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

A

Permit Number HS001664

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 Alteration

A. Onsite System Location

Address* 9440 W O St City Lincoln, NE Zip 68528
(no rural route)

Legal Description S22 T10 R5 6th Principal Meridian LOTS 133 & 134 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0422300002000 *Approx. Address (If to be determined)

B. Owner

Name Mary Jennings Signature

Address 9440 W O St City/State/Zip Lincoln, NE 68528

Home Phone 402-475-4410 Work Phone 402 430 2619

C. Certified Installer

Name: Matthew Johnson Signature Matthew Johnson

Address 2685 W Sumner St City/State/Zip Lincoln, NE 68522

Work Phone 402-802-5440

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 26.04
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

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 5-17-18 Amount Paid $220
Received By Cash/Check No 3798

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

Form A Updated: 4/15

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 9440 W O St (no rural route) City Lincoln NE, Zip 68528

Owner Mary Jennings Address 9440 W O St

Date of Tests 5/15 to 5/16 Weather: Precipitation N/A Temperature 80° F

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"	5/15	12:00	5/16	10:00	5/16	12:00	6	5/16	4:00	30	3	10
2	36"	5/15	12:00	5/16	10:00	5/16	12:00	6	5/16	4:00	30	6	5
3	36"	5/15	12:00	5/16	10:00	5/16	12:00	6	5/16	4:00	30	2	15
4	36"	5/15	12:00	5/16	10:00	5/16	12:00	6	5/16	4:00	30		NOT USING
5	36"	5/15	12:00	5/16	10:00	5/16	12:00	6	5/16	4:00	30	NOT	
6	36"	5/15	12:00	5/16	10:00	5/16	12:00	6	5/16	4:00	30	HOLES	4 through 6
								6					
								6					

Person Conducting Percolation Test

Name: Matthew Johnson
Phone: 402-802-5440
Address 2685 W Sumner
Lincoln, NE 68522
Soil type (NRCS Maps/Other) Judson silt loam
Groundwater Depth N/A

Sum of Percolation Rates: 30
Average of Rates: 10
Rate Used for Calculation: (Min/in = mpi)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

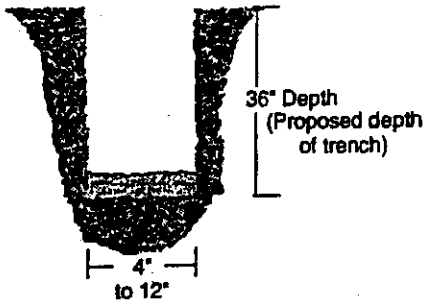
READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

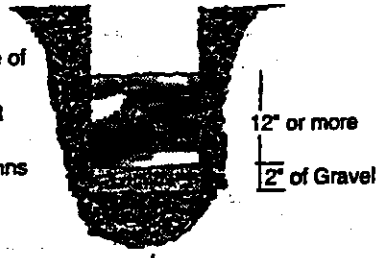
I. Size, Number, and Location or Test Holes

- 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)

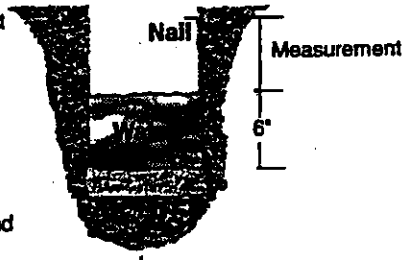
- A. Fill hole with 12" or more of water.
- B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
- C. Record on Form B columns a thru f.



24 Hours Later

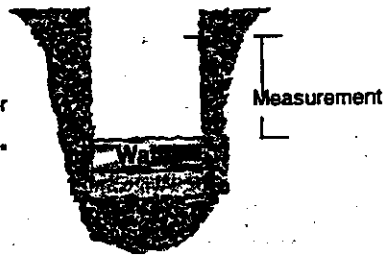
III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**

- 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.


