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

A

Permit Number #5001795

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* 2909 NW 126th City Lincoln, NE Zip 68524
(no rural route)

Legal Description 18 10 5 Bushnell Acres Add 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID _____ *Approx. Address (if to be determined) _____

B. Owner

Name Paul Goodert Signature Paul Goodert
Address 2909 NW 126th City/State/Zip Lincoln / NE / 68524
Home Phone 402-469-1783 Work Phone 402-469-1783

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature _____
Address P.O. Box H City/State/Zip Milford, NE 68405
Work Phone 402-761-2281

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres _____
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 500

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
Comments _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

3. City or County Engineer
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 2-15-19 Amount Paid $420.00
Received By JAO Cash/Check No CC8046

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

Form A Updated 4/15

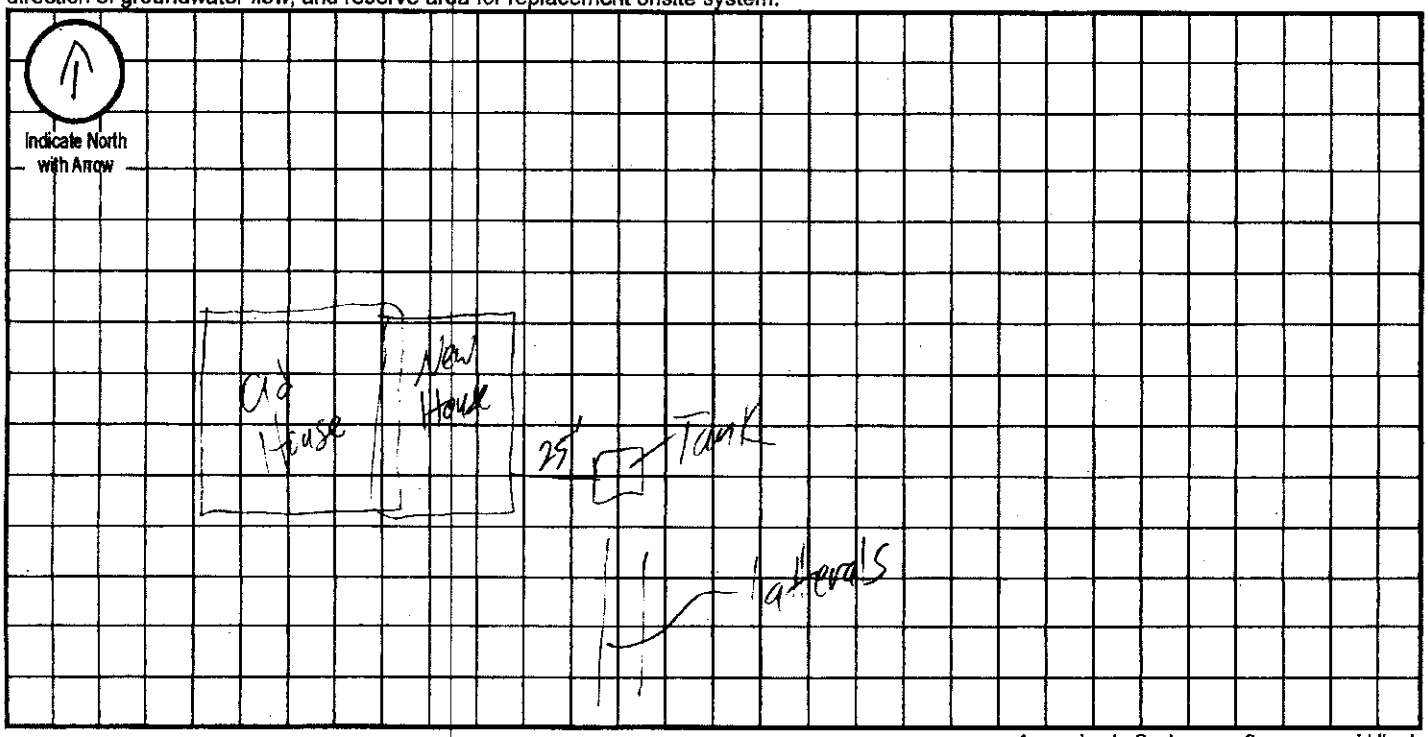
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 2909 NW 126th City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s
Septic Tank Cap. 2000 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 36.14 (min/inch = mpi) No. of Bedrooms 4 Soil Type Clay Loam Land Slope 0 %
☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1107 Sq. Ft.
Total length of laterals 324 Type of Distribution: ☐ Perforated Pipe ☒ Half-Round ☐ Chambers ☐ Other _____
No. of Absorption Trenches 3 Width 36 No. of Drop Boxes 0 Distribution Box 0
No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Justyn Peterson Date: 2/7/19

