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

A

Permit Number
HS 001609

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 6285 W. Sprague Rd (no rural route) City Crete, NE Zip 68368

Legal Description _____

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

PID 02-36-200-004-000

B. Owner

Name Matthew Anderson Signature _____

Address 632 N. 68th St City/State/Zip _____

Home Phone 402-202-8130 Work Phone _____

C. Certified Installer

Name: Nathan Peterson / Infinity Eng Signature _____

Address 770 Cornhusker Hwy Suite 5 City/State/Zip Lincoln NE 68507

Work Phone 402-202-8130

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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 19.05
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 **ACTION** ☐ Approved ☐ Disapproved

Site visits _____ Date rec'd _____ Signature _____

Date frwd _____

Comments _____

2. Supt. Bldg. Insp. or Village Clerk **ACTION** ☐ Approved ☐ Disapproved

Comments _____ Date rec'd _____ Signature _____

Date frwd _____

3. City or County Engineer **ACTION** ☐ Approved ☐ Disapproved

Comments _____ Date rec'd _____ Signature _____

Date frwd _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Received 3-08-16 Amount Paid $405.00
Received By SAO Cash/Check No. 6152

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

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 6285 W. Spaghetti Rd (no rural route) City Crete NE, Zip 68368

Owner Matt Anderson Address 632 S N 68th

Date of Tests 1-30-18 to 1-31-18 Weather: Precipitation 0 Temperature 32°

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		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	1-30	1:00	1-30	2:00	1-31	1:00	6	1-31	5:00	30	3/4	40
2	36	"	1:00	"	2:00	"	1:00	6	"	5:00	30	3/4	40
3	36	"	1:00	"	2:00	"	1:00	6	"	5:00	30	5/8	48
4	36	"	1:00	"	2:00	"	1:00	6	"	5:00	30	5/8	48
5	36	"	1:00	"	2:00	"	1:00	6	"	5:00	30	3/4	40
6	36	"	1:00	"	2:00	"	1:00	6	"	5:00	30	3/4	40
								6					
								6					

Person Conducting Percolation Test

Name: Matt Peterson

Phone: 402 202-8130

Address 7701 Cornhusker Hwy

Sum of Percolation Rates: 256

Average of Rates: 43

Rate Used for Calculation: 43

Soil type (NRCS Maps/Other) Wymore

Groundwater Depth +20

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

SCANNED

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

A

Permit Number
#S001609

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 6285 W. Sprague Rd (no rural route) City Crete, NE Zip 68368

Legal Description 36 8 5 9

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

PID 02-36-200-004-000

B. Owner

Name Matthew Anderson Signature

Address 632 N. 68th St City/State/Zip

Home Phone 402-202-8130 Work Phone

C. Certified Installer

Name: Nathan Peterson / Infinity Eng Signature

Address 7701 Cornhusker Hwy Suite 5 City/State/Zip Lincoln NE 68507

Work Phone 402-202-8130

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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 19.05

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 9/6/18
Comments
Date rec'd 3/5/18
Date frwd 3/8/18
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments Not in F.P.
Date rec'd 3-8-18
Date frwd 3-8-18
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 3-8-2018
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature Ronald D. Schinstock

Installation Final Written Approval
By Doug Ahrens
Date 9/7/18

Business Office Use Only
Date Received 3-08-18 Amount Paid $405.00
Received By SAD Cash/Check No. 6152

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

Form A Updated: 1/13

Exhibit 5

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

Permit Number: H5001609

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/7/18

Legal Description ___ ¼ ___ ¼ 36 / 8 / 5 Lot 8
Section/Township/Range

Onsite System Location

Address (no rural route) 6285 W Sprague Rd. 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 1,667 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 460' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ___

No. of Absorption Laterals 4 Width 3.625 feet 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 9/6/18

