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

A

Permit Number HS001833

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 6701 SW 25th (no rural route) City Lincoln NE Zip 68523

Legal Description S16 T9 R6 Pester Ridge Estates 1 4 & 8

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

Geographical Location (if known): Lat/Long: 40 44 45 N 96 45 28 W PID 0916301004000

B. Owner

Name Corey Berger Signature

Address 6701 SW 25th St City/State/Zip Lincoln NE 68523

Home Phone Work Phone

C. Certified Installer

Name: Blain Johnsen Signature

Address 9533 East State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402-610-2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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
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 6-10-19 Amount Paid $420.00
Received By Cash/Check No. CC 26291

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

Form A Updated: 5/10

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 6701 SW 25 (no rural route) City Lincoln NE. Zip 68523

Owner Corey Berger Address same

Date of Tests 5/9 to 5/10 Weather: Precipitation ∅ 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	5/9	1P	5/10	1P	5/10	5P	6	5/10	5:30P	30	5/8	50
2	36	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1/2	60
3	36	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1/2	60
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blain Johnsen
Phone: 402 610 2270
Address 8533 East State Hwy 41
Adams NE 68301

Sum of Percolation Rates: 170
Average of Rates: 57
Rate Used for Calculation: 60 mpi

Soil type (NRCS Maps/Other)
Groundwater Depth 95"

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
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

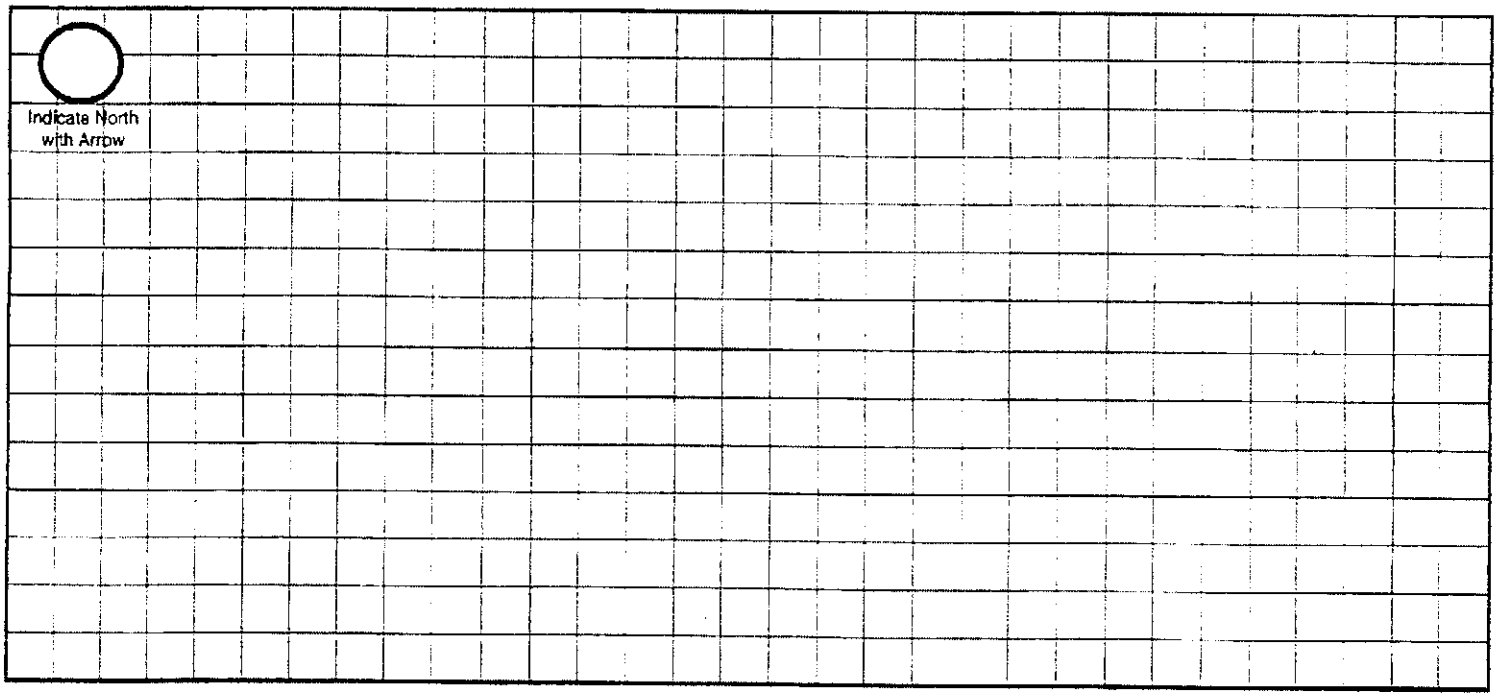
C

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.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 6701 SW 25th City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 20 (min/inch = mpi) No. of Bedrooms 4 Soil Type_____ Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1400 sq.ft.

Total length of laterals 310 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches 3 Width 36 No. of drop boxes 2 Distrubtion Box EZ Flow

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_____ Date_____

Installer Ben Tom Date 6/3/19

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. HS001833

System Type: Standard

Situs: 6701 SW 25TH ST, LINCOLN, NE 68523

Issued: 6/12/2019

Expires: 6/12/2020

Description: PESTER RIDGE ESTATES, BLOCK 1, Lot 4

Owner: BERGER, COREY D & JANINE G
6701 SW 25 ST
LINCOLN, NE 68523

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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301

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

SCANNED

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Date frwd 6/12/19
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 5/28/19

Business Office Use Only
Date Received 6-10-19 Amount Paid $420.00
Received By Cash/Check No. 16029

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

Form A Updated: 5/10

Nate C. Hartman

From: Blain Johnson <xlcontracting10@gmail.com>
Sent: Tuesday, June 18, 2019 7:04 AM
To: Nate C. Hartman
Subject: 6701 sw 25th as built, D sheet
Attachments: 03231201.PDF; 03231202.PDF

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): 6701 SW 25th

Owner: Corey Berger Address: _____

A. Wastewater Piping

1. Material: Plastic Diameter: 4" in.
2. Distance between dwelling and septic tank: 150 ft.

B. Septic Tank

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

C Distribution Box or Drop Box

Distance and Direction from septic tank: 40 ft. SW

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Infiltrator IE2 Flow
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 100 ft. 110 ft 100 ft. _____
4. Drainfield size: 1400 sq. ft. 1485 installed
5. Distance to:
   Well +100 ft.
   Pressure line +100 ft.
   Property line +50 ft.
   Depth of Groundwater 85'

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: Blu John Date: 6/18/19

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

Updated 4-15

Onsite Wastewater Treatment System
As-Built Description and Drawing

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Updated 4/15

Google Maps 6701 SW 25th St



1. 1500 Inf. Heater tank
2. Drop boxes
3. EZ Flow lateral

- Reserve area to west of laterals
- All wells +100' from new system
- Existing lagoon deleted

Google Maps 6701 SW 25th St

N



Imagery ©2019 Google, Map data ©2019 50 ft

1. 1500 Infiltrator tank
2. Drop boxes
3. EZ Flow lateral

- Reserve area to west of laterals
- All wells +100' from new system
- Existing lagoon deleted

SCANNED