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

A

Permit Number HS001660

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* 1900 W Dunraven City Lincoln, NE Zip 68523
(no rural route)

Legal Description 21 9 6 Ridgewood 7 6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-21-301-030-000 *Approx. Address (If to be determined)

B. Owner

Name James Higgins Signature

Address 1900 W Dunraven City/State/Zip Lincoln NE 68523

Home Phone 402-239-7216 Work Phone 402-239-7216

C. Certified Installer

Name: Troy Koss Signature

Address 2451 County Rd. A City/State/Zip Denton NE 68339

Work Phone 402-610-1809

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 Home Buisness Design flow in gallons per day 200

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 5-11-18 Amount Paid $405
Received By JAW Cash/Check No. 2148

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 1900 W Dunraven (no rural route) City Lincoln NE, Zip NE 68523

Owner James Higgins Address 1900 W Dunraven

Date of Tests 5-9-18 to 5-10-18 Weather: Precipitation 0 Temperature 75

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			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"	5/9	8:00Am	5/10	7:00Am	5/10	7:30	6	5/10	8:00	30	1	30
2	30"	5/9	8:00AM	5/10	7:00Am	5/10	7:30	6	5/10	8:00	30	1.5	20
3	30"	5/9	8:00AM	5/10	7:00Am	5/10	7:30	6	5/10	8:00	30	1.5	20
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Troy Ross

Phone: 402-610-1809

Address 2451 County Rd A Denton NE 68339

Sum of Percolation Rates: 70

Average of Rates: 23.3

Rate Used for Calculation:

Soil type (NRCS Maps/Other)

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

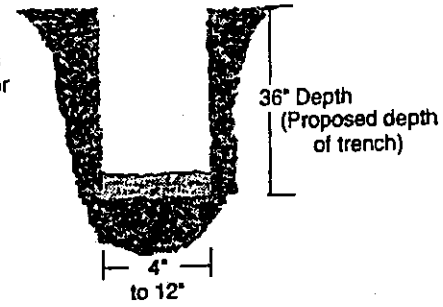
Signature of Reviewing Official Date

READ THOROUGHLY

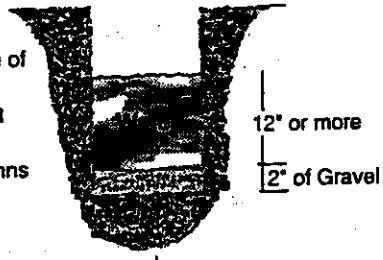
DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

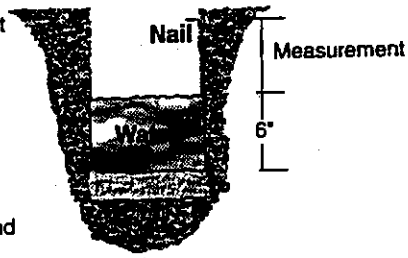


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



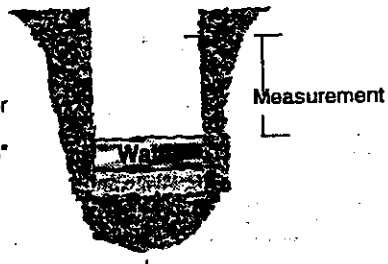
24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

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. HS001660

System Type: Standard

Situs: 1900 W DUNRAVEN LN, LINCOLN, NE 68523

Issued: 5/14/2018

Expires: 5/14/2019

Description: RIDGEWOOD, BLOCK 7, Lot 6

Owner: HIGGINS, JAMES K & CALLIE T
1900 W DUNRAVEN LN
LINCOLN, NE 68523

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

ROSS PLUMBING INC
2451 COUNTY ROAD A
DENTON, NE 68339

JUN 04 2018

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

D

Permit Number: HS001660

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) 09-21-301-030-000

Owner JAMES HIGGINS Address 1900 W DUNRAVEN LANE

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 8 ft.

B. Septic Tank

1. Material: PLASTIC
2. Capacity: 1000 gal.
3. Depth to top of tank, below unfinished grade: 6 in.
4. Distance to:
   - Well 340 ft.
   - Pressure line 4 ft.
   - Property line 100 ft.
   - Foundation 10 ft

C. Distribution Box or Drop Box

Distance **and** Direction from septic tank: ✓ ft. ✓

D. Drainfield/Absorption Field (circle one)

(Trench) Bed

1. Type: Perforated Pipe Chamberless (Other) INFILTRATOR

Material brand and inside width of Chamberless:

INFILTRATOR 3' WIDE

2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 30 ft. 30 ft. ____ ft. ____
4. Drainfield size: 250 sq. ft.
5. Distance to:
   - Well 360 ft.
   - Pressure line 30 ft.
   - Property line 130 ft.
   - Depth of Groundwater UNKOWN