Updated 2/18

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. HS001795

System Type: Standard

Situs: No Site Address Specified

Issued: 2/22/2019

Expires: 2/22/2020

Description: BUSBOOM ACRES ADDITION, Lot 1

Owner: GOEDERT, PAUL & BROOKE
2909 NW 126 ST
MALCOLM, NE 68524

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

PAUL GOEDERT
2909 NW 126TH ST
LINCOLN, NE 68524

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

SCANNED

A

Permit Number #5001795

Onsite Wastewater Treatment System Permit Application

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

PLEASE PRINT OR TYPE

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Legal Description 18 10 5 Busboom Acres Add 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Paul Goodsell Signature Paul Goodsell

Address 2909 NW 126th City/State/Zip Lincoln / NE / 68524

Home Phone 402-469-1783 Work Phone 402-469-1783

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature _____

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.13

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 500

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department

Site visits _____ Date rec'd _____ ACTION ☒ Approved ☐ Disapproved

Date frwd _____ Signature _____

Comments _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

Date frwd _____ Signature _____

3. City or County Engineer

Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

Date frwd _____ Signature _____

Installation Final Written Approval

By _____

Date 4/30/19

Business Office Use Only

Date Received 2-15-19 Amount Paid $420.00

Received By JAC Cash/Check No. CC8046

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

Form A Updated 4.13

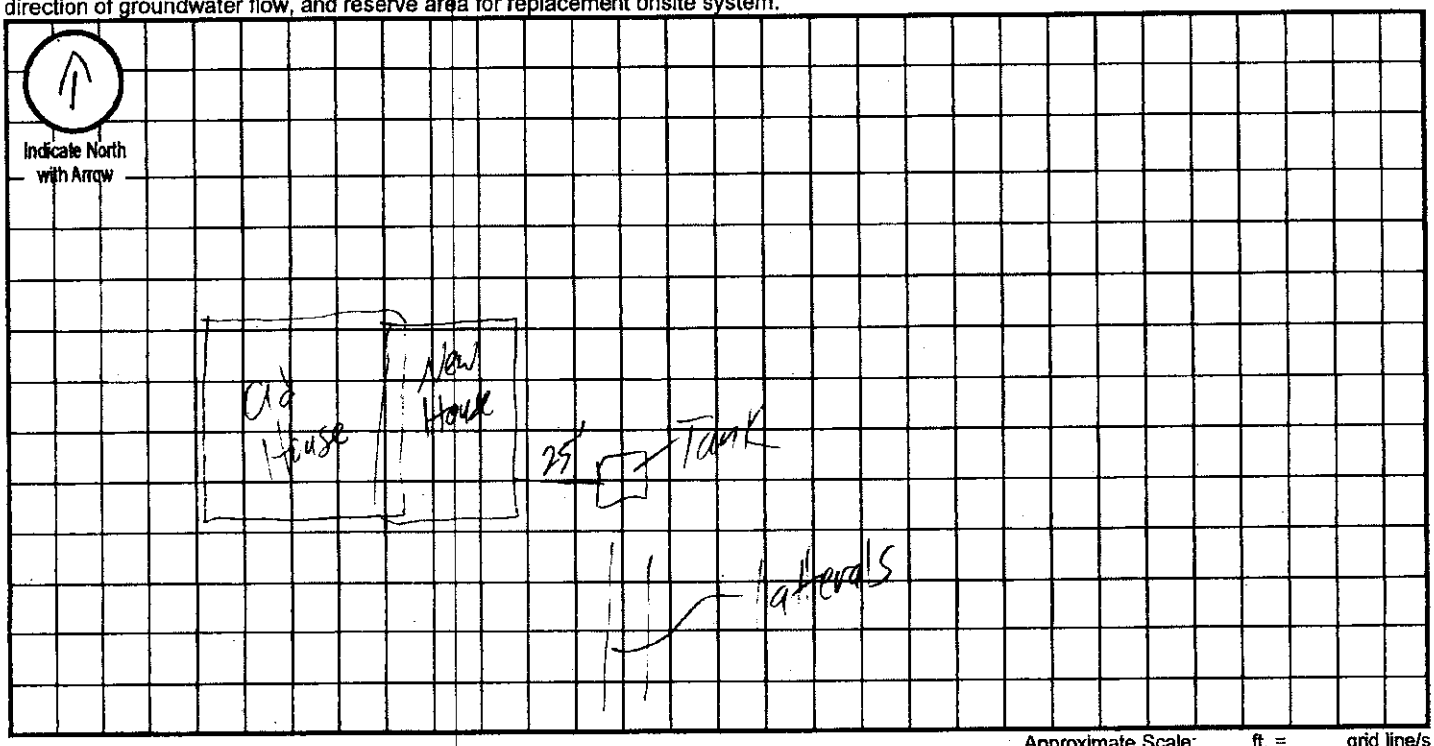
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C