Google

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

SCANNED **A**

Permit Number HS001664

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 Alteration

A. Onsite System Location

Address* 9440 W O St City Lincoln, NE Zip 68528
(no rural route)

Legal Description S22 T10 R5 6th Principal Meridian LOTS 133 & 134 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0422300002000 *Approx. Address (If to be determined)

B. Owner

Name Mary Jennings Signature
Address 9440 W O St City/State/Zip Lincoln, NE 68528
Home Phone 402-475-4410 Work Phone 402 430 2619

C. Certified Installer

Name: Matthew Johnson Signature
Address 2685 W Sumner st City/State/Zip Lincoln, NE 68522
Work Phone 402-802-5440

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 26.04
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

1. Health Department
Site visits
Comments
Date rec'd 5/17/18
Date frwd 5/17/18
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 8/7/18

Business Office Use Only
Date Received 5-17-18 Amount Paid $220
Received By MAC Cash/Check No CC 3798

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: H500/1664

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/7/18 Legal Description T10, R5E, Sec 22 Lots 133+134

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9440 W. O 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 833.75 Sq. Ft. Tank Size N/D gals

Total length of laterals 230 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 4 Width 3' No. of Drop Boxes 0 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' ☐	2 ☒	5 ☐

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments: See Sketch

Inspections prior to Final Approval
Initial DH Date 5/24/18

Follow-Up_____ Date_____

Follow-Up_____ Date_____

Installation Final Written Approval
By _____
Date 8/7/18

Field Note Drawing (See Reverse Side):

Nate C. Hartman

From: Matt Johnson <mjohnson@jhlincoln.com>
Sent: Tuesday, August 07, 2018 1:31 PM
To: Nate C. Hartman
Subject: 9440 W Ost
Attachments: 9440 W Ost As built.JPG; 9440 w o.PNG

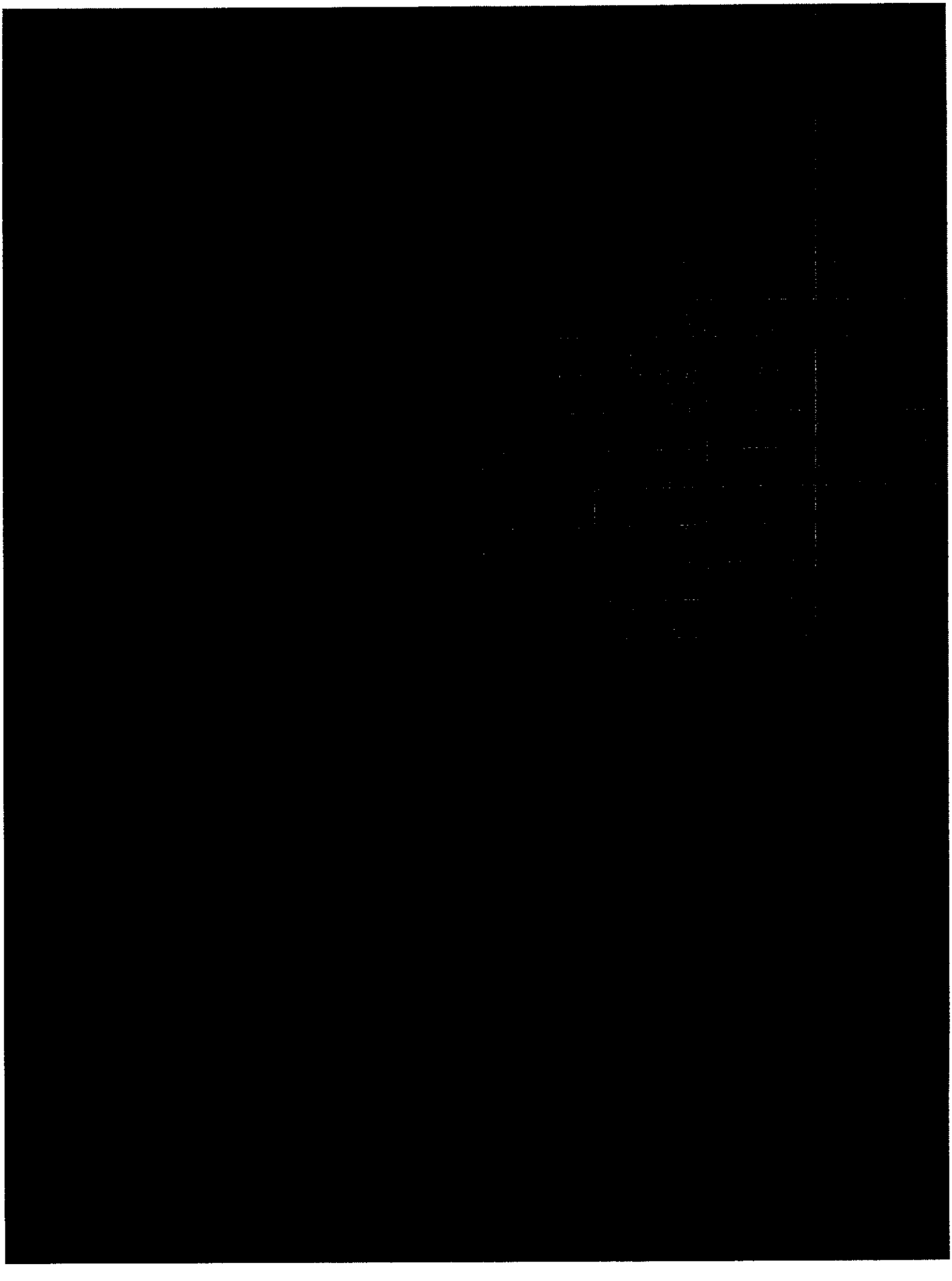
I think this is what you are looking for.

