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

A

Permit Number H5001826

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 5201 W Old Cheney Rd City Denton, NE Zip 68523
(no rural route)

Legal Description 18 9 6 6th Principal Meridian NW 9

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

PID 09 18 10 000 9 000

B. Owner

Name Robin & Sandra Mcconnell Signature

Address 5201 W. Old Cheney Rd City/State/Zip Denton NE 68523

Home Phone Work Phone

C. Certified Installer

Name: Steven C Lewis Signature

Address 4810 W Claire Ave. City/State/Zip Lincoln NE 68523

Work Phone 402 432 1082

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
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 ACTION ☐ Approved ☐ Disapproved

Site visits Date rec'd Signature
Date frwd
Comments

2. Supt. Bldg. Insp. or Village Clerk ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature
Date frwd

3. City or County Engineer ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature
Date frwd

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 5-21-19 Amount Paid $420.00
Received By JAO Cash/Check No. CC 8412

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 5201 W. old Cheney Rd. (no rural route) City Denton NE, Zip 68523

Owner Robin Mcconnell Address 5201 W. old Cheney Rd.

Date of Tests 5-3-19 to 5-4-19 Weather: Precipitation .2 inch Temperature 53

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (ft)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (ft.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	5/3	10/00	5/4	10/00	5/4	10/00	6	5/4	10/30	30	2	15
2	"	"	"	"	"	"	"	6	"	"	"	.5	60
3	"	"	"	"	"	"	"	6	"	"	"	1.5	20
4	"	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address 4810 W. Claire Ave.
Lincoln NE, 68523
Soil type (NRCS Maps/Other) 7684
Groundwater Depth over 10'

Sum of Percolation Rates: 1250
Average of Rates: 31.25
Rate Used for Calculation: 60

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. HS001826

System Type: Standard

Situs: 5201 W OLD CHENEY RD, DENTON, NE 68523

Issued: 5/22/2019

Expires: 5/22/2020

Description: S18, T9, R6, 6th Principal Meridian, LOT 9 NW

Owner: MCCONNELL, ROBIN & SANDRA L
5201 W OLD CHENEY RD
LINCOLN, NE 68523

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

STEVEN LEWIS
4810 W CLAIRE ST
LINCOLN, NE 68523

SCANNED

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

A

Permit Number H5001826

Onsite Wastewater Treatment System
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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 5201 W Old Cheney Rd City Denton, NE Zip 68523
(no rural route)

Legal Description 18 9 6 6th Principal Meridian NW 9 JMD
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09 18 10 000 9 000

B. Owner

Name Robin & Sandra McConnell Signature

Address 5201 W. Old Cheney Rd City/State/Zip Denton NE 68523

Home Phone Work Phone

C. Certified Installer

Name: Steven C Lewis Signature

Address 4810 W. Claire Ave. City/State/Zip Lincoln NE 68523

Work Phone 402 432 1082

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 3.93 H
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
Comments
Date rec'd 5/22/19
Date frwd 5/22/19
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
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 8/6/19

Business Office Use Only
Date Received 5-21-19 Amount Paid $120.00
Received By JAO Cash/Check No. CC 0412

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

Received Time Jul. 29. 2019 1:46PM No. 1020

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: Sandy Robin Address: 5201 W Old Cheney Rd

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 23 ft.

B. Septic Tank

1. Material Conc.
2. Capacity: 1500 gal
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well over 100 ft.
   Pressure line " ft
   Property Line " ft.
   Foundation 83 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 38 ft. 6"

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ flow from Infiltrator 4.5'
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 100 ft. 80 ft. 60 ft. _____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well over 100' ft.
   Pressure line " ft.
   Property line " ft.
   Depth of Groundwater over 8

N/A

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.

Received Time Jul. 29. 2019 1:46PM No. 1020

5201 w old Cheney Rd.

N
W E
S

100' EZ flow

40' EZ flow

60' EZ flow

S.B.

38'-6"

1500 gal conc. tank

18'-6"

23'-1"

House

N 40° 45.279
W096° 47.533