Lincoln-Lancaster County Health Department
Environmental Public Health Division
2740 N Street • Lincoln, NE 68510-1714
Phone: 402-441-8643

A

Permit Number
#S001765

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C
Submit correct fee
with this Application

Activities or Project Applied For: ☒ Septic System ☐ Lateral ☐ Other Potential Future Use

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with all applicable regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address: 6770 SW 32nd St City: Lincoln NE Zip: 68523
(Rural Address)

Legal Description: 17 T9 R6 Twin Pines Addition 4 2
(¼ ¼ Section Township Range Subdivision Addition Block Lot)

PID:

B. Owner

Name: Ross Bindewald Signature: Ross A. Bindewald
Address: 6770 SW 32nd St City, State, Zip: Lincoln, NE
Home Phone: Work Phone:

C. Certified Installer

Name: Jeff Schoeneck Signature: Jeff Schoeneck
Address: 1291 County Rd V City, State, Zip: Fremont, NE 68025
Work Phone: 402-720-9209

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: 4 Anticipated Bathrooms: ☐ Yes ☒ No Total Acres: 3
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. 90-46

1 Health Department ACTION ☐ Approved ☐ Disapproved
Site Visits: Date Issued: Signature:
Date Paid:
Comments:

2 Supt. Bldg. Insp. or Village Clerk ACTION ☐ Approved ☐ Disapproved
Comments: Date Issued: Signature:
Date Paid:

3 City or County Engineer ACTION ☐ Approved ☐ Disapproved
Comments: Date Issued: Signature:
Date Paid:

Installation Final Written Approval
By:
Date:

Business Office Use Only
Date Received: 11-01-98 Amount Paid: $420.00
Received By: JMD Cash/Check No.: 9361

Lincoln-Lancaster County Health Department
Environmental
2140 N. Stad
Phone

HEALTH DEPARTMENT

B

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address [illegible] Location [illegible] Zip 68310

Name ROSS BINDERUP Address 1243 OAKDALE AVE LINCOLN NE 68506

Date of Test 4/21/17 to 4/22/17 Number Present 6 Temperature 55

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 Water Lev (in.)	End				
Hole No.	Hole Depth(in	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30	4/21	3:30	4/22	9:30	4/22	1:00	6	4/22	1:30	30	0.50	60
2	30	4/21	3:30	4/22	9:30	4/22	1:00	6	4/22	1:30	30	1.5	20
3	30	4/21	3:30	4/22	9:30	4/22	1:00	6	4/22	1:30	30	1	30
4	30	4/21	3:30	4/22	9:30	4/22	1:00	6	4/22	1:30	30	0.625	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name JASON KUBIK

