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

A

Permit Number
#5001650

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 4100 SW 126th (no rural route) City Pleasant Dale, NE Zip 68423

Legal Description S5 T9 R5 W½SW

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

PID 03-05-300-002-000

B. Owner

Name John Petche Signature

Address 9045 W Denton Rd City/State/Zip Denton NE 68339

Home Phone 402 432 0512 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☐ Yes ☒ No

☒ Commercial Establishment/Other Facility Specify Farm Barn, Stool only 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 Amount Paid
Received By Cash/Check No.

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 4100 SW 126th (no rural route) City Pleasant Dale NE, Zip

Owner John Petche Address

Date of Tests 4-22 to 4-23 Weather: Precipitation 0 Temperature 60°

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		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	76	4-22	8:AM	4-23	3:30	4-23	3:30	6	4-23	4:00	30	1½	20
2	"	"	"	"	"	"	"	6	"	"	"	1	30
3	"	"	"	"	"	"	"	6	"	"	"	1	30
4	"	"	"	"	"	"	"	6	"	"	"	1½	20
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln Ne 68523

Soil type (NRCS Maps/Other)

Groundwater Depth over 12

Sum of Percolation Rates: 100
Average of Rates: 25
Rate Used for Calculation: 20 to 30

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
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

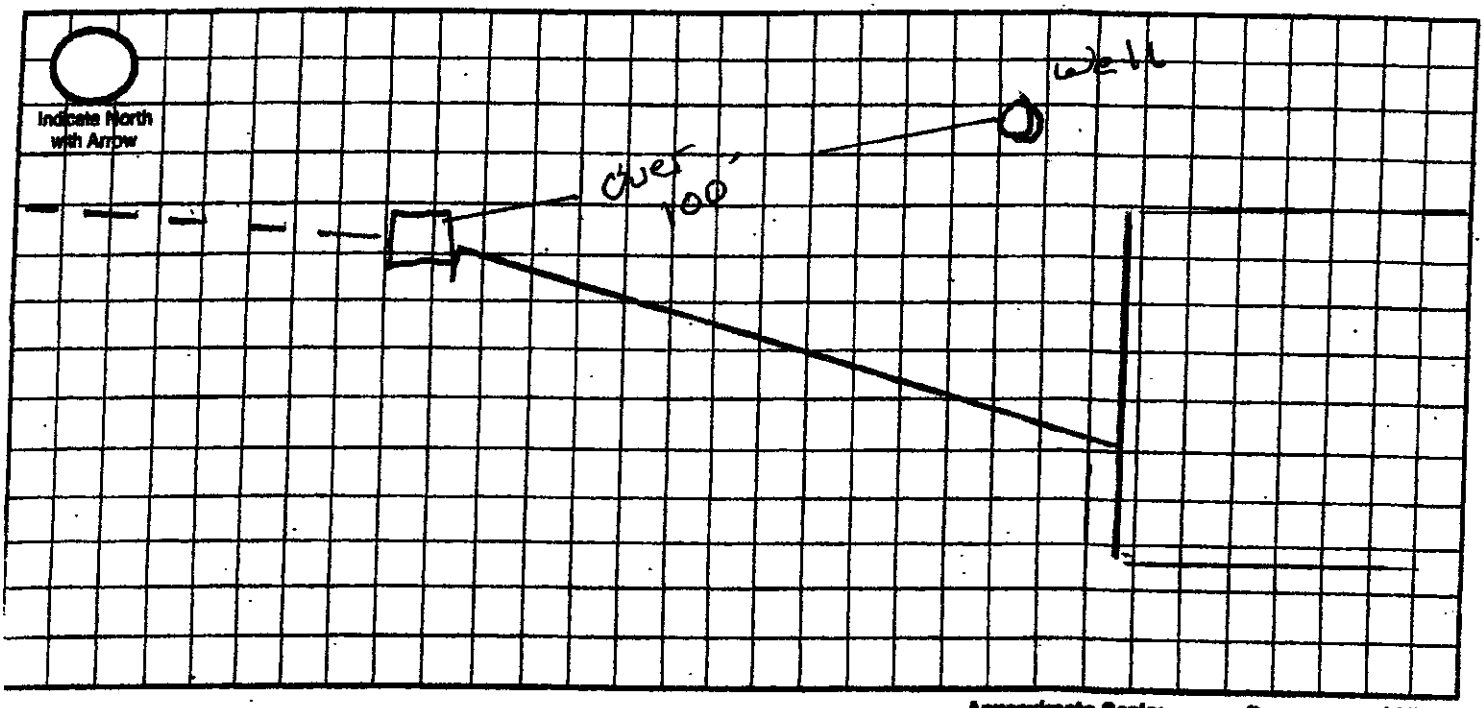
C

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) 4100 SW 126th City Pleasant Dale NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 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 30 (min/inch = mpi) No. of Bedrooms 6 Soil Type _____ Land Slope _____%