Matt Johnson

JOHN HENRY'S
PLUMBING HEATING & AIR CONDITIONING

Phone: 402-435-5555
Direct Line: 402-802-9407
Fax: 402-802-9420
mjohnson@jhlincoln.com

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

SCANNED SCANNED

A

Permit Number HS001664

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 Alteration

A. Onsite System Location

Address* 9440 W O St (no rural route) City Lincoln, NE Zip 68528

Legal Description S22 T10 R5 6th Principal Meridian LOTS 133 & 134 SW

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

PID 04223000002000 *Approx. Address (If to be determined)

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Name Mary Jennings Signature

Address 9440 W O St City/State/Zip Lincoln, NE 68528

Home Phone 402-475-4410 Work Phone 402 430 2619

C. Certified Installer

Name: Matthew Johnson Signature Matthew Johnson

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Work Phone 402-802-5440

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 26.04

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

1. Health Department

Site visits

Comments

Date rec'd 5/17/18 Date frwd 5/17/18

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 8/7/18

Business Office Use Only

Date Received 5-17-18 Amount Paid $220

Received By MAC Cash/Check No CC 3798

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

Form A Updated: 4/15

SCANNED

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 9440 W O St (no rural route) City Lincoln NE, Zip 68528

Owner Mary Jennings Address 9440 W O St

Date of Tests 5/15 to 5/16 Weather: Precipitation N/A Temperature 80° F

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)
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								6					
								6					

Person Conducting Percolation Test

Name: Matthew Johnson
Phone: 402-802-5440
Address 2685 W Sumner
Lincoln, NE 68522
Soil type (NRCS Maps/Other) Judson silt loam
Groundwater Depth N/A

Sum of Percolation Rates: 30
Average of Rates: 10
Rate Used for Calculation: (Min/in = mpi)

