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

A

Permit Number
HS001747

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 14790 NW 140th (no rural route) City Raymond NE Zip 68402

Legal Description 5 11 6 25 JMD
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 05-06-100-010-000

B. Owner

Name Patrick Prothman Signature

Address 1301 N 1st City/State/Zip Seward, Ne, 68434

Home Phone 402-367-7733 Work Phone

C. Certified Installer

Name: Brian Pribyl Signature

Address 135 E 23 City/State/Zip Circle, Ne, 68333

Work Phone 402-826-3045

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 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 60
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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits Date rec'd
Date frwd
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

Business Office Use Only
Date Received 10-05-18 Amount Paid $420.00
Received By JAD Cash/Check No. 1604

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

Form A Updated: 1/13

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 14790 NW 140th (no rural route) City Malcolm NE, Zip 68402

Owner Patrick Prothman Address 1301 N 1st Seward, NE 68434

Date of Tests 8/24 to 8/25 Weather: Precipitation none Temperature 85°

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	8/24	8:00	8/25	0900	8/25	9:00	6	8/25	9:30	30	1/2	60 mpi
2	32	8/24	8:00	8/25	9:00	8/25	9:00	6	8/25	9:30	30	5/8	48
3	32	8/24	8:00	8/25	9:00	8/25	9:00	6	8/25	9:30	30	5/8	48
4	30	8/24	8:00	8/25	9:00	8/25	9:00	6	8/25	9:30	30	11/16	44
5	33	8/24	8:00	8/25	9:00	8/25	9:00	6	8/25	9:30	30	1/2	60
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Brian Pribyl
Phone: 402-826-3045
Address 135 E 23
Crete Ne 68333

Sum of Percolation Rates: 260
Average of Rates: 52
Rate Used for Calculation: 50-60

Soil type (NRCS Maps/Other)

Groundwater Depth 50"

