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

JUN 03 2019

A

Permit Number HS001831

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* 176th and Havelock (no rural route) City Lincoln, NE Zip 68527

Legal Description S12 T10 R8 Native Grassfield 1 2

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

PID 231/12/102/002/000 *Approx. Address (If to be determined)

B. Owner

Name Chris and Jess Cooley Signature

Address City/State/Zip

Home Phone 402-310-9160 Work Phone 402-770-0204

C. Certified Installer

Name: Trevor McDonald Signature Trevor McDonald

Address 2234 Holdrege Street City/State/Zip Lincoln, Ne 68503

Work Phone 402-770-9397

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

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

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 6-04-19 Amount Paid $420.00

Received By JAC Cash/Check No. 1053

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

Form A Updated: 4/15

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 PID: 23/12/102/002/000

Address 176th & Hawlock (no rural route) City NE, Zip

Owner Idress

Date of Tests 6-26-18 to 6-27-18 Weather: Precipitation 0 Temperature 91°

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	6-26	4:00	6-27	10:00	6-27	10:00	6	6-27	10:30	30	3/4	40
2	1	1	1	1	1	1	1	6	1	1	1	1	30
3	1	1	1	1	1	1	1	6	1	1	1	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 110
Average of Rates: 36.6
Rate Used for Calculation: 30-40

Soil type (NRCS Maps/Other) 7807 Aksarben silty clay loam 6-11% slope
Groundwater Depth over 7

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. HS001831

System Type: Standard

Situs: No Site Address Specified

Issued: 6/5/2019

Expires: 6/5/2020

Description: NATIVE GRASS ADDITION, BLOCK 1, Lot 2

Owner: CLM HOMES LLC
ATTN: BENJAMIN D NIENHUESER,
MANAGER 14126 ST RONAN ST
WAVERLY, NE 68462

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

CMC EXCAVATING LLC
2234 HOLDREGE ST
LINCOLN, NE 68503

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

JUN 0 3 2019

A

SCANNED

Permit Number
HSO1831

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

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(no rural route)

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Address 2234 Holdrege Street City/State/Zip Lincoln, Ne 68503

Work Phone 402-770-9397

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 - 6 per contractor Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.01
Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 6/4/19
Date frwd 6/4/19
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 6/11/20

Melissa Gaston

Business Office Use Only
Date Received 6-04-19 Amount Paid $420.00
Received By Cash/Check No. 1053

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

Form A Updated: 4/15

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

D

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) 23-12-102-002-000

Owner: ERIC HORN Address 4480 N 17th TH

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 20 ft.

B. Septic Tank

1. Material IM 1530 INFILTRATOR
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 20 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 180 ft. S

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other MOUND
   ~~Material brand and inside width of Chamberless:~~
2. Number of Laterals: _____
3. Length of each lataral (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.

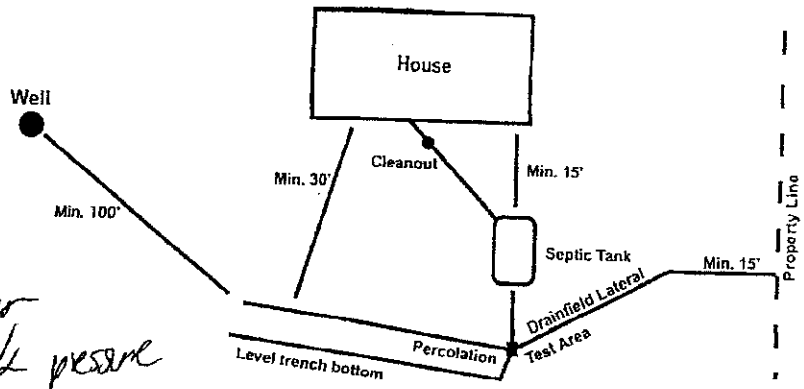
Certified Professional Signature: _____ Date: MAY 27, 2020

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

1.

Indicate North
w/ Arrow Here:

