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

A

Permit Number
HS001630

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* 10221 A ST. (no rural route) City LINCOLN, NE Zip 68520

Legal Description LOT 44 IT 36 10N 7E

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

PID 17-36-100-016-000 *Approx. Address (If to be determined)

B. Owner

Name BRIAN & HEATHER VANIS Signature

Address 21641 CLYDESDALE DR. City/State/Zip EAGLE, NE 68347

Home Phone 402-781-1123 Work Phone 402-202-5790 (CELL)

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

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 5.48

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
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 3-23-18 Amount Paid 405.00
Received By LC Cash/Check No. CC
#2677

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

Form A Updated: 4/15

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

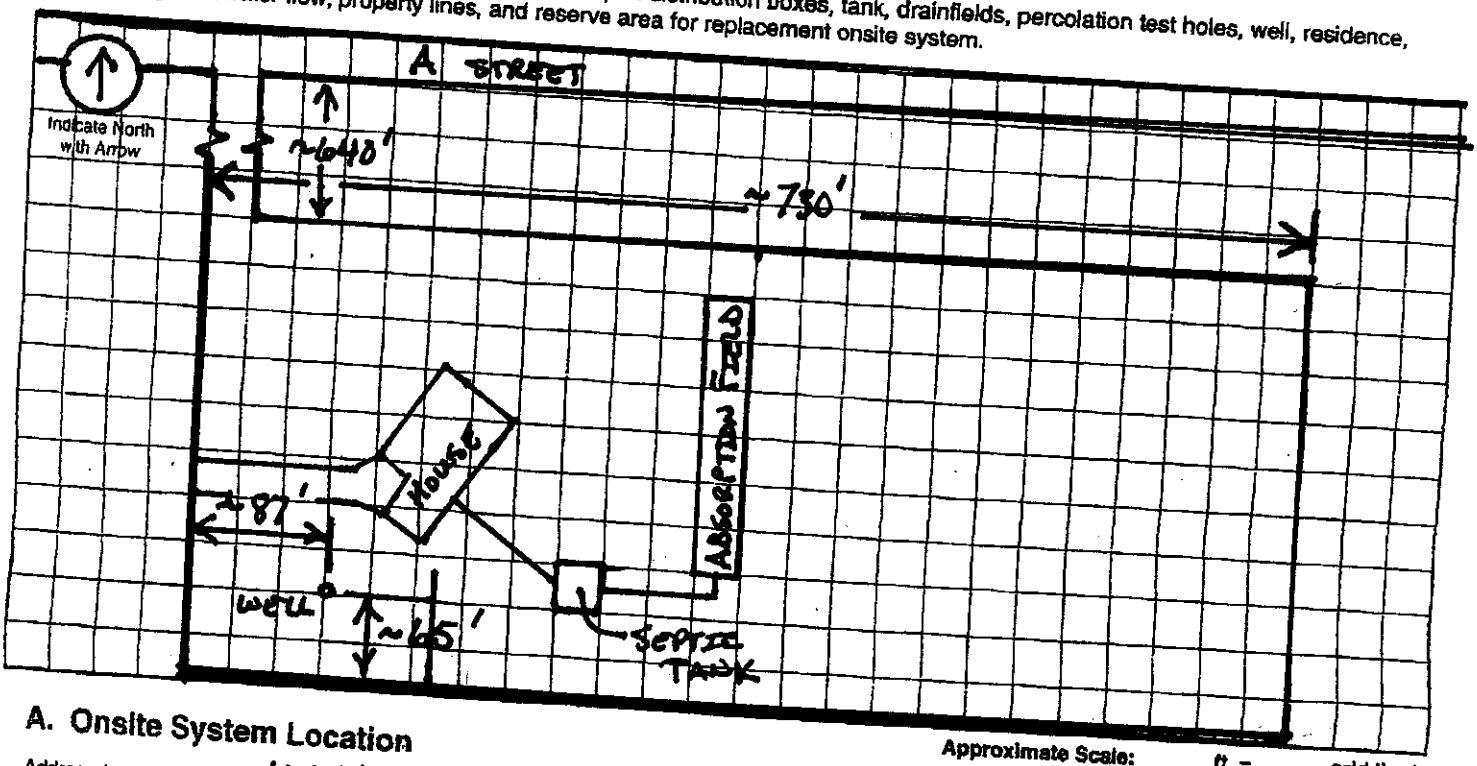
C

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) 10221 A ST. City LINCOLN NE, Zip 68520

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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)

D. Drainfield Absorption System

☐ Lagoon

Percolation Rate 60 (min/inch = mpi) Pending New Perk Test No. of Bedrooms 5 Soil Type Clay Loam Land Slope Pending %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved) Total Square feet of drainfield 1750 sq.ft.