Phone 402-475-2462

Address 105 LOCUST ST P.O. BOX 191

HICKMAN NE 68372

Sum of Percolation Rates: 158

Average of Rates: 39.5

Rate Used for Calculation: 59 due to >20mpi variance

Soil type (NRCS Maps/Other) 7466 OTOE SILTY CLAY LOAM, 7231 JUDSON

Groundwater Depth > 12 FEET

4BR - Home

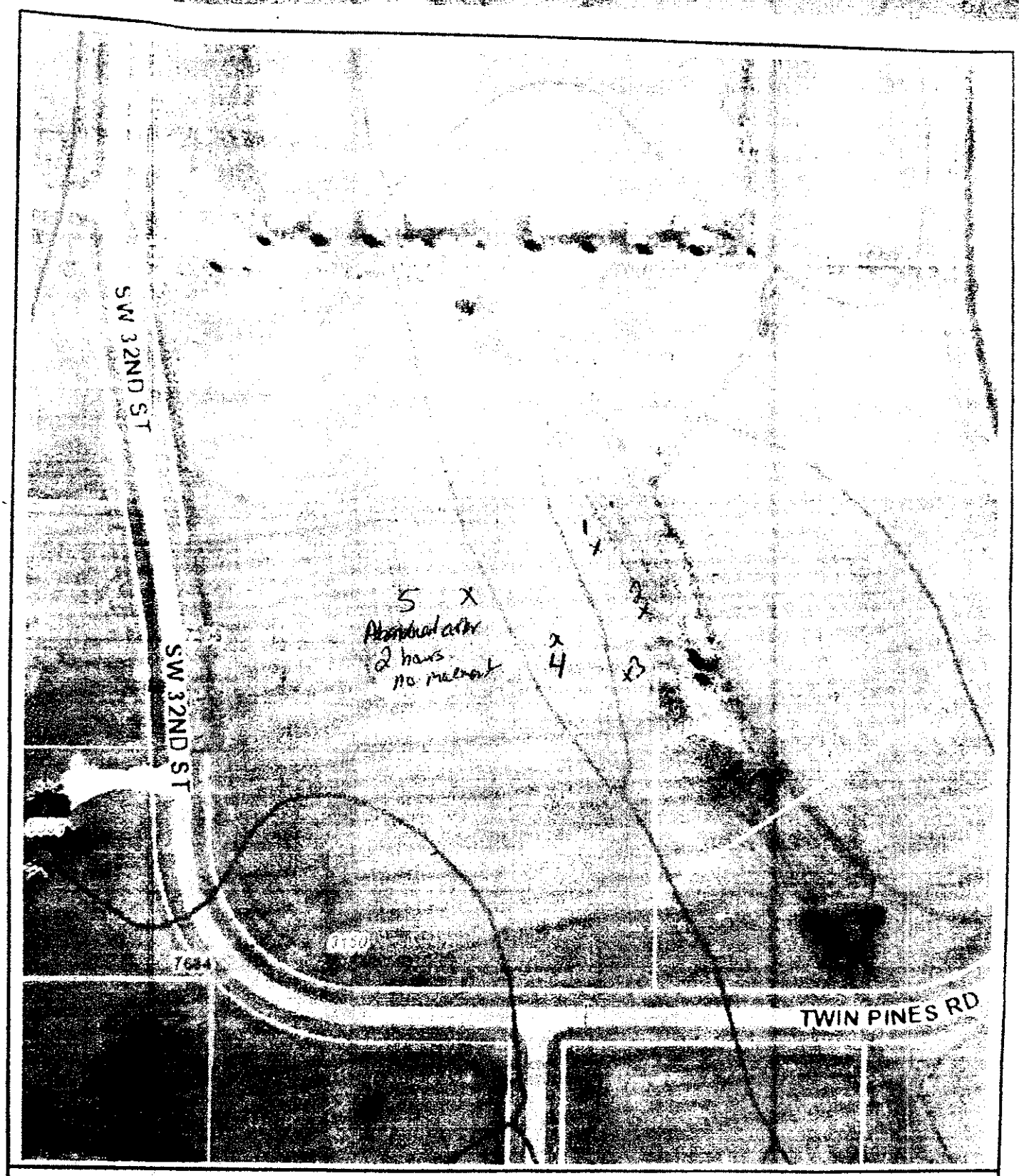
DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

