SCANNED

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

A

Permit Number #8001820

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* 1540 W. Ridge Rd City Lincoln, NE Zip 68523
(no rural route)

Legal Description 16 09 06 Gateway Western Estates 1 6-7 JAO
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09 16400018000 *Approx. Address (If to be determined)

B. Owner Pegler, Donald III + Colleen

Name First Nebraska Trust Company Trustee Signature

Address Po Box 81667 City/State/Zip Lincoln, NE 68501

Home Phone Work Phone

C. Certified Installer

Name: Taylor Bass Signature

Address 8770 Waverly Rd City/State/Zip Lincoln, NE 68517

Work Phone 402-430-8380

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 10.32
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
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 06-19 Amount Paid $420
Received By JAO Cash/Check No. 004833

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

Form A Updated: 4/15

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name PEGLER, DONALD H III + GLEEN Phone _____

Address 1540 W. RIDGE RD City LINCOLN State NE Zip 68523

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

__ __ 16 Section 09 Township 06 Range LANCASTER County

Lot # [redacted] 6-7 Subdivision GATEWAY WESTGLN ESTATES

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 4/7 to End Date 4/7, 2019

Weather Conditions

Precipitation N/A Avg. Temp 65 °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)	Start Time (Hr./Min)	Start Water Level (inch)	End Time (Hr./Min)	End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (m ÷ i) (Minutes per inch)
1	36	4/7	10:15AM	4/7	2:15PM	4/7	2:26	10"	2:56	9 1/2"	30	1/2	60
2	37	↓	↓	↓	↓	↓	2:31	9 15/16	3:01	9 1/4"	30	11/16	43.6
3	36						2:37	9 13/16	3:07	9 1/8"	30	11/16	43.6
4	38						2:42	10"	3:12	9 5/8"	30	5/8	48
5	36	↓	↓	↓	↓	↓	2:48	9 7/8"	3:18	9 1/4"	30	5/8	48

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

Signature _____

Certificate or License # MASTER INSTALLER #12655

Address 8770 WAVERLY RD

City LINCOLN St. NE Zip 68517

Phone 402-430-8580

Sum of Percolation Rates = 243.2

Avg. of Percolation Rates* = 48.64
(sum of rates ÷ number of tests)
(minutes per inch)