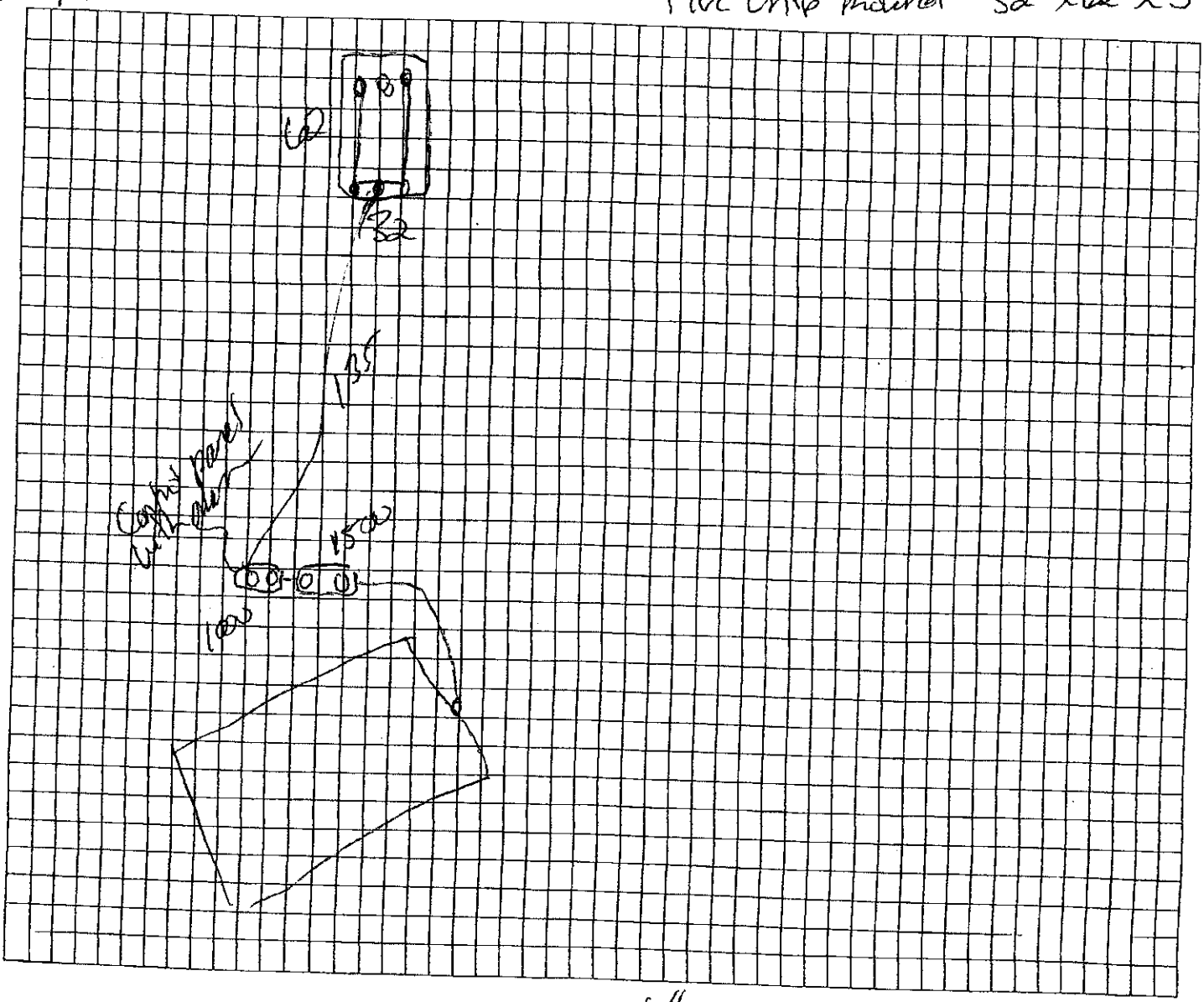
Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions.

Sprinkler boxes over all (6) cleanouts to 1½ pressure dosed pipes.

Tire chip mound 32' x 62' x 3



Zeller 282

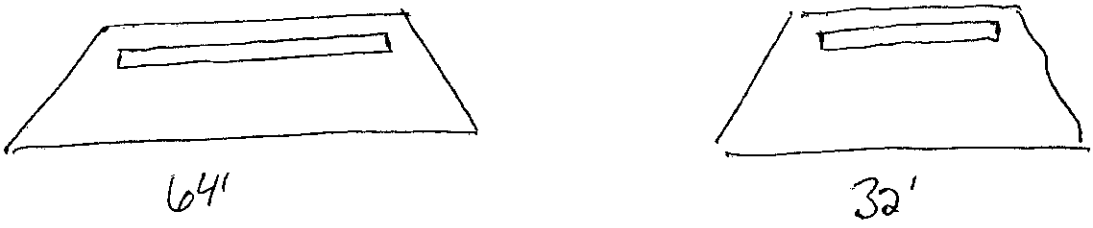
1½" pipe encased in 4" perforated pipe w orifice shields

4480 N 176th | 4 bedroom with garbage disposal (Without Whirlpool tub 3' to groundwater

1500 gallon Infiltrator Septic tank | 29 MPI
1000 gallon Infiltrator septic tank for pump | 1% Slope