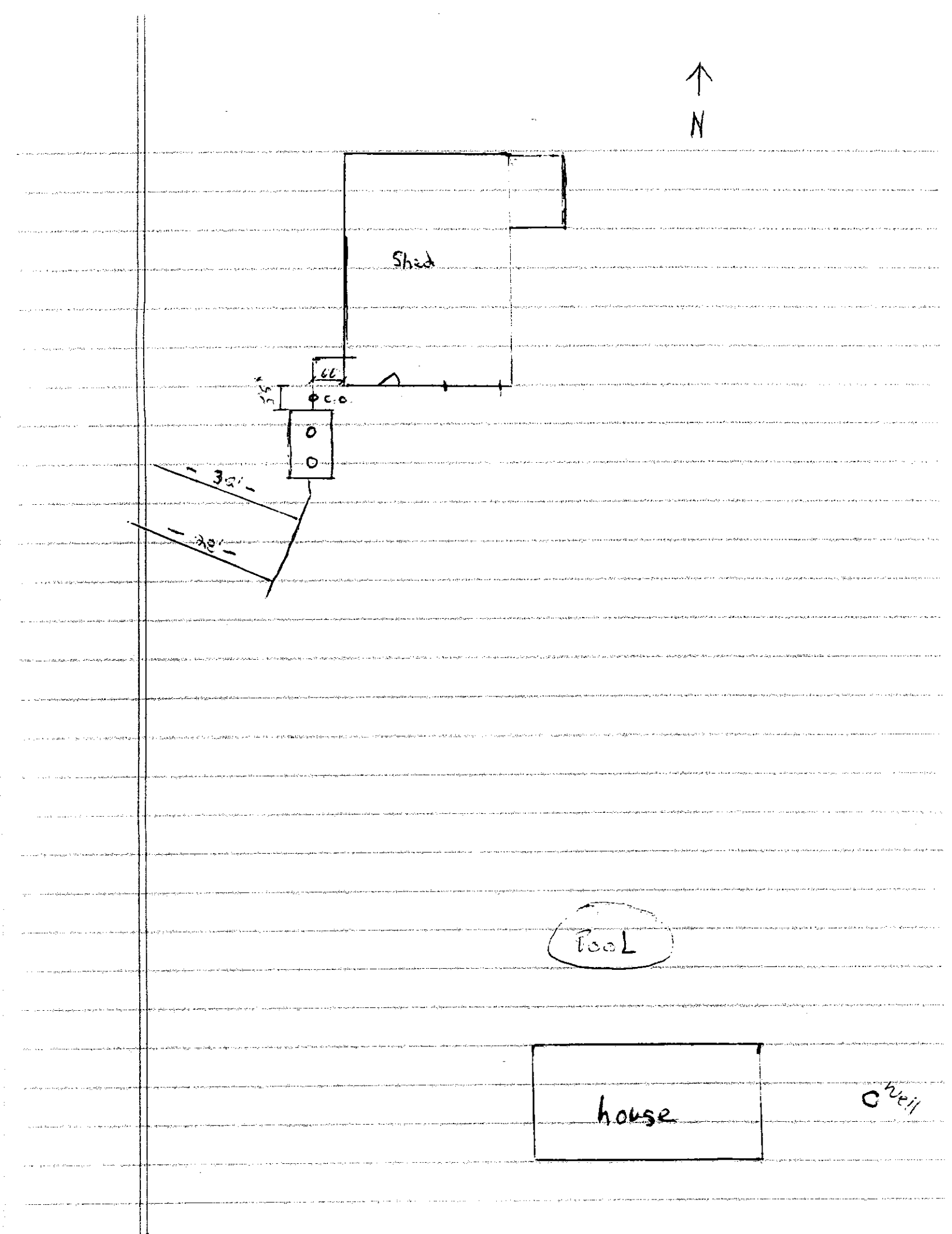
Was the Onsite Waste Water System covered prior to LLCHD inspection? YES (NO)

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 02-0030 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.


N
Shed
4'
c.o.
32'
20'
Tool
house
well

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

SCANNED

A

Permit Number HS001660

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* 1900 W Dunraven (no rural route) City Lincoln, NE Zip 68523

Legal Description 21 9 6 Ridgewood 7 6

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

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Name James Higgins Signature

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Home Phone 402-239-7216 Work Phone 402-239-7216

C. Certified Installer

Name: Troy Ross Signature

Address 2451 County Rd. A City/State/Zip Denton NE 68339

Work Phone 402-610-1809

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 3

Garbage Grinder? ☐ Yes ☐ No

☑ Commercial Establishment/Other Facility Specify Home Buisness Design flow in gallons per day 200

Type of Wastewater ☑ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 5/14/18
Date frwd 5/14/18
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 6/5/18

Business Office Use Only
Date Received 5-11-18 Amount Paid $405
Received By JAD Cash/Check No. 2148

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS001660

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/5/18 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1900 W. Denham 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 217.5 Sq. Ft. Tank Size 1000 gals

Total length of laterals 60 Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe)_____

_____

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Level

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 D-sheet

Inspections prior to Final Approval
Initial DH Date 6/5/18

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 6/5/18

Field Note Drawing (See Reverse Side):