Onsite Form B 4/15



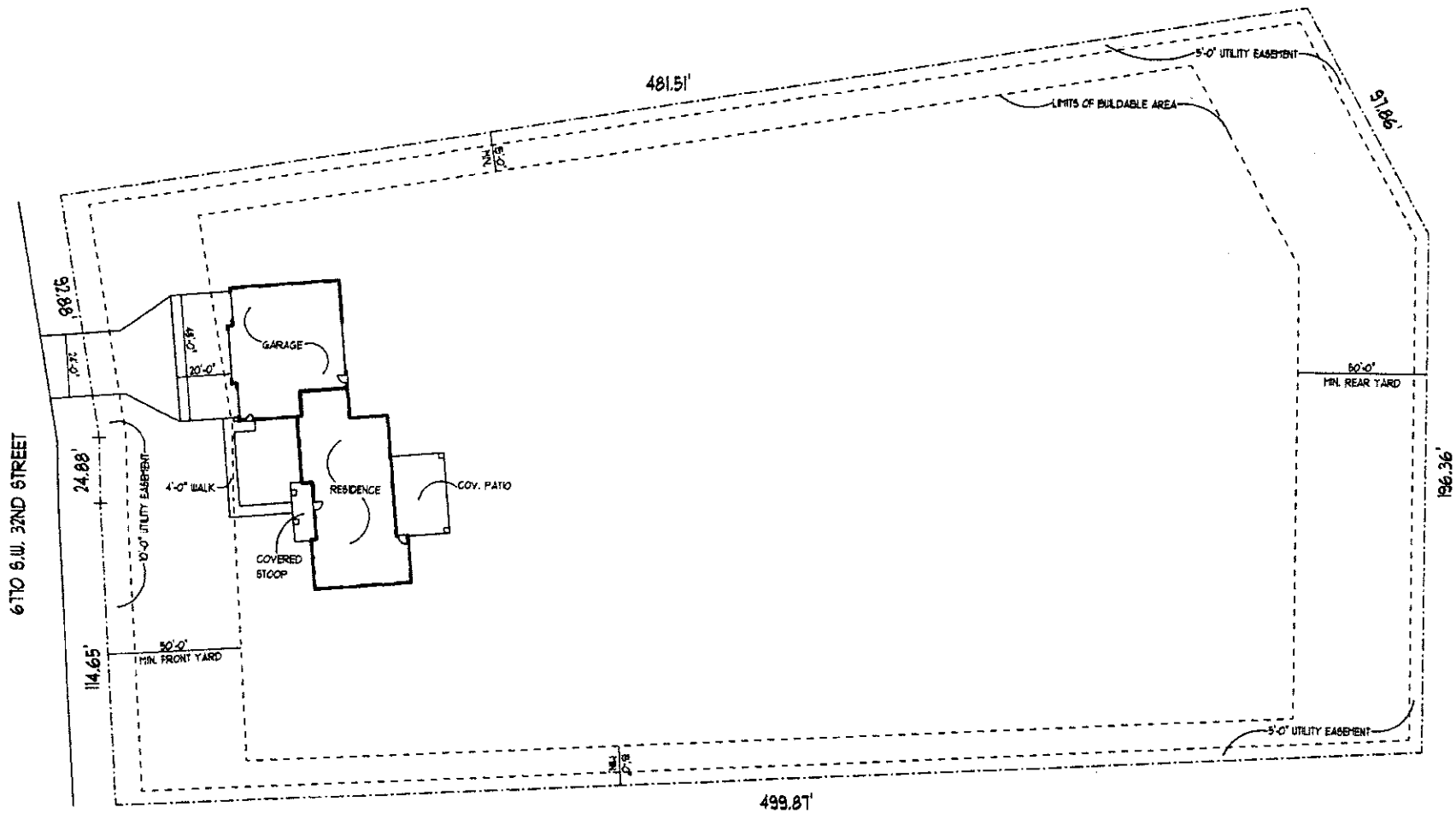
Lancaster County/City of Lincoln GIS Map

N
W E
S

3:30

Printed Apr 20, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.



NOTE:
BUILDING MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA OF LOT.

LEGAL:
TWIN PINES ADDITION
BLOCK 4, LOT 2

PLOT PLAN SCALE: 1" = 60'-0"

new VENTURES
RESIDENTIAL DESIGN
The Trade Center
6031 South 58th Street, Suite C
Lincoln, NE 68516
Phone: (402) 420-0068
Fax: (402) 420-0089
www.newventures.com