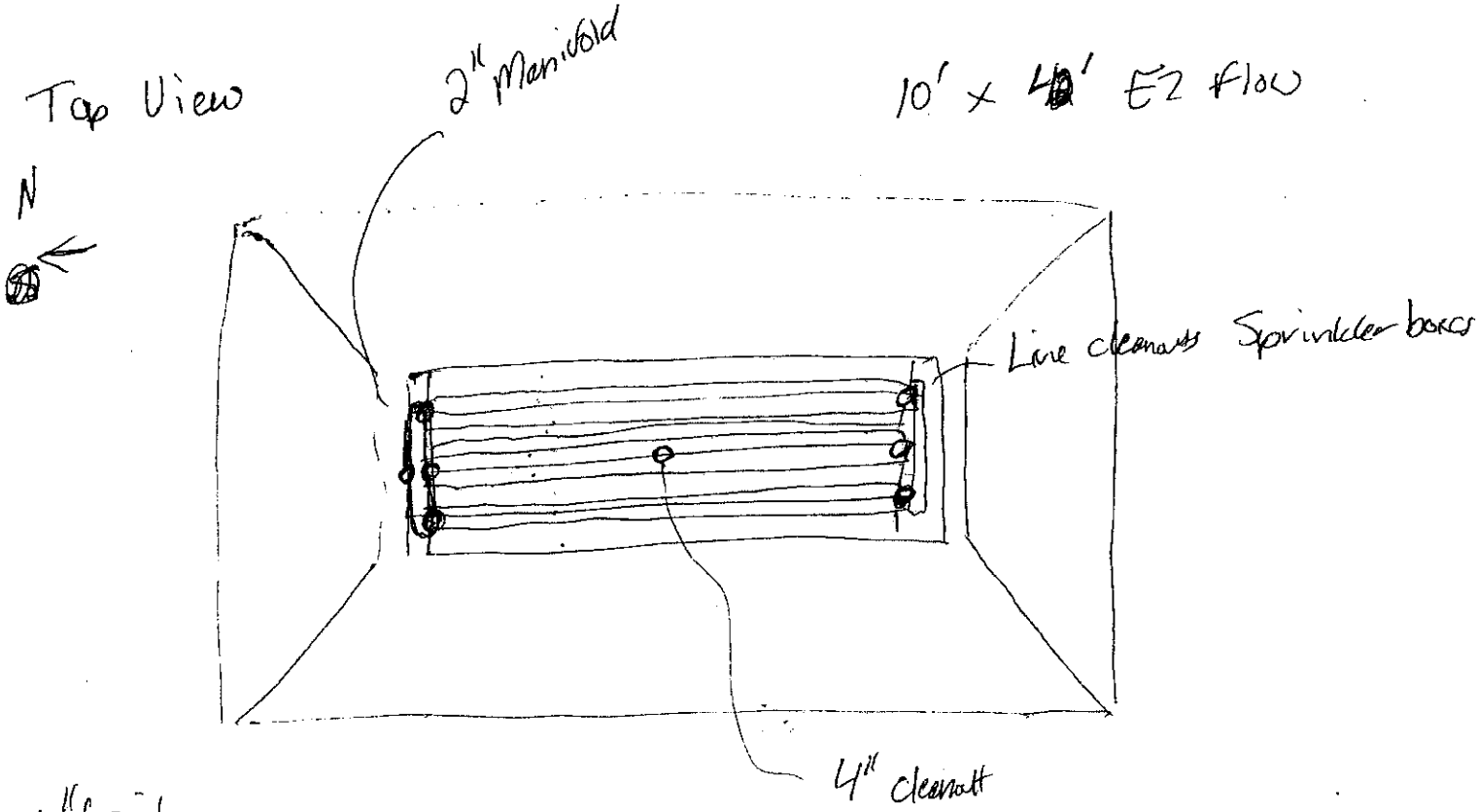
Zoeller 282 1037 Control panel

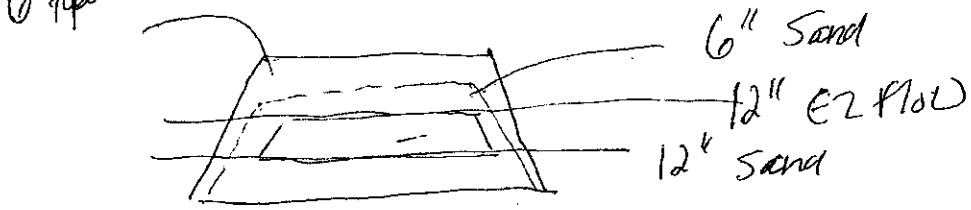
32' x 64' Mound



Top View

N





Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Wednesday, March 4, 2020 9:50 PM
To: Nate C. Hartman
Subject: 4480 N 176th ST Mound
Attachments: 4480 N 176th Mound Design.pdf

Nate

Here is a sketch of my mound design. We will use a total of 14 bundles of EZ Flow to get a treatment zone of 10' X 42' The total mound height will be a minimum of 3 feet tall. I;m sure you will have questions,but its a start.

Let me know

Jason and Jaime Kubik

Southwick Liquid Waste
Office: 402-475-2462
www.southwickliquidwaste.com