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

A

Permit Number
HS001733

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

Shop Building

A. Onsite System Location

Address 16885 N 190th (no rural route) City Greenwood NE Zip 68366

Legal Description _____

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

Geographical Location (if known): Lat/Long: 40 58 39 N 96 27 51 W PID _____

B. Owner

Name Nick Mollo Signature _____

Address 16885 North 190th City/State/Zip Greenwood NE 68366

Home Phone _____ Work Phone 402 525 8550

C. Certified Installer

Name: Blain Johnson Signature _____

Address 8533 E St. Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2276

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a Shop

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres _____

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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 _____
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 9-10-18 Amount Paid $405.00
Received By DD Cash/Check No. #2629

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

Form A Updated: 5/10

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

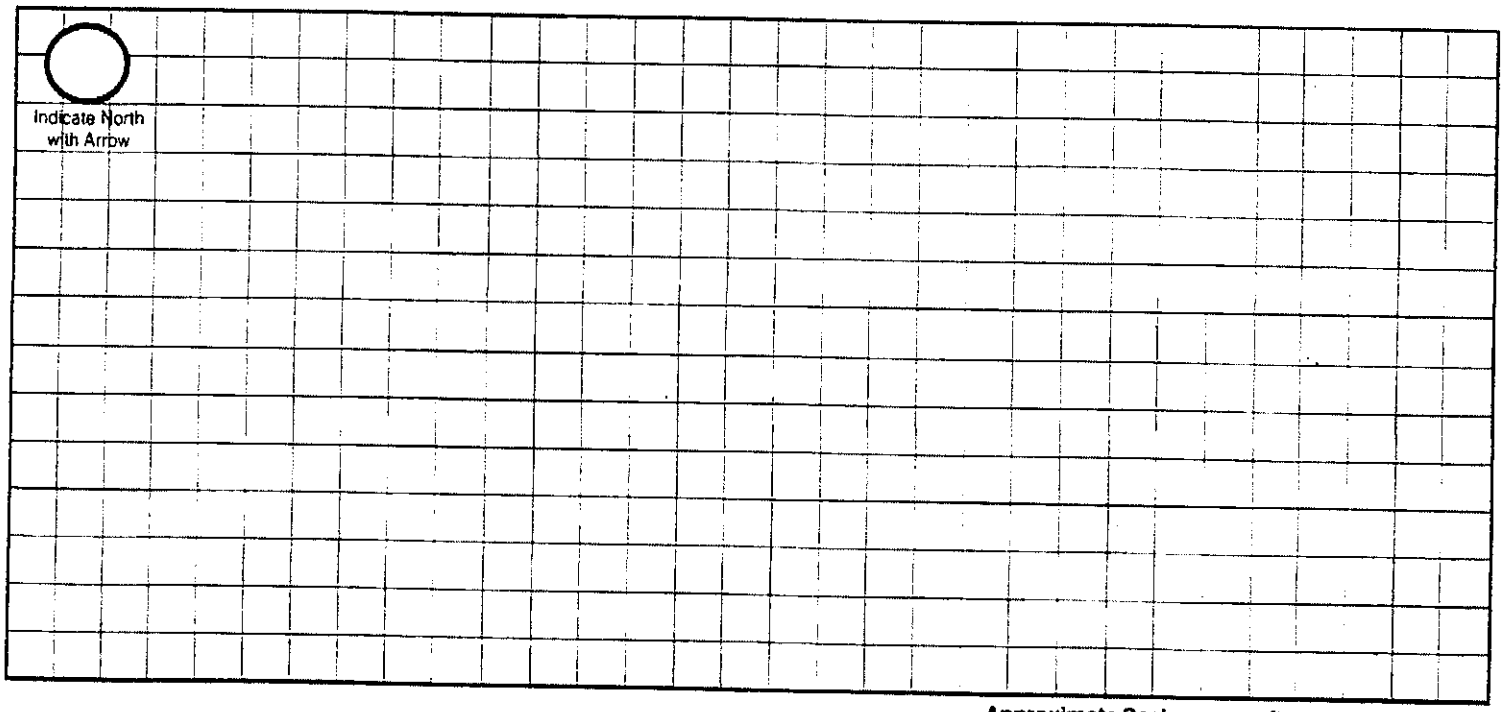
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications Shop Building

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) 16885 N 190th Greenwood City _____ 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 (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 350 sq.ft.