NV3831
BINDERUP RESIDENCE
6TH S.W. 32ND STREET

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. HS001765

System Type: Standard

Situs: 6770 SW 32ND ST, LINCOLN, NE 68523

Issued: 11/5/2018

Expires: 11/5/2019

Description: TWIN PINES ADDITION, BLOCK 4, Lot 2

Owner: BINDERUP, ROSS A & REBECCA A
1743 OAKDALE AVE
LINCOLN, NE 68506

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

JEFF SCHOENECK
1291 COUNTY RD V
FREMONT, NE 68025

SCANNED

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

A

Permit Number
#S001765

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C
Submit correct fee
with this Application

Type of Work to be Installed: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby applies for site clearance and permit to construct a Wastewater Treatment System in conformance with the appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address: 6770 SW 32nd St. City: Lincoln NE Zip: 68523
(Nearest cross street or intersection)

Legal Description: 17 T9 R6 Twin Pines Addition 2
(¼ ¼ Section Township Range Subdivision Addition Block Lot)

PID: _____

B. Owner

Name: Ross Rinderup Signature: Ross A. Rinderup
Address: 6770 SW 32nd St City, State, Zip: Lincoln, NE
Home Phone: _____ Work Phone: _____

C. Certified Installer

Name: Jeff Schoeneck Signature: Jeff Schoeneck
Address: 1291 County Rd V City, State, Zip: Fremont, NE 68025
Work Phone: 402-720-9209

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: 4 Anticipated Bathrooms: ☐ Yes ☒ No Total Acres: 3
Garbage Grinder: ☒ Yes ☐ No

☐ Commercial Establishment (Describe Facility): _____ Design flow in gallons per day: _____
Type of Wastewater: ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department — ☒ Municipal Code 24.38 ☐ Lincoln Resolution No. _____
Site Visits: _____ Date Rec'd: 11/5/18
Comments: _____ Date Mailed: _____
ACTION: ☒ Approved ☐ Disapproved
Signature: _____

2. Supt. Bldg. Insp. or Village Clerk — ACTION: ☐ Approved ☐ Disapproved
Comments: _____ Date Rec'd: _____ Date Mailed: _____ Signature: _____

3. City or County Engineer — ACTION: ☐ Approved ☐ Disapproved
Comments: _____ Date Rec'd: _____ Date Mailed: _____ Signature: _____

Installation Final Written Approval
By: _____
Date: _____

Business Office Use Only
Date Received: 11-01-18 Amount Paid: $420.00
Received By: JAO Cash Check No.: 9361

Brian Buried
Gas-Septic

904-888-7

Left Message w/ Scott on 10/23/19 WH

11-01-19
extension pd $130.00
CC# 8723
JAO

SCANNED
SCANNED

A

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln, NE 68510-1714
Phone: 402-441-8543

Permit Number
#S001765

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C
Submit correct fee
with this Application

Notice of Right Granted for: [X] Septic System [ ] Lateral [ ] Other Private Property

The undersigned hereby requests site clearance and permit for construction of a Wastewater Treatment System in conformance with appropriate regulations

PLEASE PRINT OR TYPE

A. Onsite System Location

Address: 6770 SW 32nd St — City: Lincoln — NE Zip: 68523
(Physical address)

Legal Description: 17 T9 R6 Twin Pines Addition 4 2
(¼ ¼ Section Township Range Subdivision Addition Block Lot)

Plat: _____

B. Owner

Name: Ross Pinkerup — Signature: Ross A. Pinkerup
Address: 6770 SW 32nd St — City, State, Zip: Lincoln, NE
Home Phone: _____ Work Phone: _____

C. Certified Installer

Name: Jeff Schoeneck — Signature: Jeff Schoeneck
Address: 1291 County Rd V — City, State, Zip: Fremont, NE 68025
Work Phone: 402-720-9209

D. Engineer [ ] Check and complete if engineer designed system — P.E. License Number: _____

Designer Name: _____ Firm: _____ Work Phone: _____

E. This system will serve a

[X] Residential Dwelling — Number of Bedrooms: 4 — Garbage Disposal: [ ] Yes [X] No — Garbage Grinder: [X] Yes [ ] No — Total Area: 3