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

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B. Proposed Septic Tank/s
Septic Tank Cap. 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

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☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System
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Total length of laterals 329 Type of Distribution: ☐ Perforated Pipe ☒ Half-Round ☒ Chambers ☐ Other _____
No. of Absorption Trenches 3 Width 36 No. of Drop Boxes 0 Distribution Box 0
No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Justyn Peterson Date: 2/7/19

Updated 2/19

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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D Exhibit 4

Permit Number:

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: Paul Goedert Address 2909 NW 126th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 30 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 150+ ft.
   Pressure line 100+ ft
   Property Line 100+ ft.
   Foundation 30 ft.

C Distribution Box or Drop Box NONE

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: Infiltrator Quick 4 standard 27"
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 112 ft. 108 ft. 106 ft. ____
4. Drainfield size: 1107 sq. ft.
5. Distance to:
   Well 200+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   Depth of Groundwater 93

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.

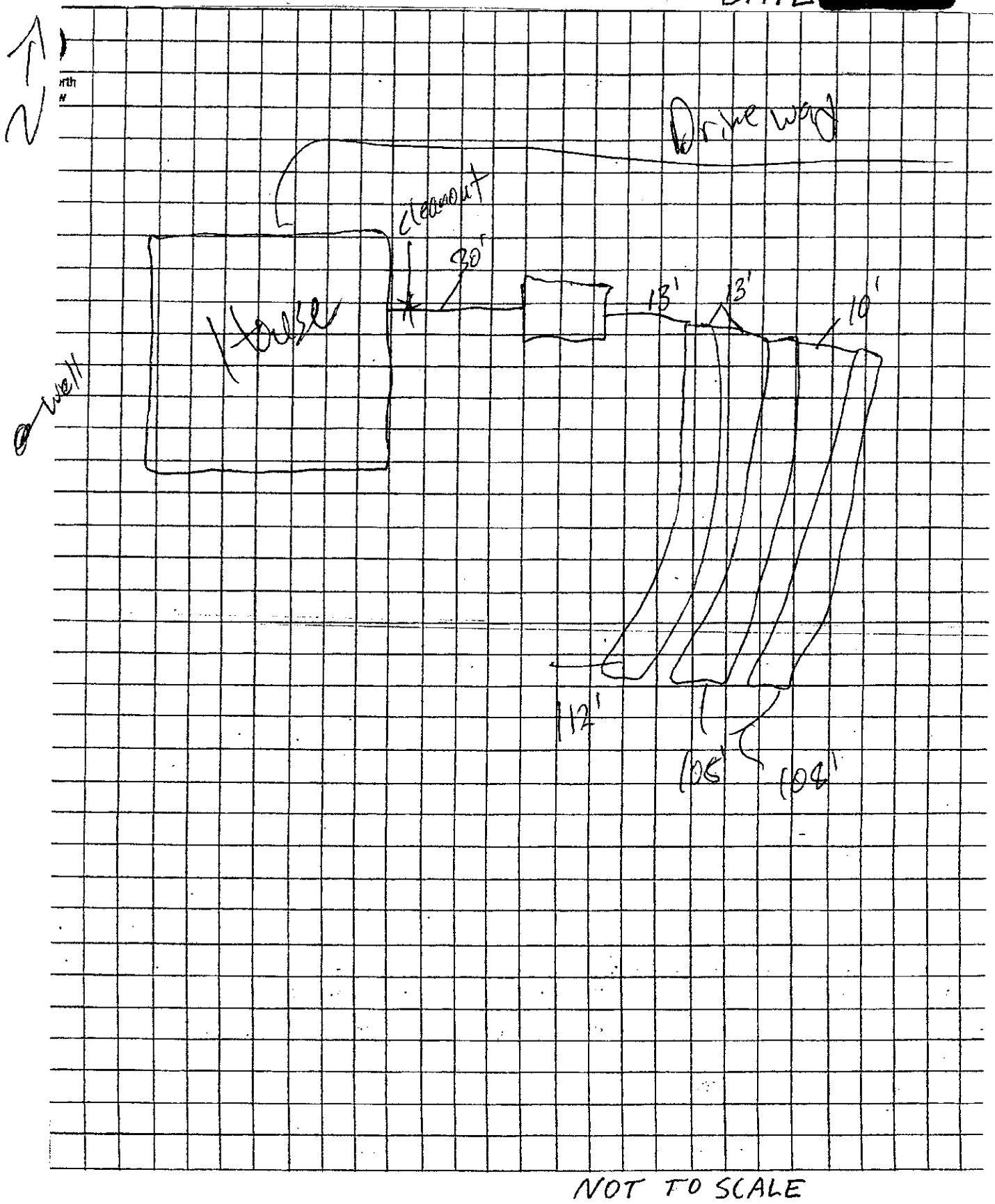
Certified Professional Signature: _____ Date: 4/19/19