Total length of laterals 76 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

Home Building Contractor _____ Date _____

Installer [signature] Date 9/7/18

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. HS001733

System Type: Standard

Situs: 16885 N 190TH ST, GREENWOOD, NE 68366

Issued: 9/12/2018

Expires: 9/12/2019

Description: S25, T12, R8, 6th Principal Meridian, LOT 11 SE

Owner: MOLLO, NICHOLAS & CHRISTINA L
16885 N 190 ST
GREENWOOD, NE 68366

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

BLAIN JOHNSON
3533 E STATE HWY 41
ADAMS, NE 68301

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. HS001733

System Type: Standard

Situs: 16885 N 190TH ST, GREENWOOD, NE 68366

Issued: 9/24/2018

Expires: 9/24/2019

Description: S25, T12, R8, 6th Principal Meridian, LOT 11 SE

Owner: MOLLO, NICHOLAS & CHRISTINA L
16885 N 190 ST
GREENWOOD, NE 68366

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

BLAIN JOHNSON
3533 E STATE HWY 41
ADAMS, NE 68301

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

SCANNED

A

Permit Number
HS001733

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

Shop Building

A. Onsite System Location

Address 16885 N 190th (no rural route) City Greenwood NE Zip 68366

Legal Description S25 T12N R9E #11

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

Geographical Location (if known): Lat/Long: 40 58 39 N 96 27 51 W PID 25-25-400-005-000

B. Owner

Name Nick Mollo Signature

Address 16885 North 190th City/State/Zip Greenwood NE 68366

Home Phone Work Phone 402 525 8550

C. Certified Installer

Name: Blain Johnson Signature

Address 3533 E St. Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 3276

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a Shop

☐ Residential Dwelling Number of Bedrooms Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 230

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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 10/16/18
Date frwd 10/16/18
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 12/3/18

Business Office Use Only
Date Received 9-10-18 Amount Paid $405.00
Received By Cash/Check No. 2629

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

Form A Updated: 5/10

Nate C. Hartman

From: Blain Johnson <xlcontracting10@gmail.com>
Sent: Monday, October 15, 2018 10:02 AM
To: Nate C. Hartman
Subject: Nick Mollo perc test
Attachments: 07211101.PDF.pdf

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet Shop Septic System

Owner Name Nick Mollo Phone _____

Address 16885 N 190th Greenwood NE 68366
City State Zip

Location (Attach a sketch of the property showing test hole locations)

__ __ ____ ____ ____ _____
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay ____

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____ Judson Soil

Dates of Test

Start Date _____ to End Date _____, 20____

Weather Conditions wet

Precipitation _____ Avg. Temp _____ °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ i) (Minutes per inch)
1	30"	10/2	4p	10/3	3p	10/3	3p	6"	7:30p	1/2	30	1/2	60
2	30"	〃	〃	〃	〃	〃	7p	〃	〃	3/4	〃	3/4	40
3	30"	〃	〃	〃	〃	〃	〃	〃	〃	3/4	〃	3/4	40

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature

Certificate or License # C2287

Address 9533 E St Hwy 41

City Adams St. NE Zip 68301

Phone 402 610 2270

Sum of Percolation Rates = 140

Avg. of Percolation Rates* = 46.66
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

50-60 perc rate to be used for install

Version 9-2014

Nate C. Hartman

From: Blain Johnson <xlcontracting10@gmail.com>
Sent: Tuesday, November 27, 2018 8:07 AM
To: Nate C. Hartman
Subject: mollo D sheet, as built
Attachments: 09021101.PDF

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: Nick Mollo Address: 16885 N 190th