[ ] 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

[X] Municipal (Under 24.38) [ ] County Resolution No. _____

1 Health Department — Signature: _____ — Date Rec'd: 11/5/18 — Date Mailed: _____ — ACTION [X] Approved [ ] Disapproved
Comments: _____

2 Supt. Bldg. Insp. or Village Clerk — Signature: _____ — Date Rec'd: _____ — Date Mailed: _____ — ACTION [ ] Approved [ ] Disapproved
Comments: _____

3 City or County Engineer — Signature: _____ — Date Rec'd: _____ — Date Mailed: _____ — ACTION [ ] Approved [ ] Disapproved
Comments: _____

Installation Final Written Approval
By: _____
Date: 5/15/20

Business Office Use Only
Date Received: 11-01-19 — Amount Paid: $420.00 — Receipt No.: 9361
Entered By: JAO — Check No.: _____

Brian Lysen 890-5510

904-1881

Left Message w/ Sec'd on 10/23/19 10 A.M. 4/6/20

11-07-19
extension pd $130.00
CC# 8723
JAO

Nate C. Hartman

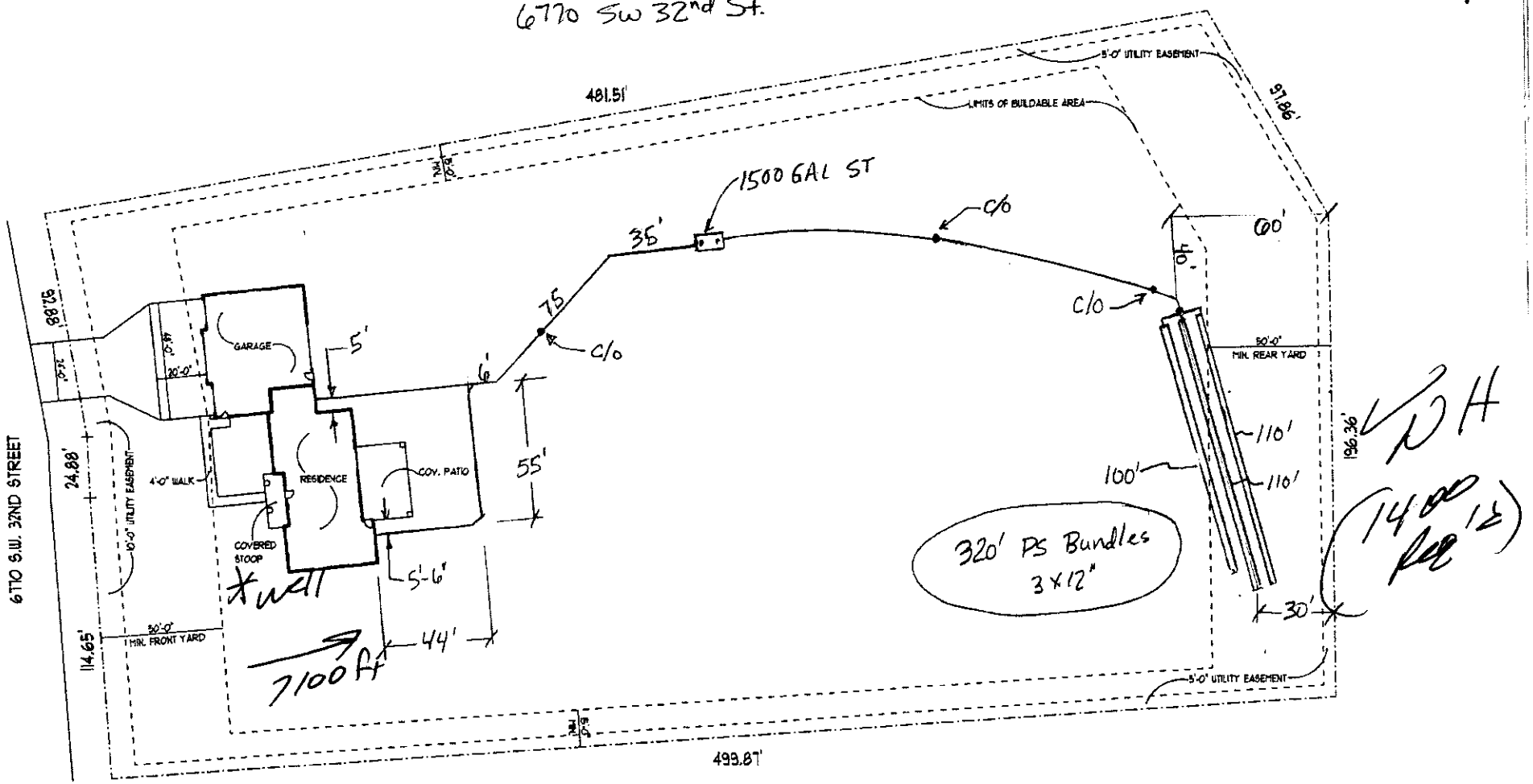
From: jeffhet@1791.com
Sent: Friday, May 8, 2020 2:40 PM
To: Nate C. Hartman
Subject: Binderup Septic Plan
Attachments: Septic Plan 6770 SW 32nd St.pdf