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

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

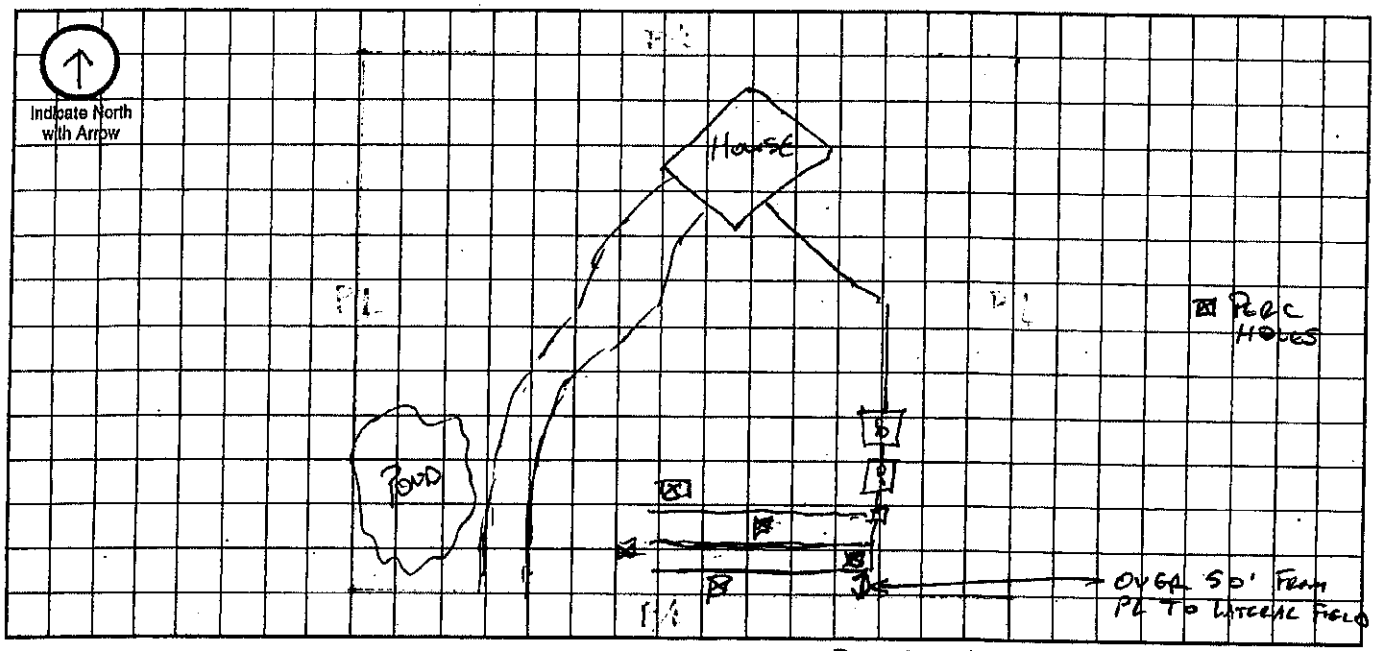
C

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.



NOT TO SCALE Approximate Scale: ____ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 1540 W. RIDGE RD City LINCOLN NE, Zip 68523

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 48.64 (min/inch = mpi) No. of Bedrooms 4 Soil Type SANDY CLAY Land Slope____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved . Total Square feet of drainfield 1320 sq.ft.

Total length of laterals 265' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 5' No. of drop boxes 1 Distrubtion Box → W/ FILTER MATERIAL (RECYCLED RUBBER GRANULES)

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 HERITAGE BUILDERS Date ____

Installer TAYLOR BUSS Date 5/6/19

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

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: _____ Address _____

A. Wastewater Piping

1. Material: _____ Diameter: _____in.
2. Distance between dwelling and septic tank: _____ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ In.
4. Distance to:
   Well _____ft.
   Pressure line _____ft
   Property Line _____ft.
   Foundation _____ft.

C Distribution Box or Drop Box

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

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: _____

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

Janet O'Neal

From: Nate C. Hartman
Sent: Monday, May 06, 2019 10:14 AM
To: Janet O'Neal
Subject: FW: 1540 W. Ridge Rd Permit
Attachments: Septic Permit 1540 W Ridge Rd.pdf

Janet:

Please make a file for this.

I am assuming that we need to call him for payment unless he has called you already...

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

From: Taylor Buss [mailto:taylor.l.buss@gmail.com]
Sent: Monday, May 06, 2019 10:10 AM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: 1540 W. Ridge Rd Permit

Nate,

Attached is the permit application, perc test, and rough drawing of the proposed septic system at 1540 W. Ridge Road. The builder hasn't decided on the lateral design just yet but I'm expecting them to want to use filter material w/ chambers. We've been using those recycled rubber granules in other counties but haven't done a job yet in Lancaster with those so let me know if those are approved or not. If the lateral design changes I'll adjust as necessary and let you know.

Thanks,

Taylor Buss
Nebraska Rural Septic
402-430-8380
Taylor.L.Buss@gmail.com

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. HS001820

System Type: Standard

Situs: 1540 W RIDGE RD, LINCOLN, NE 68523

Issued: 5/6/2019

Expires: 5/6/2020

Description: GATEWAY WESTERN ESTATES, BLOCK 1, Lot 6 - 7

Owner: PEGLER, DONALD H III & COLEEN
FIRST NEBRASKA TRUST COMPANY
ATTN: BRANDI NOVOSAD PO BOX
81667
LINCOLN, NE 68501

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

TAYLOR BUSS
8770 WAVERLY RD
LINCOLN, NE 68517

SCANNED

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

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Permit Number #5001820

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Home Phone Work Phone

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Work Phone 402-430-8380

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Type of Wastewater ☐ Domestic ☐ Non-Domestic

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Perc?

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Date frwd 5/6/19
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 *NOTE
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

PERMIT EXPIRED

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 5/6/19 Amount Paid $420
Received By JAO Cash/Check No. 004833

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

Form A Updated: 4/15

* Double permit let expire on 5/6 - pH