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

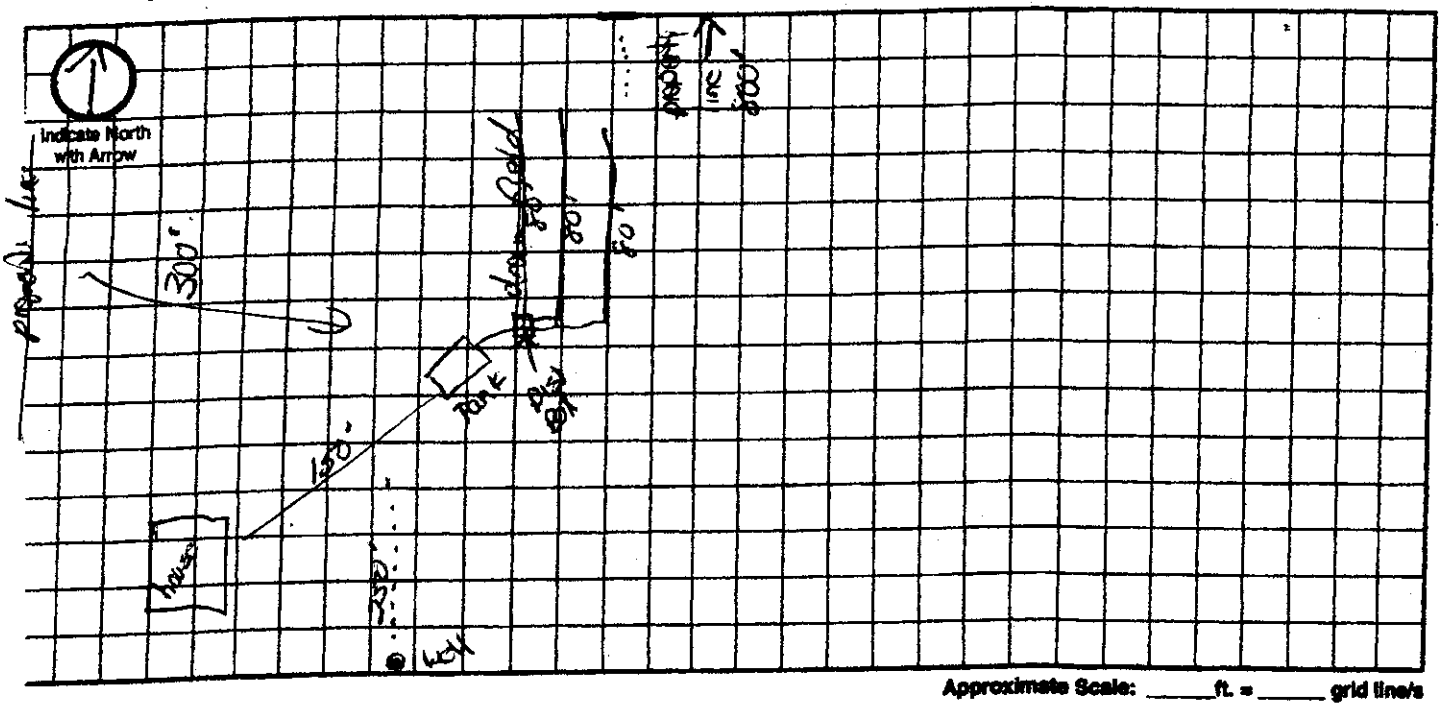
C

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) 14790 NW 140th City Raymond NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 1250 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 52 (min/inch = mpi) No. of Bedrooms 3 Soil Type Clay loam Land Slope 5-15%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1050 sq.ft.

Total length of laterals 240 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other

No. of absorption trenches 3 Width 3 No. of drop boxes _____ Distrubtion Box 1

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 _____

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. HS001747

System Type: Standard

Situs: 14790 NW 140TH ST, MALCOLM, NE 68402

Issued: 10/9/2018

Expires: 10/9/2019

Description: S6, T11, R5, Acres 6th Principal Meridian, LOT 25 NW

Owner: PROTHMAN, PATRICK & BARBARA
1301 N 1ST ST
SEWARD, NE 68434

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

PRIBYL PLUMBING AND HEATING, INC
135 E 23RD
CRETE, NE 68333

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. HS001747

System Type: Standard

Situs: 14790 NW 140TH ST, MALCOLM, NE 68402

Issued: 10/9/2018

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Shavonna M. Lausterer, MPH, CPH
Health Director

PRIBYL PLUMBING AND HEATING, INC
135 E 23RD
CRETE, NE 68333

SCANNED

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

A

Permit Number
HS001747

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 14790 NW 140th (no rural route) City Raymond NE Zip 68402

Legal Description 6 11 5E 25 HM
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 05-06-100-010-000

B. Owner

Name Patrick Prothman Signature

Address 1301 N 1st City/State/Zip Seward, Ne, 68434

Home Phone 402-367-7733 Work Phone

C. Certified Installer

Name: Brian Pribyl Signature

Address 135 E 23 City/State/Zip Cook, Ne, 68329

Work Phone 402 826-3045

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 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 60
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 ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd 10/8/18
Date frwd 10/8/18
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 10-8-2018
Date frwd 10-8-2018
ACTION ☒ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

3. City or County Engineer
Comments
Date rec'd 10-8-18
Date frwd 10-8-18
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 1/3/19

Business Office Use Only
Date Received 10-05-18 Amount Paid $420.00
Received By JAO Cash/Check No. 1604

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

Form A Updated: 1/13

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

Permit Number: H500747

Onsite Wastewater Treatment System

Inspection Sheet

Date 1/3/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14290 NW 140th 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 1160 Sq. Ft (1000 gal) Tank Size 1250 – 1/0 gals

Total length of laterals 320 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

_____

No. of Absorption Laterals 3 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 ☒	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments: See Asbuilt