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

Total length of laterals 100 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches 1 Width 36" No. of drop boxes _____ Distrubtion Box _____

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

Date _____

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. HS001650

System Type: Standard

Situs: No Site Address Specified

Issued: 4/25/2018

Expires: 4/25/2019

Description: S5, T9, R5, 6th Principal Meridian, W1/2 SW

Owner: PETSCHE, JOHN D
ATTN: DAVID & LUANA PETSCHE
7025 CASS AVERR1 BOX 16-A2
DENTON, NE 68339


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

GAGNER CONSTRUCTION COMPANY INC
4810 W CLAIRE AVE
LINCOLN, NE 68523

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

SCANNED

A

Permit Number
#5001650

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 4100 SW 126th (no rural route) City Pleasant Dale, NE Zip 68423

Legal Description S5 T9 R5 W 1/2 SW (1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 03-05-300-002-000

B. Owner

Name John Petche Signature

Address 9045 W Denton Rd City/State/Zip Denton NE 68339

Home Phone 402 432 0512 Work Phone

C. Certified Installer

Name: Kevin Levis Signature

Address 4810 W Claire Ave City/State/Zip lincoln NE 68523

Work Phone 402 310 9160

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☐ Yes ☒ No

☒ Commercial Establishment/Other Facility Specify Farm Barn, Stool only 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 No site visit
Date rec'd 4/25/18
Date frwd 4/25/18
Comments
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 5/21/18

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated: 1/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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) 03-05-300-002-000

Owner: John Petsche Address 4100 SW 126th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 159 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well 142 ft.
   Pressure line NA ft
   Property Line over 100 ft.
   Foundation 159 ft.

C Distribution Box or Drop Box

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: EZ Flow ~~1203~~ 1203H
2. Number of Laterals: 1
3. Length of each lataral (linear): ft. 100 ft. ____ ft. ____ ft. ____
4. Drainfield size: 450 sq. ft.
5. Distance to:
   Well 174 ft.
   Pressure line NA ft.
   Property line over 100 ft.
   Depth of Groundwater over 7'

10A

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

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

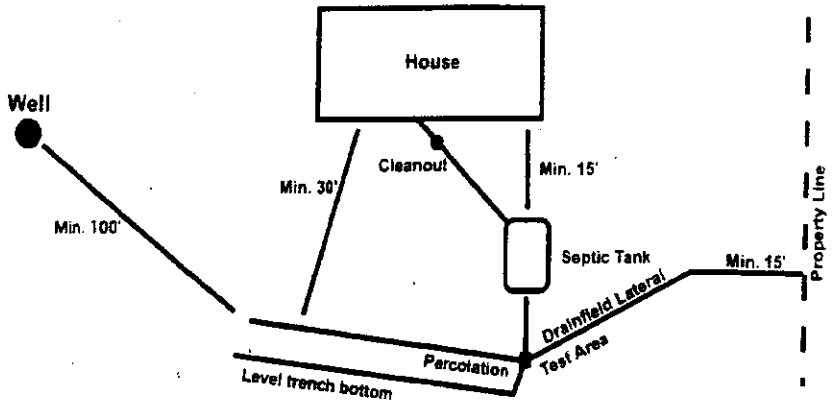
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 27 April 2018

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

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

Date 27 April 2018 Legal Description 5 9 5 Principal meridian
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 4100 SW 126th City Pleasant Dale NE, Zip 68423

Owner John Petsche Address

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 159 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 125 ft.
   stream NA ft.
   pressure line NA ft.
   property line over 100 ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☒ below grade 6 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: 6 in.
8. Distances to: Well or suction line 142 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line over 100 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

