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

A

Permit Number HS001774

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* 3575 W Claire City Lincoln, NE Zip 68523
(no rural route)

Legal Description S8 T9 R6 6th Principal Meridian E ½ SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0908300003000 *Approx. Address (If to be determined)

B. Owner

Name Karen Jochim Signature

Address 541 S Cotner City/State/Zip Lincoln NE 68510

Home Phone Work Phone

C. Certified Installer

Name: Matt Johnson John Henry's Signature

Address 2949 Cornhusker Hwy City/State/Zip Lincoln, NE 68504

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres .75
Garbage Grinder? ☐ Yes ☒ No

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic

28.61

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 11-28-18 Amount Paid $420.00
Received By JAO Cash/Check No. CK 3798

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 3575 W. Clare (no rural route) City Lincoln NE, Zip 68523

Owner Karen Jochim Address 541 S Cotner Blvd. Lincoln, NE 68510

Date of Tests 10/18 to 10/19 Weather: Precipitation N/A Temperature 68° 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"	10/18	5:00	10/19	10:30	10/19	2:00	6	10/19	2:30	30min	1	30
2	36"	10/18	5:00	10/19	10:30	10/19	2:00	6	10/19	2:30	30min	.5	60
3	36"	10/18	5:00	10/19	10:30	10/19	2:00	6	10/19	2:30	30min	.5	60
4	36"	10/18	5:00	10/19	10:30	10/19	2:00	6	10/19	2:30	30 min	1	30
5	36"	10/18	5:00	10/19	10:30	10/19	2:00	6	10/19	2:30	30min	1	30
6	36"	10/18	5:00	10/19	10:30	10/19	2:00	6	10/19	2:30	30min	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Matt Johnson
Phone: 402-802-5440
Address 2685 W Sumner st
Lincoln, NE 68522

Sum of Percolation Rates: 240
Average of Rates: 40 mpi → 60 mpi
Rate Used for Calculation: mpi

Soil type (NRCS Maps/Other) 7684 Wymore silty clay loam

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

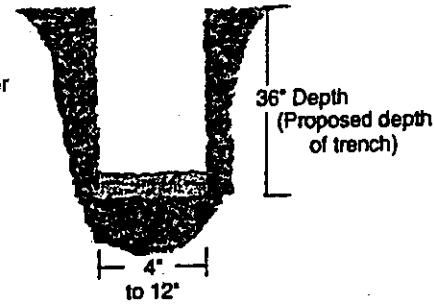
Signature of Reviewing Official Date

READ THOROUGHLY

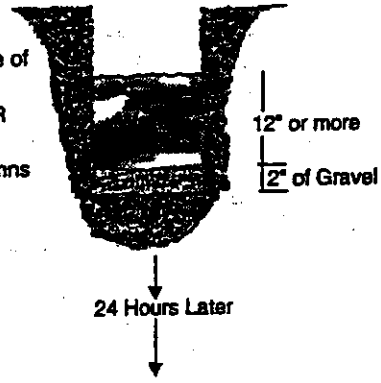
DIAGRAM OF PERCOLATION TEST PROCEDURE

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.

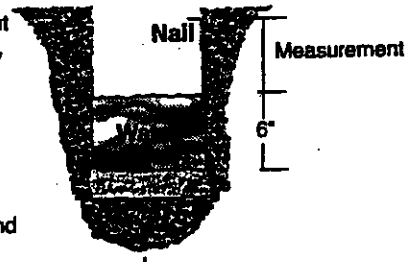


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



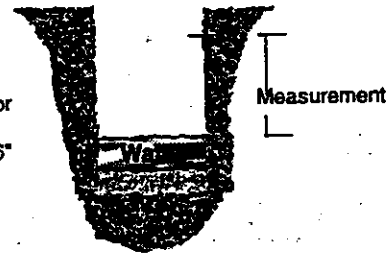
24 Hours Later

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.