Total length of laterals 484' pending Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches _____ Width _____ No. of drop boxes _____ Distrubtion Box High Capacity

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

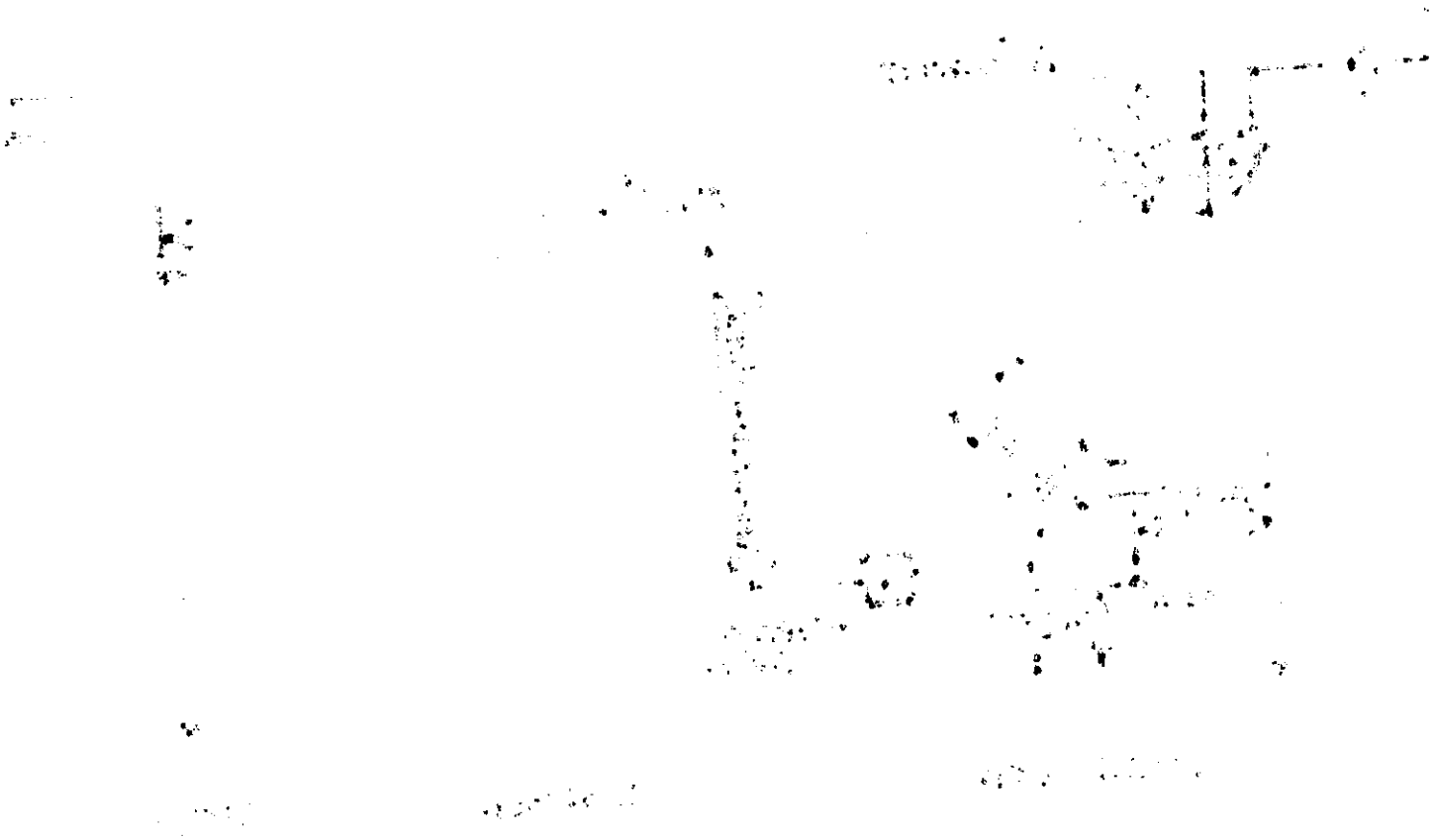
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 3/23/18



Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001630

System Type: Lagoon

Situs: 10221 A ST, LINCOLN, NE 68520

Issued: 4/2/2018

Expires: 4/2/2019

Description: S36, T10, R7, 6th Principal Meridian, LOT 44 NW

Owner: VANIS, BRIAN G & BARTLETT VANIS, HEATHER M
21641 CLYDESDALE DR
EAGLE, NE 68347

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

BRIAN VANIS
21641 CLYDESDALE DR
EAGLE, NE 68347

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

Exhibit 5

Permit Number: H5001630

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/17/18

Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10221 A St. 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 1258 Sq. Ft. Tank Size 2000 gals

Total length of laterals 485 1750 Reg'd. Type of Distribution ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3' No. of Drop Boxes 2 Distribution Box 0 (0 slope)

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: See contractor provided P sheet

Inspections prior to Final Approval
Initial DH Date 5/16/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 5/16/18

Field Note Drawing (See Reverse Side):

Nate C. Hartman

From: Justyn Peterson <justyn@earnestwell.com>
Sent: Thursday, May 17, 2018 8:20 AM
To: Nate C. Hartman
Subject: 10221 A Street
Attachments: brian vanis.pdf

thanks

Lincoln-Lancaster County Health Department
Environmental Public Health Division
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Phone: 402-441-8643

D Exhibit 4

Permit Number:

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) _____

Owner: Brian Vanis Address 10221 A Street

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 225 ft.

B. Septic Tank

1. Material Accurite Precast Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 300+ ft.
   Pressure line 300+ ft
   Property Line 30+ ft.
   Foundation 200+ ft.

C Distribution Box or Drop Box NA

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ARC 36 Standard 29"
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 125 ft. 120 ft. 120 ft. 120
4. Drainfield size: 1758.13 sq. ft.
5. Distance to:
   Well 200+ ft.
   Pressure line 200+ ft.
   Property line 30+ ft.
   Depth of Groundwater 60

Partial Tank & 2 laterals & 1 absorbed

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

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

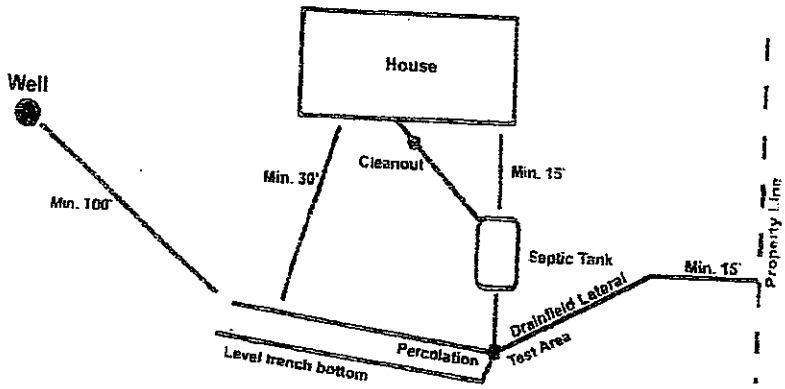
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 5/17/18

