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

A

Permit Number
#S001785

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)

Temp

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 14377 NW 126th City Malcom, NE Zip 68402
(no rural route)

Legal Description NW 6 11 5 Red Lin Ridge 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 05-06-201-001-000 Approx. Address (If to be determined)

B. Owner

Name Cody + Julie Pierce Signature

Address 821 W Leon Dr City/State/Zip Lincoln NE 68521

Home Phone 402-770-4561 Work Phone

C. Certified Installer

Name: Troy Ross Signature

Address 2215 Lothlop Lake Cir City/State/Zip Crete NE 68333

Work Phone 402-610-1809

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 19.14
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
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 12-19-18 Amount Paid $420.00
Received By [illegible] Cash/Check No. CC 2500

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

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. HS001785

System Type: Lagoon

Situs: No Site Address Specified

Issued: 12/26/2018

Expires: 12/26/2019

Description: REDLIN RIDGE ADDITION, Lot 1

Owner: PIERCE, CODY C & JULIE A
821 W LEON DR
LINCOLN, NE 68521

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

TROY ROSS
2215 LOTHROP LAKE CIR
CRETE, NE 68333

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

SCANNED

A

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#S001785

Onsite Wastewater Treatment System Permit Application

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☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

Temp

Contacted 12/19/19 for TPT post

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Address* 14377 NW 126th City Malcom NE Zip 68402
(no rural route)

Legal Description 6 11 5 Red Lin Ridge 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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☐ 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 12/20/18
Date frwd 12/20/18
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 2/18/20

Extension paid ($130) 12-19-19

Business Office Use Only
Date Received 12-19-18 Amount Paid $420.00
Received By Cash/Check No. 2500

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

Form A Updated: 4/15

REC'D JAN 29 2020

D

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

Permit Number: HS001785

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) Lot 1 Redlin Ridge Addition

Owner _____ Address 14377 NW 126th Malcom NE 68402

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 80 ft.

B. Septic Tank

1. Material: Plastic
2. Capacity: 1500 gal.
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   - Well 180 ft.
   - Pressure line _____ ft.
   - Property line 215 ft.
   - Foundation 80 ft

C. Distribution Box or Drop Box

Distance **and** Direction from septic tank: N ft. 10

D. Drainfield/Absorption Field (circle one)

(Trench) Bed

1. Type: Perforated Pipe Chamberless (Other)

Material brand and inside width of Chamberless:
1203 H Infiltrator (EZ flow)

2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. _____
4. Drainfield size: 240 sq. ft.
5. Distance to:
   - Well 180 ft.
   - Pressure line _____ ft.
   - Property line 135 ft.
   - Depth of Groundwater _____

1000 gal installed 980 feet

Was the Onsite Waste Water 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 02-0030 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature _____ Date _____

