36						2:10	27		:40		1 1/2	20
6	36						2:12	26		:42		1 7/16	21

Person Conducting Percolation Tests

Name: Bob Beran
Phone: 402-416-9660
Address: 1633 Normandy Ct.
Lincoln, NE 68512

Sum of Percolation Rates: 119
Average of Rates: 19.8
Rate Used for Calculation: 20

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-93

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

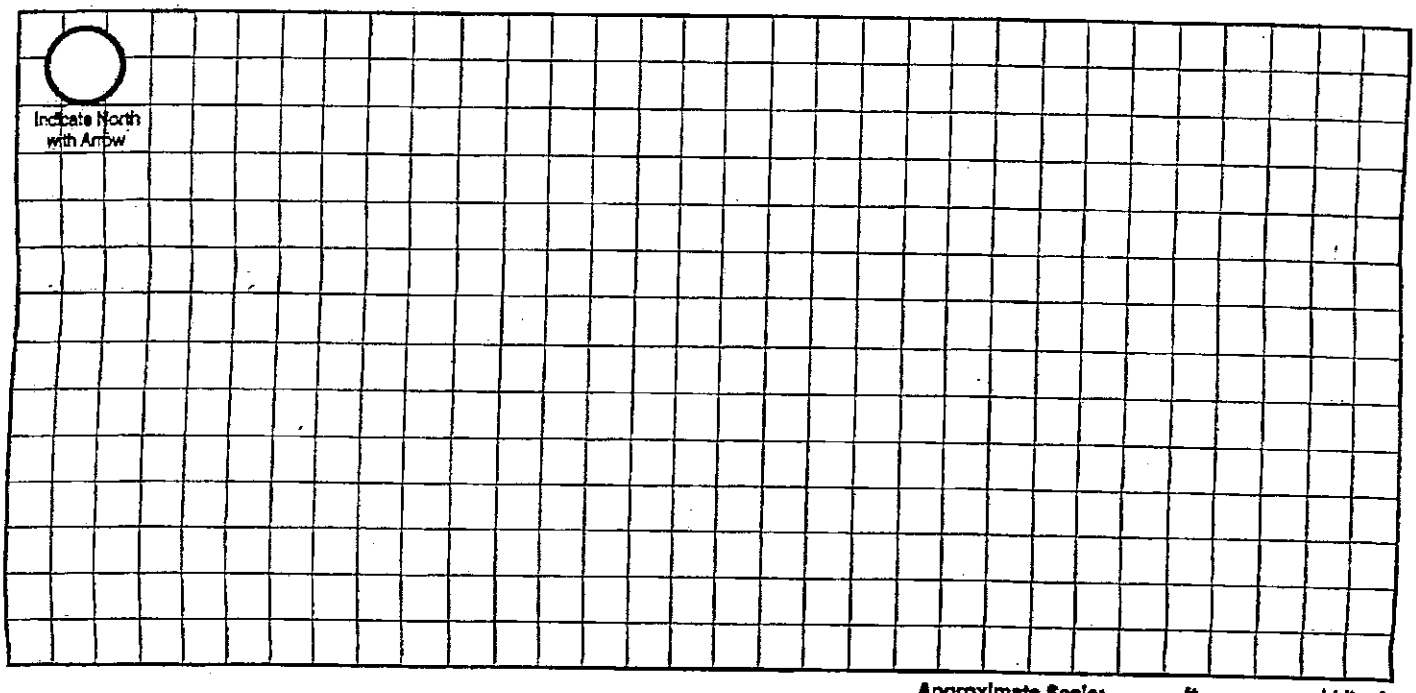
C

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: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 1855 N. 173 City Lincoln NE, Zip 685

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 20 (min/inch = mpi) No. of Bedrooms 4 Soil Type_____ Land Slope 1-2 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 840 sq.ft.

Total length of laterals 232 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 2 Width 4' No. of drop boxes 0 Distrubtion Box 1

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 9-6-17

Installer_____ Date 9-6-17

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. HS001536

System Type: Standard

Situs: 1855 N 173 ST, RURAL, NE

Issued: 9/20/2017

Expires: 9/20/2018

Description: SAGEBROOK ESTATES, BLOCK 1, Lot 4

Owner: BOPP, JAMES A & RHONDA S
2141 LARCHDALE DR
LINCOLN, NE 68506

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

ASPEN BUILDERS
1640 NORMANDY CT SUITE B
LINCOLN, NE 68512

DEC 28 2017

Exhibit 4

D HS001536

Lincoln-Lancaster County Health Department
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Phone: 402-441-8643

Permit Number: BC 170122

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): 23-14-401-004-000

Owner: BoPP Address: 1855 N 173

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 140 ft.

B. Septic Tank

1. Material: PVC/FG
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to
   Well 200 ft.
   Pressure line 10 ft.
   Property Line 100 ft.
   Foundation 140 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 10 ft. S

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 120 ft. 120 ft. 120 ft. ____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well 135 ft.
   Pressure line 140 ft.
   Property line 75 ft.
   Depth of Groundwater 38'

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

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

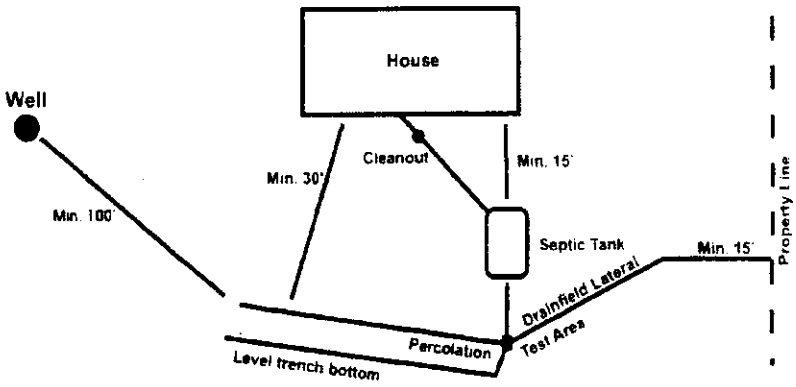
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

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

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions

1855 N 173rd