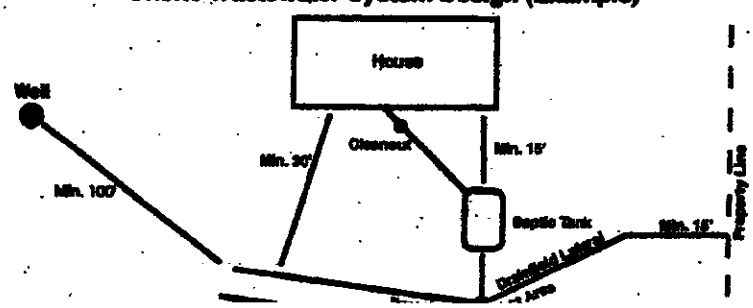
☑ Trench ☐ Bed ☐ Level Bottom

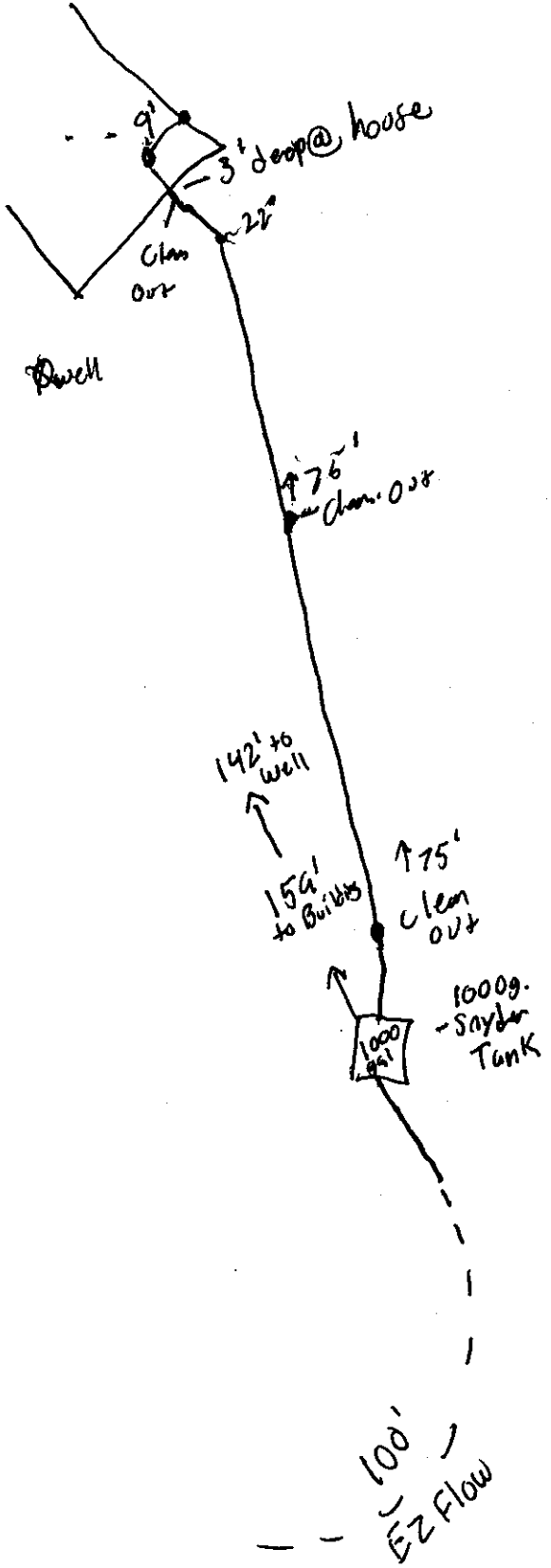
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other EZFlow 1203H
2. Drainfield Laterals: Number 1
   Length of each line: 100 ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Drainfield dimensions: Width 4.5 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: None
   Depth of material ____ in.
5. Distances to: Well or suction line 157 ft.
   Pressure line NA ft.
   Property line over 100 ft.
   House or building 176 ft.
   Lake or Stream NA ft.

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

Onsite Wastewater System Design (Example)

icate North
ith Arrow





"N40°46.360 W096° 53.418
@ Tank
6' 9" Below Door
Threshhold, Tank Elevation

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

Exhibit 5

Permit Number: HS001650

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/21/18 Legal Description ____ ¼ ____ ¼ 5 / 9 / 5 W½ SW
Section/Township/Range

Onsite System Location

Address (no rural route) 4100 SW 126th 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: Non-Dwelling — building only - covered prior to inspection

☑ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 450 Sq. Ft. Tank Size 1000 gals

Total length of laterals 100' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ← Flow

No. of Absorption Laterals 1 Width ____ 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 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date No site visit

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thun

Date 5/21/18

Field Note Drawing (See Reverse Side):