A. Wastewater Piping

1. Material: Plastic Diameter: 4 in.
2. Distance between dwelling and septic tank: 100 ft

B. Septic Tank

1. Material Plastic
2. Capacity: 1250
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well +100 ft.
   Pressure line ~~+100~~ ft 50
   Property Line +100 ft.
   Foundation +100 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 36" width
2. Number of Laterals: 1
3. Length of each lateral (linear): ft. 80 ft. _____ ft. _____ ft. _____
4. Drainfield size: 350 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +~~100~~ 50 ft.
   Property line +100 ft.
   Depth of Groundwater 37

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

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

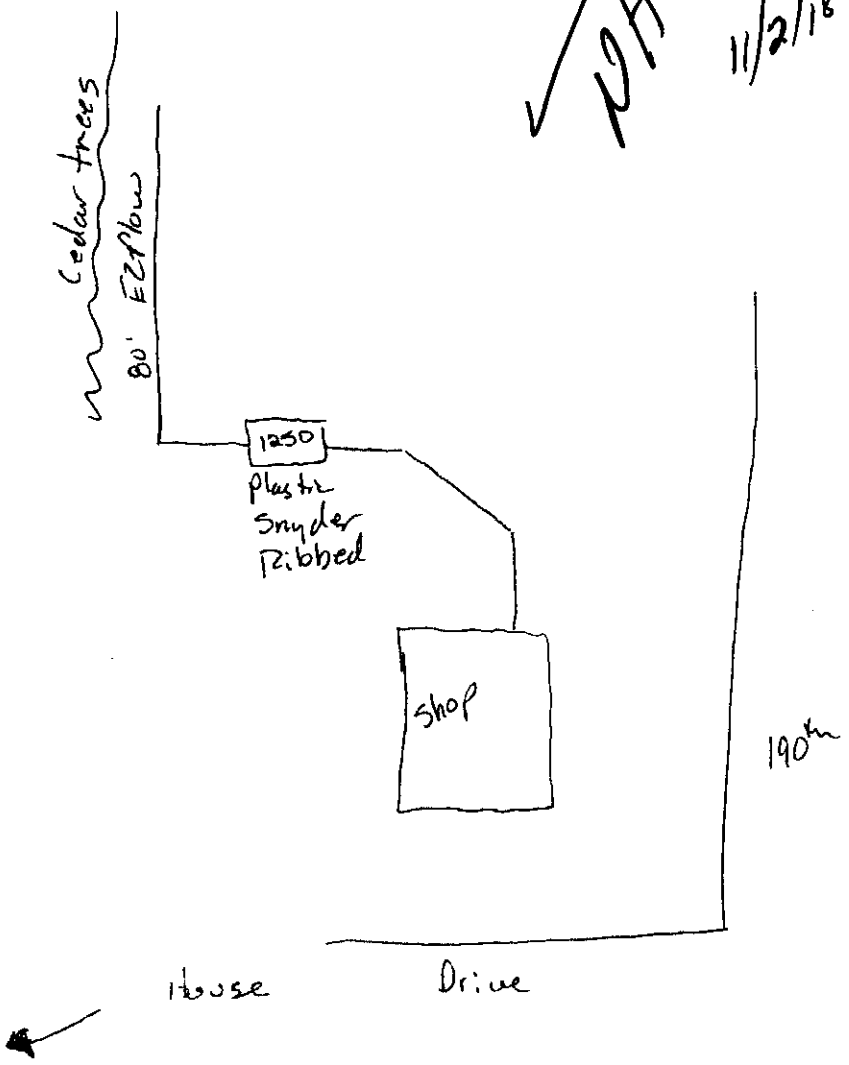
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Blair Todd Date: 11/27/18

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

16985 N 190th

N



PH
5/16 USDA
11/2/18

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

Permit Number: 17500 1733

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/16/18 Legal Description T12N R8E, Sec 25 Lot 11
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16885 N 190th 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 270 Sq. Ft. Tank Size [redacted] gals 1200

Total length of laterals 1x80' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) Poly bundles

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

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:

Inspections prior to Final Approval
Initial _____ Date 11/26/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date _____

Field Note Drawing (See Reverse Side):