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

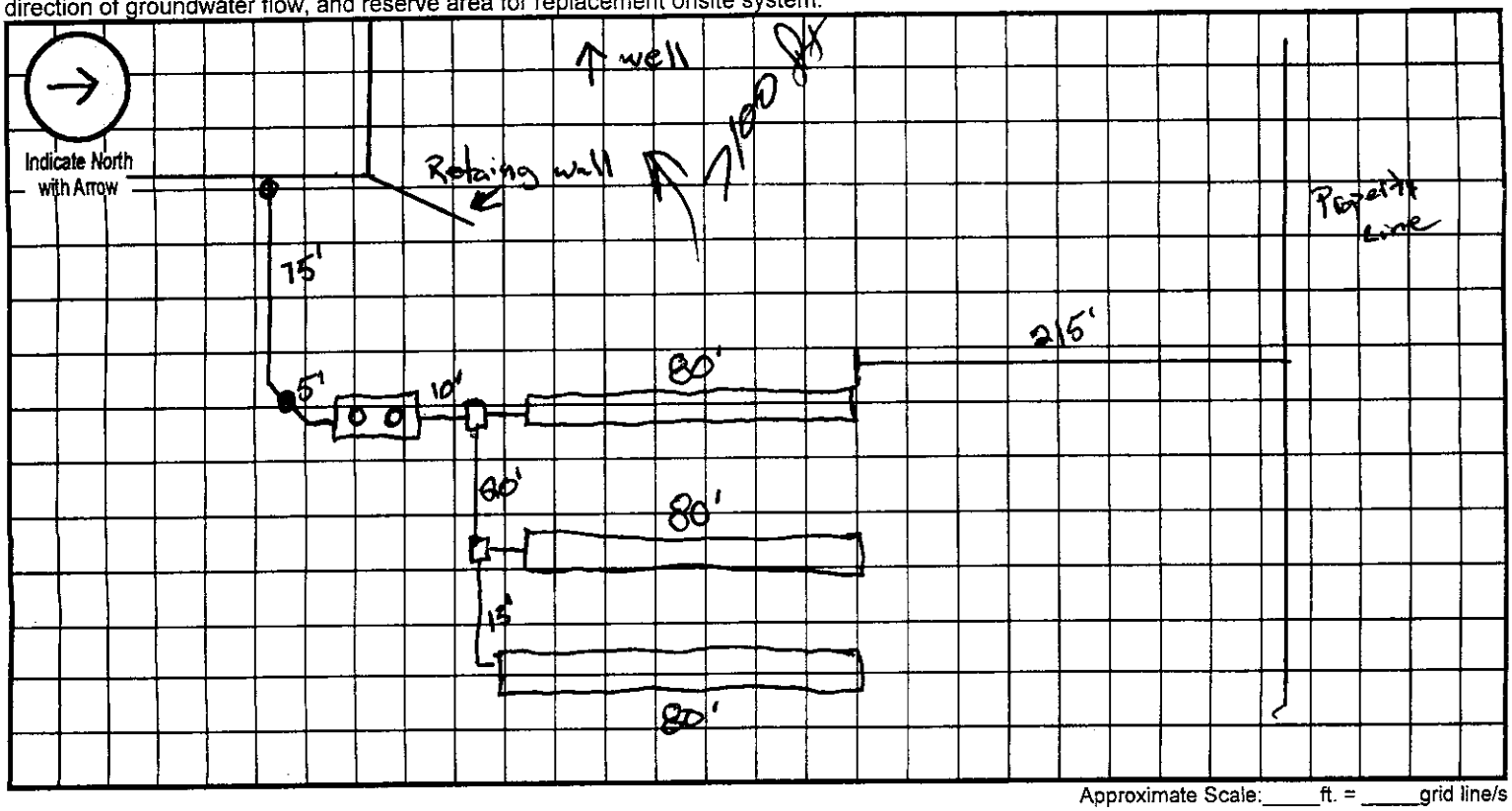
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 14377 NW 126th City Malcom NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☐ Concrete ☑ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 43 (min/inch = mpi) No. of Bedrooms 3 Soil Type Loamy Clay Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineered-designed and NDEQ approved) Total square feet of drainfield ~~1050~~ Sq. Ft. 1050

Total length of laterals 240 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☒ Other 1203 H

No. of Absorption Trenches 3 Width 36" No. of Drop Boxes 2 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer _____ Date: _____

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Cody + Julie Pierce Phone _____

Address 821 W Leon Dr Lincoln NE 68521
(City / State / Zip)

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

¼ ¼ Section Township Range County

Lot # 1 Subdivision Red Lin Ridge Addition

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ___

Silty Clay Loam ✓ Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 7-8 to End Date 7-9, 2019

Weather Conditions

Precipitation 0 Avg. Temp 78 °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 ÷ l) (Minutes per inch)
1	36"	7-8	10 Am	7-9	10:30	7-9	10:30	36	11 A	35 1/4	30	3/4	40
2	"	"	"	"	"	"	"	"	"	35 5/8	"	11/16	44
3	"	"	"	"	"	"	"	"	"	35 21/64	"	43/64	45

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

Signature

Certificate or License # 2705

Address 2215 Lothrop Lake Cir.

City Crete St. NE Zip 68333

Phone 402-610-1809

Sum of Percolation Rates = 129

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 43

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