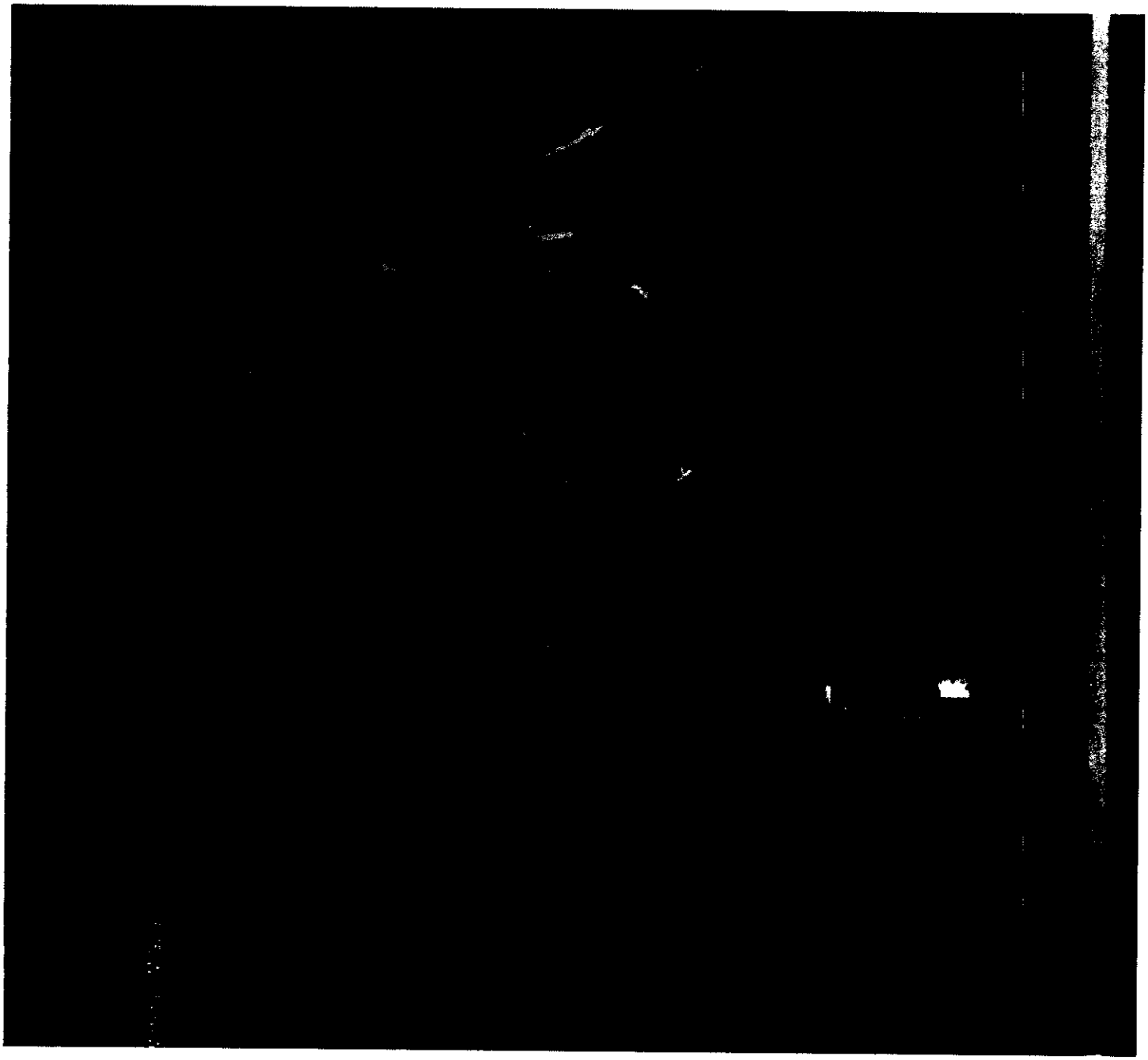


   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

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.



N →

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. HS001774

System Type: Standard

Situs: No Site Address Specified

Issued: 11/28/2018

Expires: 11/28/2019

Description: S8, T9, R6, 6th Principal Meridian, E1/2 SW

Owner: NEYLON, GREG T LIVING TRUST
5304 W 154 ST
LEAWOOD, KS 66224-3657

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

JOHN HENRY'S
2949 CORNHUSKER HWY
LINCOLN, NE 68504

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

A

Permit Number H5001774

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* 3575 W Claire City Lincoln, NE Zip 68523
(no rural route)

Legal Description SE 29 R6 6th Principal Meridian E 1/2 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09083000003000 *Approx. Address (If to be determined)

B. Owner

Name Karen Jochim Signature

Address 541 S Cotner City/State/Zip Lincoln NE 68510

Home Phone Work Phone

C. Certified Installer

Name: Matt Johnson John Henry's Signature

Address 2949 Cornhusker Hwy City/State/Zip Lincoln, NE 68504

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres .75
Garbage Grinder? ☐ Yes ☒ No

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic

38,61

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 10/18/19 DC
Comments
Date rec'd 11/28/18
Date frwd 11/28/18
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 Doug Hurd
Date 10/24/19

Business Office Use Only
Date Received 11-28-18 Amount Paid $120.00
Received By JAO Cash/Check No. CK 3746

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

Form A Updated: 4/15

Existing property

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

Exhibit 5

Permit Number: HS001774

Onsite Wastewater Treatment System

CS Inspection Sheet

Date 10/21/19 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3525 W. Clave 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 ____ Sq. Ft. Tank Size 1500 gals

Total length of laterals 292' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 4 Width 3.625 No. of Drop Boxes ____ Distribution Box ____

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 N/A

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DS Date 10/18/19

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Ansell

Date 10/21/19

Field Note Drawing (See Reverse Side):

SCANNED



74
71
73
74

N →