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

A

Permit Number
HS001827

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 1701 W. Pleasant Hill Rd (no rural route) City _____, NE Zip _____

Legal Description _____ 16 9 6 6th principal Meridian SE 71

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

PID 09164 0003000

B. Owner

Name Bavdelio Puentes Ramos Signature _____

Address _____ City/State/Zip _____

Home Phone 402 802 7352 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 - Septic to Barn

☒ Residential Dwelling Number of Bedrooms 0 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres _____

Garbage Grinder? ☐ Yes ☑ No

☒ Commercial Establishment/Other Facility Specify Barn - 1 Bathroom Design flow in gallons per day 100

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 5-21-19 Amount Paid #420.00
Received By JAV Cash/Check No. CC 0442

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

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 1701 W. Pleasant hill Rd. (no rural route) City Lincoln / NE, Zip 68523

Owner Alex Address

Date of Tests 5/17/14 to 5/18/14 Weather: Precipitation .29" Temperature 71

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 (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev. (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	5/17	9:00	5/18	9:00	5/18	9:00	6	5/18	9:30	30	.5	60
2	"	"	"	"	"	"	"	6	"	"	"	.5	60
3	"	"	"	"	"	"	"	6	"	"	"	1.5	20
	"	"	"	"	"	"	"	6	"	"	"	.75	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 9321082
Address 4810 W. Claire Ave
Lincoln NE, 68523
Soil type (NRCS Maps/Other) 7681
Groundwater Depth

Sum of Percolation Rates: 180
Average of Rates: 45
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. HS001827

System Type: Standard

Situs: 1701 W PLEASANT HILL RD, LINCOLN, NE 68523

Issued: 5/22/2019

Expires: 5/22/2020

Description: S16, T9, R6, 6th Principal Meridian, LOT 71 SE

Owner: RAMOS, BAUDELIO PUENTES
1701 W PLEASANT HILL 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 AVE
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 HS001827

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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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 1701 W. Pleasant Hill Rd (no rural route) City _____, NE Zip _____

Legal Description: 1/4 16 | 1/4 9 | Section 6 | Township 6th principal Meridian | Range SE | Subdivison 71 | Addition _____ | Block _____ | Lot _____

PID 09164 0006 3000

B. Owner

Name Bandelio Puentes Ramos Signature _____

Address _____ City/State/Zip _____

Home Phone 402 802 7352 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 - Septic to Barn

☒ Residential Dwelling Number of Bedrooms 0 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5.02

Garbage Grinder? ☐ Yes ☑ No

☒ Commercial Establishment/Other Facility Specify Barn - 1 Bathroom Design flow in gallons per day 100

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 7/30/19

Business Office Use Only
Date Received 5-21-19 Amount Paid $420.00
Received By JAD Cash/Check No. CC 0442

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

Form A Updated: 1/13

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

Permit Number: HS001827

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/30/19 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1701 W. Pleasant Hill 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 450 Sq. Ft. Tank Size 1000 gals

Total length of laterals 100' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) 22 - Flow

No. of Absorption Laterals 1 Width 3 No. of Drop Boxes 0 Distribution Box 0

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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial 9/24/19 Date NH

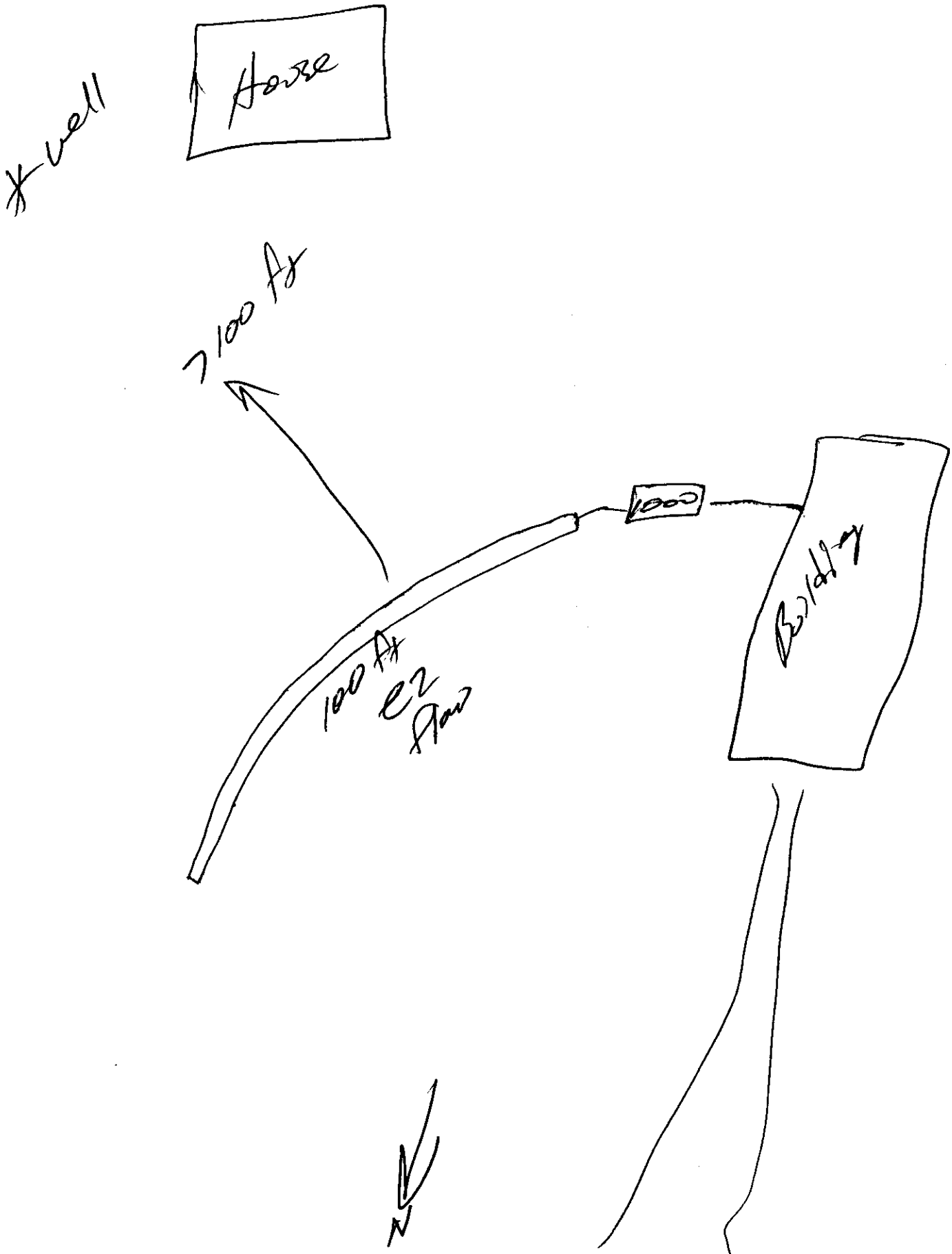
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 9/30/19

Field Note Drawing (See Reverse Side):


well
House
100 ft
100 ft
2"
Building
N