Follow-Up ___ Date ___

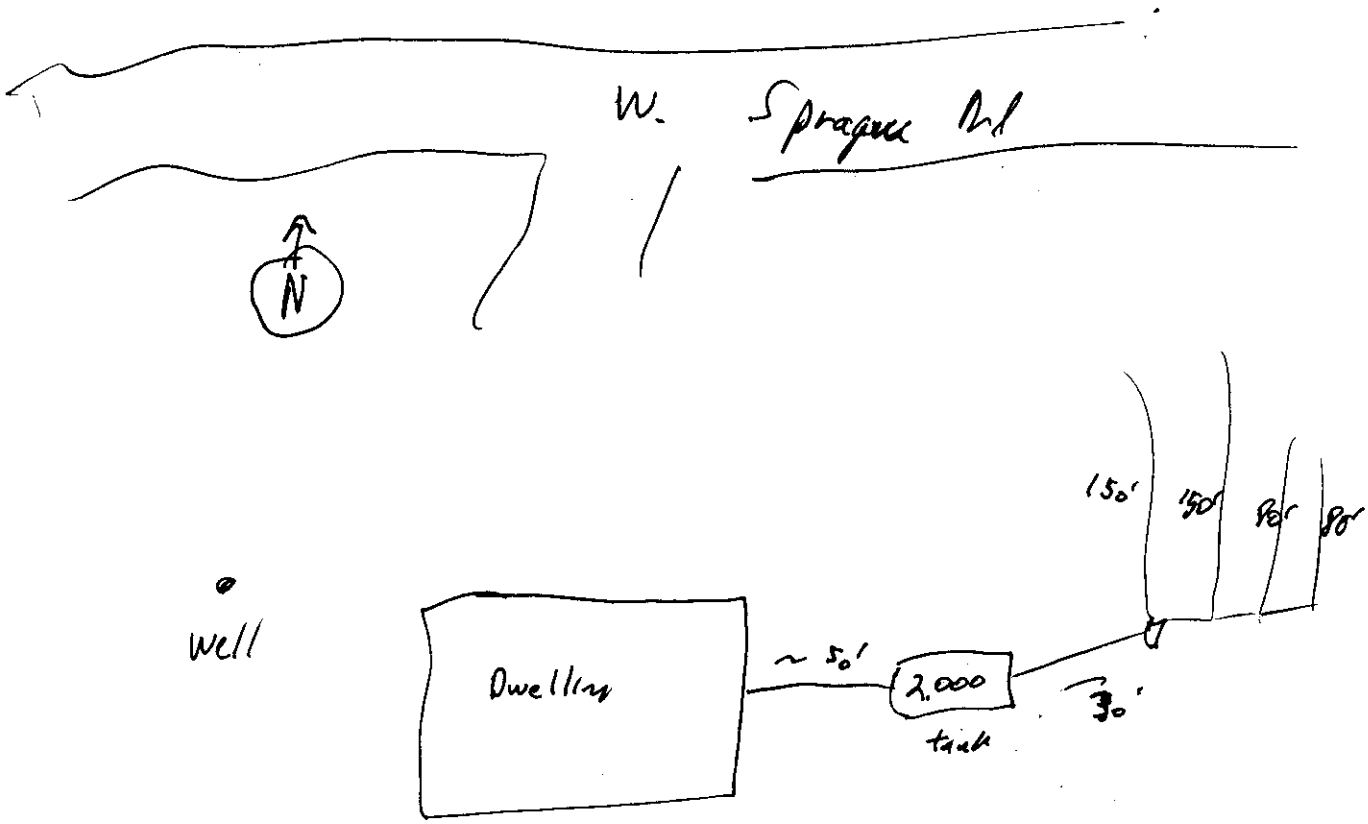
Follow-Up ___ Date ___

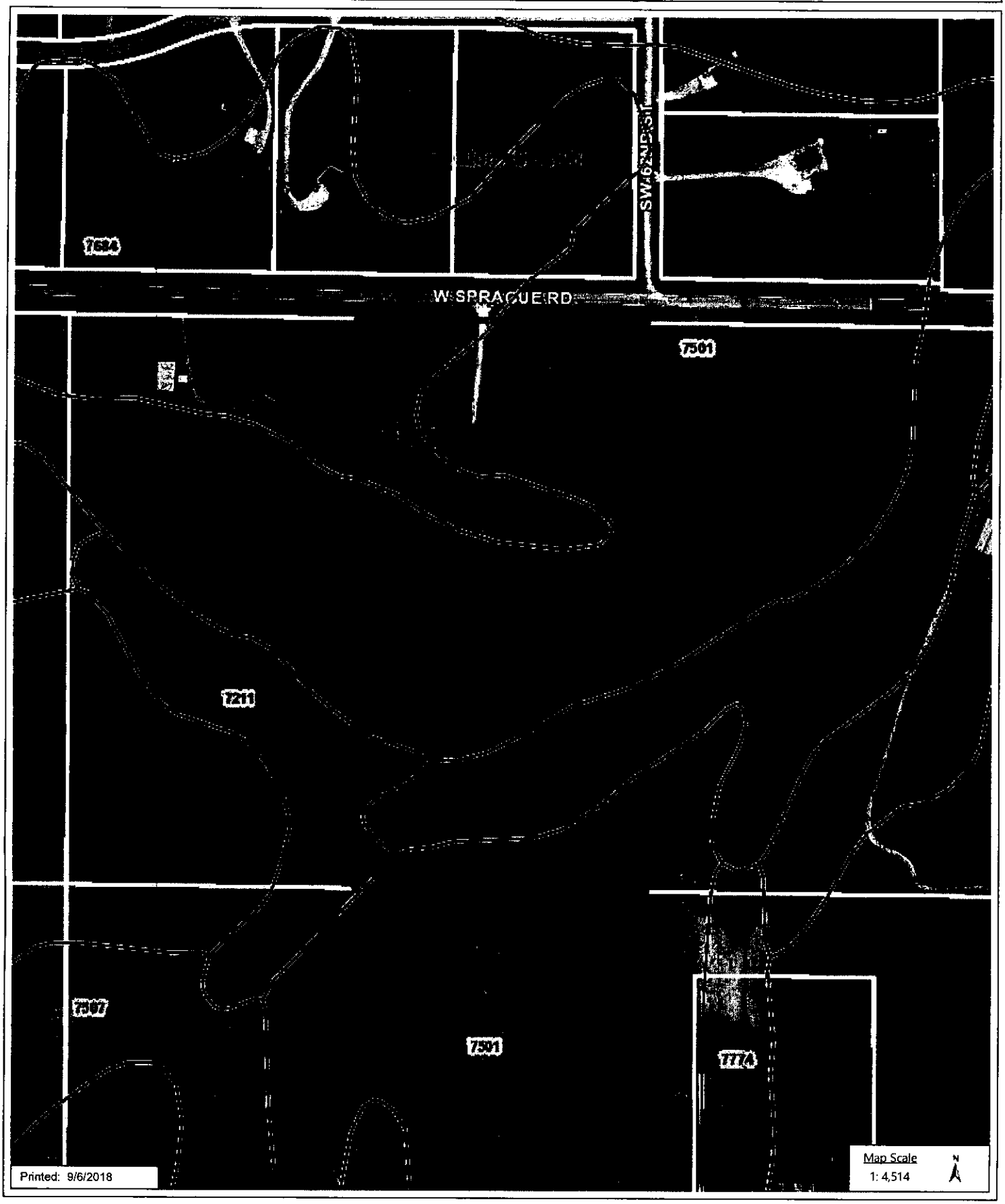
Installation Final Written Approval
By Doug Nauss

Date 9/7/18

Field Note Drawing (See Reverse Side):

Updated 4/15


W. Sprague Rd
N
Well
Dwelling
~ 50'
2,000
tank
30'
150'
150'
Bdr
Bdr



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 assessor@lancaster.ne.gov and you will be directed to the appropriate department.