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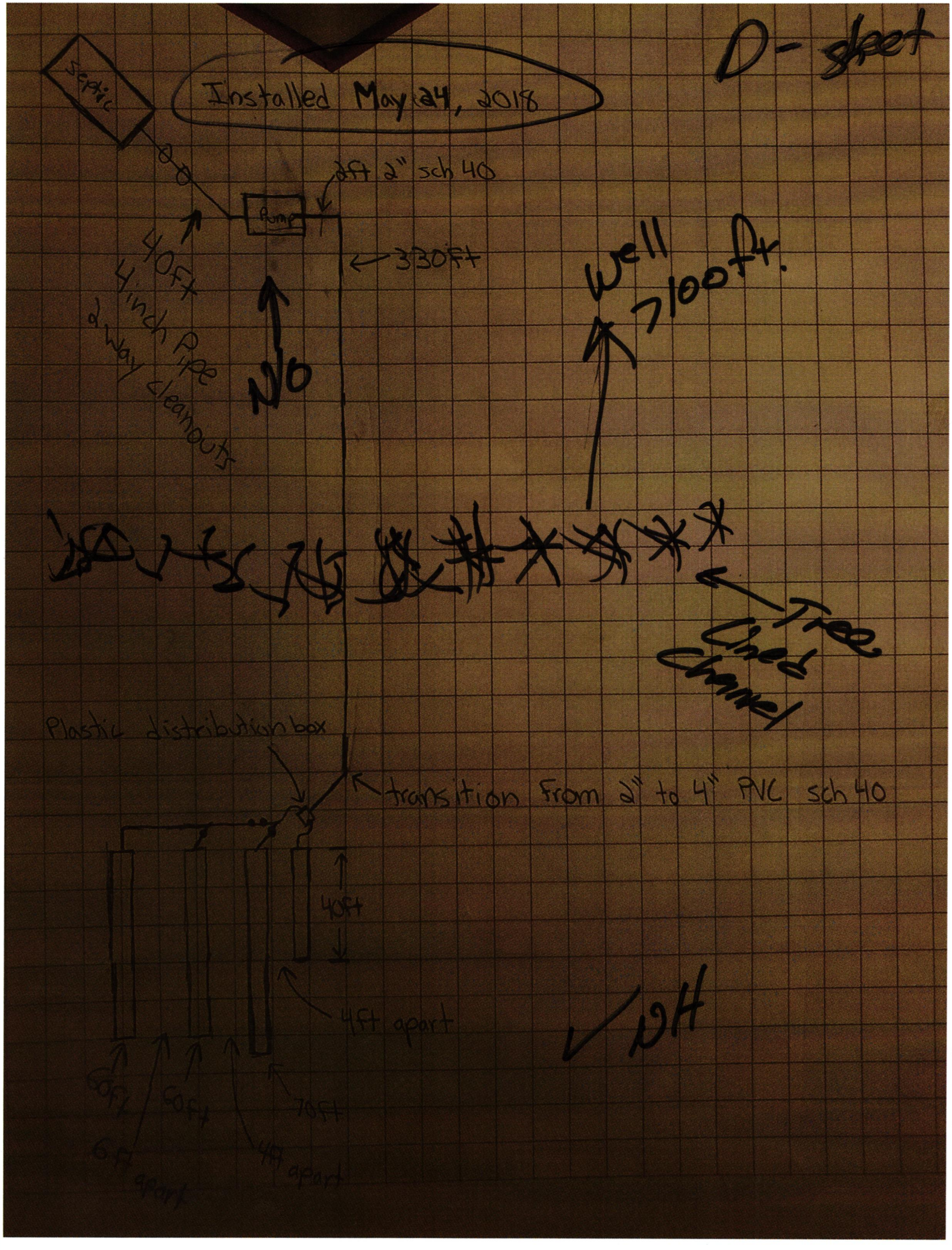
Reviewing Action

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

Signature of Reviewing Official Date

SCANNED


500 gallon synder tank
with pump and alarm
340' of 2" pressure pvc
3 x 75' lateral & d box
Google


D-sheet
Septic
Installed May 24, 2018
8ft 2" sch 40
Pump
330ft
40ft
4 inch Pipe
2 way cleanout
NO
well
>100ft.
Tree
Lined
Channel
Plastic distribution box
transition From 2" to 4" PVC sch 40
40ft
4ft apart
60ft
60ft
6ft apart
70ft
4ft apart
NO

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

SCANNED

Permit Number: H5001664

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/7/18 Legal Description T10, R5E, Sec 22 Lots 133+134

¼ ¼ Section/Township/Range

Onsite System Location

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Total length of laterals 230 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

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Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments: See sketch

Inspections prior to Final Approval
Initial DH Date 5/24/18

Follow-Up_____ Date_____

Follow-Up_____ Date_____

Installation Final Written Approval
By _____

Date 8/7/18

Field Note Drawing (See Reverse Side):