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

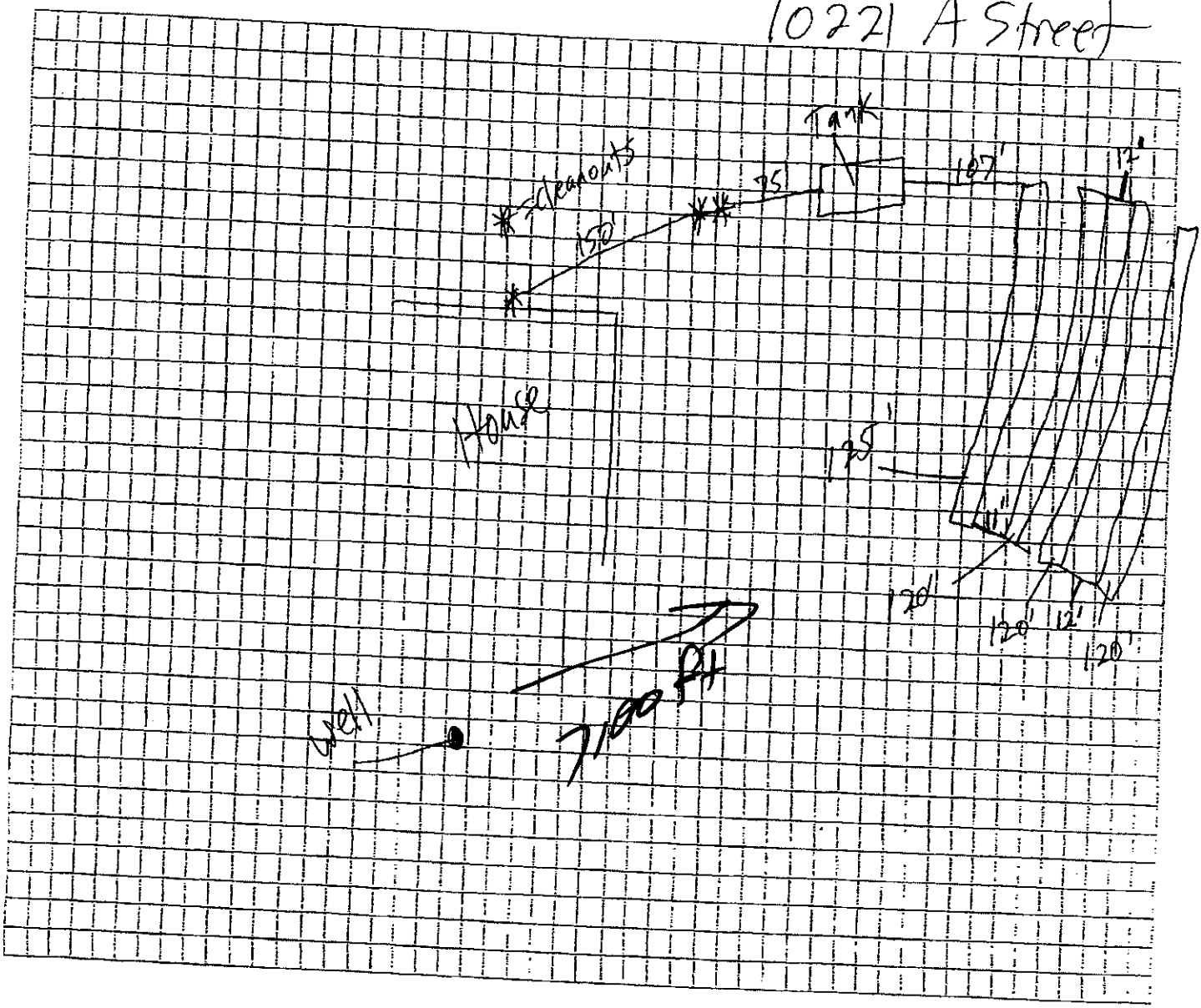
Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

10221 A Street



Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address PID 17-36-100-016-00 (no rural route) City _____ NE, Zip _____

Owner Peter Dionisopoulos Address _____

Date of Tests 10/25/17 to 10/26/17 Weather: Precipitation none Temperature 75 degrees

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	30 in	10/25	5:40 pm	10/26	9:05 am	10/26	1:05 pm	6	10/26	1:35 pm	30 min	1 1/4 in	24
2	30 in	10/25	5:40 pm	10/26	9:05 am	10/26	1:05 pm	6	10/26	1:35 pm	30 min	5/8 in	48
3	30 in	10/25	5:40 pm	10/26	9:05 am	10/26	1:05 pm	6	10/26	1:35 pm	30 min	1/2 in	60
4	30 in	10/25	5:40 pm	10/26	9:05 am	10/26	1:05 pm	6	10/26	1:35 pm	30 min	1 1/4 in	24
5	30 in	10/25	5:40 pm	10/26	9:05 am	10/26	1:05 pm	6	10/26	1:35 pm	30 min	1 1/4 in	24
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 180
Average of Rates: 36
Rate Used for Calculation: 59 due to 20 mpi variance

Soil type (NRCS Maps/Other) Askarben, Wymore and Judson - area to the east portion of the lot containing Judson would be ideal

Groundwater Depth + 12 feet

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____