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

Owner
Paul Goedert

EARNEST WELL DRILLING INC.
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 4/19/19



NOT TO SCALE

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Leroy Busboom
Address 2909 NW 126th Busboom Drive

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 11/17/18 to 11/18/18 **Weather:** Precip. 1" Snow Temp 30s

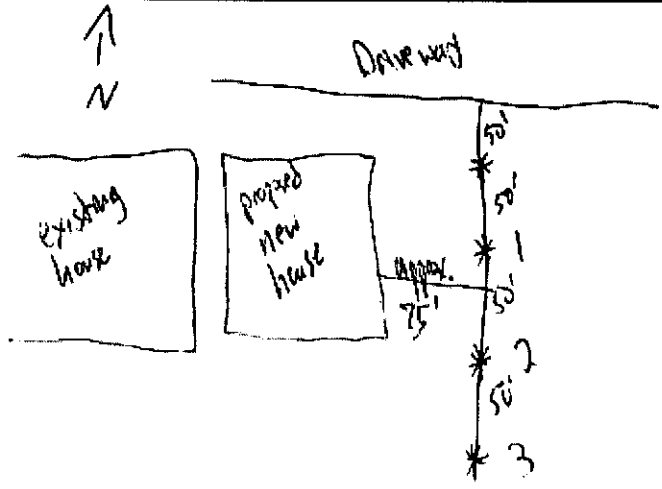
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	11/17	9:30am	11/17	1:30pm	11/18	8:35am	6	9:05am	5	30	1
2	36	11/17	9:30am	11/17	1:30pm	11/18	8:35am	6	9:05am	5¼	30	¾
3	36	11/17	9:30am	11/17	1:30pm	11/18	8:35am	6	9:05am	5¼	30	¾

Sum of Water Level Drops (in.) [Column m]: 2.5
Average of Water Level Drops (in.) [Column m]: .83
~~Inches per Minute:~~ 36.14 MPI

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 322 - 236th Rd
Milford, NE 68405
Phone: 402 - 641-6174
Signature:

Square Feet of Lateral per Bedroom: 275

SKETCH SHOWING HOLE LOCATION:



goedert3@hotmail.com
6410 Salme Dr.
Lincoln, NE 68504

Ken - 469 - 0239