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up_____ Date _____

Follow-Up_____ Date _____

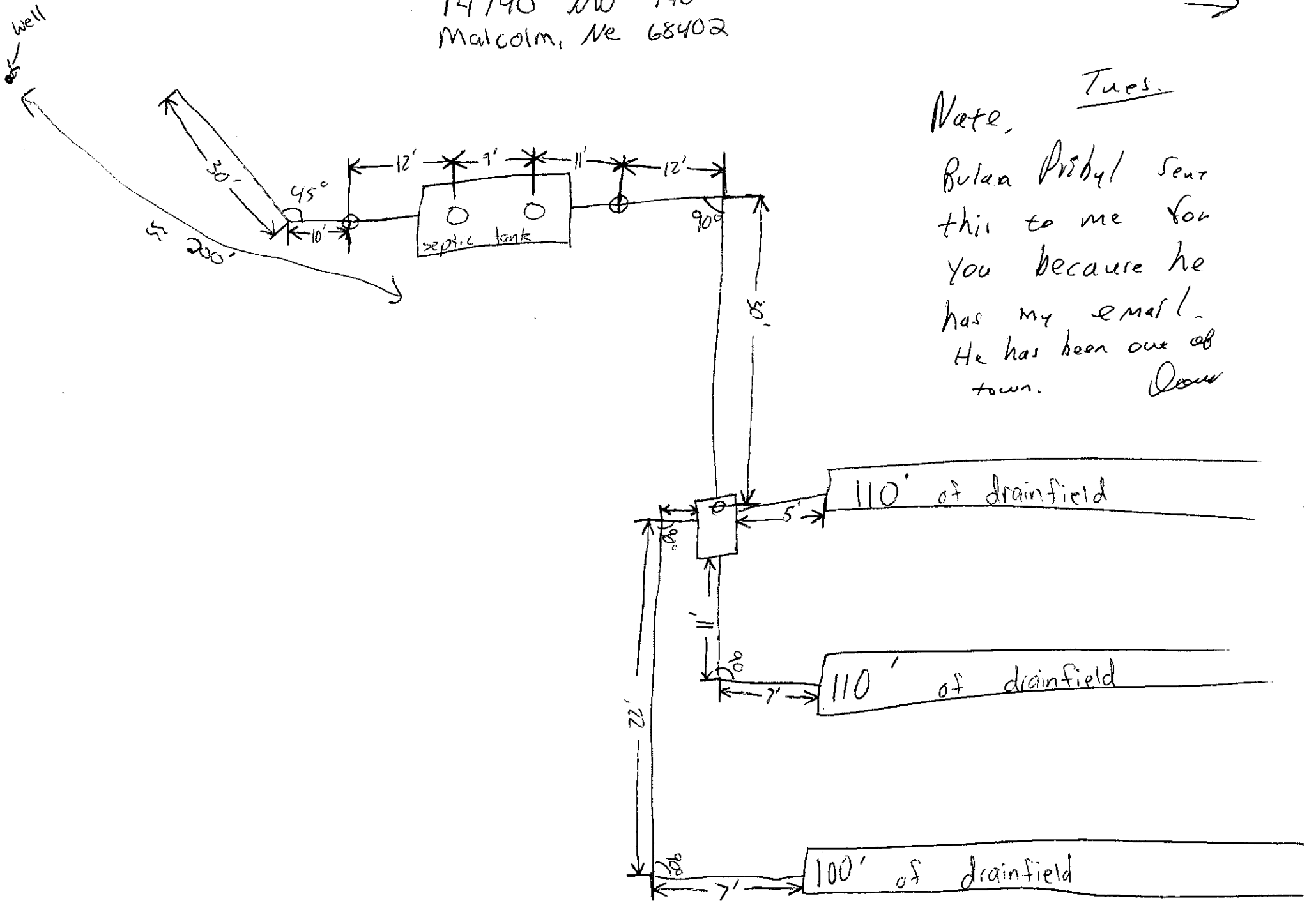
Installation Final Written Approval
By _____

Date 1/3/19

Field Note Drawing (See Reverse Side):

Pat Prothman
14790 NW 140th
Malcolm, Ne 68402

North →



Tues.

Note,
Rulan Pribyl sent this to me for you because he has my email. He has been out of town.

Dave