CAUTION: This email comes from a sender outside your organization.

See Attached

Jeff

Septic System Plan
6770 SW 32nd St.



NOTE:
BUILDING MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA OF LOT.

LEGAL:
TWIN PINES ADDITION
BLOCK 4, LOT 2

PLOT PLAN SCALE: 1" = 60'-0"

new VENTURES
RESIDENTIAL DESIGN
The Trade Center
6031 South 58th Street, Suite C
Lincoln, NE 68516
Phone: (402) 420-0088
Fax: (402) 420-0089
www.newventures.com

NV3831
BINDERUP RESIDENCE
6770 S.W. 32ND STREET

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCT/ INSTALL EXTENSION PERMIT
No. HS001765

System Type: Standard

Situs: 6770 SW 32ND ST, LINCOLN, NE 68523

Issued: 11/6/2019

Expires: 5/5/2020

Description: TWIN PINES ADDITION, BLOCK 4, Lot 2

Owner: BINDERUP, ROSS A & REBECCA A
1743 OAKDALE AVE
LINCOLN, NE 68506

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

JEFF SCHOENECK
1291 COUNTY RD V
FREMONT, NE 68025

SCANNED

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone 402-441-8047

B

Permit Number

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address TWIN PINES BLOCK 4 LOT 2 (no rural route) City DENTON NE Zip 68339

Owner ROSS BINDERUP Address 1743 OAKDALE AVE. LINCOLN NE 68506

Date of Tests 4/21/17 to 4/22/17 Weather Precipitation 0 Temperature 65

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	4/21	3:30	4/22	9:30	4/22	1:00	6	4/22	1:30	30	0.50	60
2	30	4/21	3:30	4/22	9:30	4/22	1:00	6	4/22	1:30	30	1.5	20
3	30	4/21	3:30	4/22	9:30	4/22	1:00	6	4/22	1:30	30	1	30
4	30	4/21	3:30	4/22	9:30	4/22	1:00	6	4/22	1:30	30	0.625	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name JASON KUBIK
Phone 402-475-2462
Address 105 LOCUST ST P.O. BOX 191
HICKMAN NE 68372

Sum of Percolation Rates: 158
Average of Rates: 39.5
Rate Used for Calculation: 59 due to >20mpi variance

Soil type (NRCS Maps/Other) 7466 OTOE SILTY CLAY LOAM, 7231 JUDSON
Groundwater Depth > 12 FEET

