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

A

Permit Number #500[redacted]1624

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 16901 SW 29th ST (no rural route) City Martell, NE Zip

Legal Description S20 T8 R6 Marla Miller 1st Add, Lot 4

1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-20-402-001-000

B. Owner

Name MK Buildors Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 W 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

1 Residential Dwelling Number of Bedrooms Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

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. 02-30

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 5-15-19 Amount Paid $420.00 CC

Received By JAO Cash/Check No. 2794

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

Form A Updated: 1-13

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 _____ City _____ NE, Zip _____
(no rural route)

Owner Eric Linder Address _____

Date of Tests 3-18-18 to 3-19-18 Weather: Precipitation N/A Temperature 60's

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	3-18	13:00	3-19	14:00	3-19	14:00	6	3-19	14:30	30	5/8	48
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	5/8	48
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	5/8	48
4	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	5/4	95
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: [illegible] Mueller
Phone: 402-430-2946
Address Syracuse NE
_____

Soil type (NRCS Maps/Other) 700 190th
Groundwater Depth 15

Sum of Percolation Rates: 198
Average of Rates: 19.5
Rate Used for Calculation: 40-50 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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. HS001824

System Type: Standard

Situs: No Site Address Specified

Issued: 5/20/2019

Expires: 5/20/2020

Description: MARLA MILLER 1ST ADDITION, Lot 1

Owner: WARFIELD, NICOLE A
600 SURFSIDE DR APT 186
LINCOLN, NE 68528

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

SCOTT MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446

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

SCANNED

A

Permit Number #500[redacted]1624

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 16901 SW 29th ST (no rural route) City Martell, NE Zip

Legal Description 520 T8 R6 Maple Miller 1st Add 1 4/6

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 08-20-402-001-000

B. Owner

Name MK Builders Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Muellon Signature

Address 1345 N 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3 out

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. 02-30

1. Health Department

Site visits 11/19/19 Date rec'd 5/20/19 Date frwd 5/20/19

ACTION ☒ Approved ☐ Disapproved Signature

Comments

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 Thiele

Date 12/2/19

Business Office Use Only

Date Received 5-15-19 Amount Paid $420.00

Received By JAO Cash/Check No. CC 7194

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

Form A Updated: 1-13

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

Exhibit 5

Permit Number: HS001824

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/2/19 Legal Description Maula Miller 1st Lot 1

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16901 SW 29th 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 1650 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 370' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ Flow

No. of Absorption Laterals 3 Width 4.5 No. of Drop Boxes Facta Distribution Box 1

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

Lateral #1 NA Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DC Date 11/26/19

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Dave Thull

Date 11/29/19

Field Note Drawing (See Reverse Side):