4BR - Home

DO NOT WRITE BELOW THIS LINE

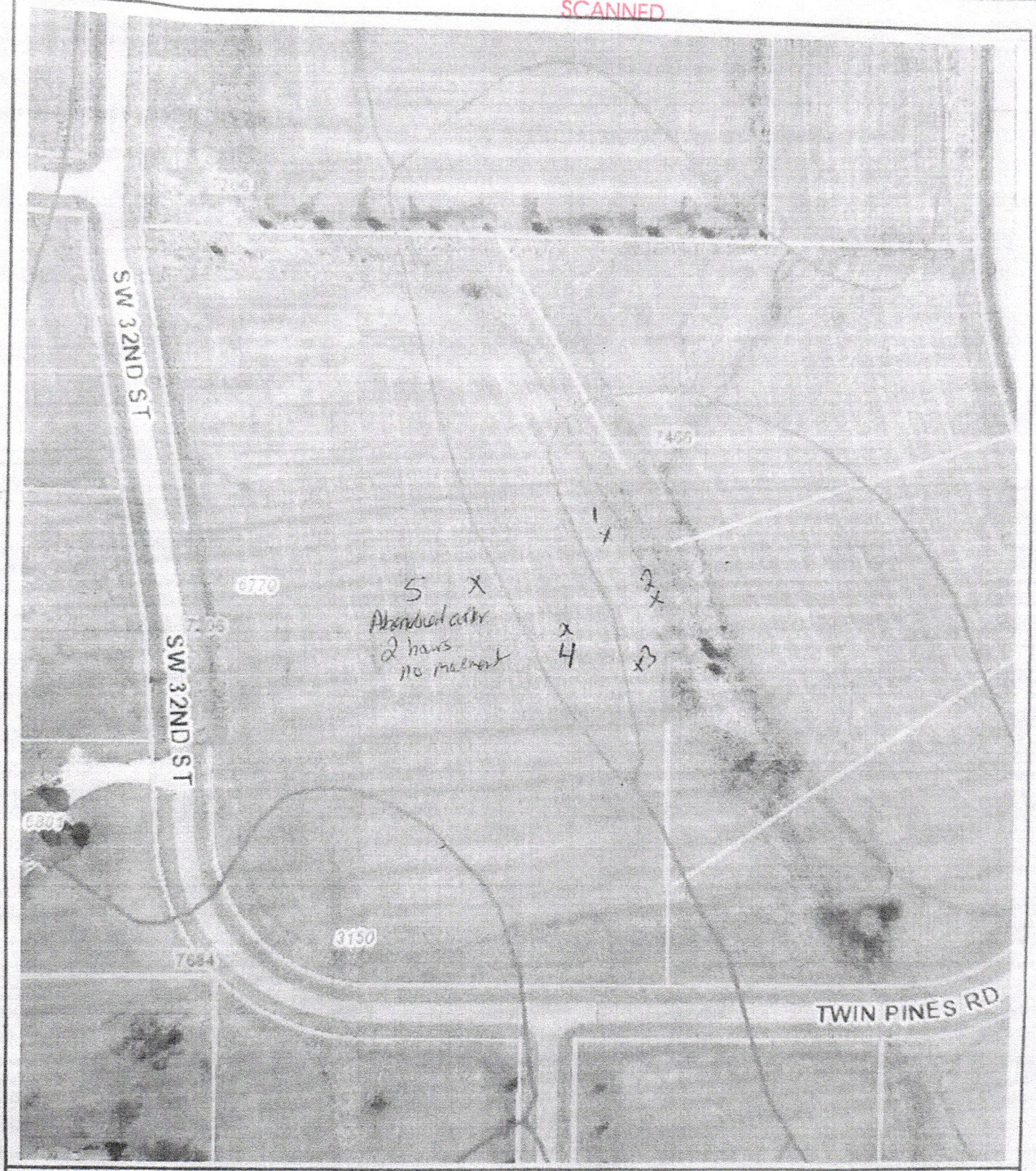
Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 4/15

SCANNED



Lancaster County/City of Lincoln GIS Map

N
W E
S

3:30

Printed: Apr 20, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.