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

A

Permit Number HB0001945

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 14660 N 43rd Rd (no rural route) City Davey, NE Zip

Legal Description SE T11 R7 Northern Divide 2 2

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

PID

B. Owner

Name MK Builders Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller 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 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.22

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
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 6-24-19 Amount Paid $420.00
Received By JBO 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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001845

System Type: Lagoon

Situs: 14660 N 43RD ST, DAVEY, NE 68517

Issued: 7/1/2019

Expires: 7/1/2020

Description: NORTHERN DIVIDE ADDITION, BLOCK 2, Lot 2

Owner: FAIMON, BRUCE R & STEPHANIE A
5141 NW 12TH ST APT 202
LINCOLN, NE 68521

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

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 HB00184S

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 14660 N 43RD Rd (no rural route) City Davey, NE Zip

Legal Description S5 T11 R7 Northern Divide 2 2

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

PID

B. Owner

Name MK Builders Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller Signature

Address 1545 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 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.22

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 WWE D.E

Comments

Date rec'd 7/1/19

Date frwd 7/1/19

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 Doug Smith

Date 11/8/19

Business Office Use Only

Date Received 6-27-19 Amount Paid $420.00

Received By JAC 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: HS001845

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/8/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14660 N 43rd 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 1440 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☑ Other (describe) E2 flow

No. of Absorption Laterals 5 Width 4.5 √ factor No. of Drop Boxes _____ Distribution Box _____

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 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 11/8/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Shaw

Date 11/8/19

Field Note Drawing (See Reverse Side):

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

D Exhibit 4

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: _____ Address 14000 [illegible]

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 90 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 200 ft.
   Pressure line 200 ft
   Property Line 40 ft.
   Foundation 100 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 14 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: EZ-Flow
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 70 ft. 70 ft. 70 ft. 70 40
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well 230' ft.
   Pressure line 230' ft.
   Property line 12' ft.
   Depth of Groundwater. 124

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.

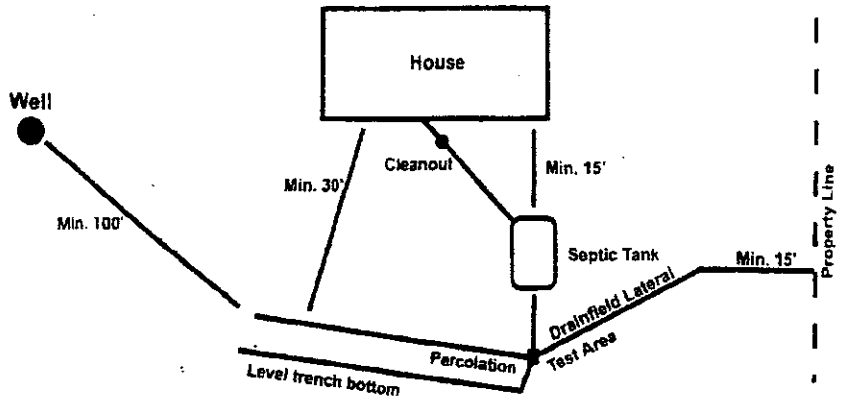
Certified Professional Signature: [signature] Date: 11-3-19

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

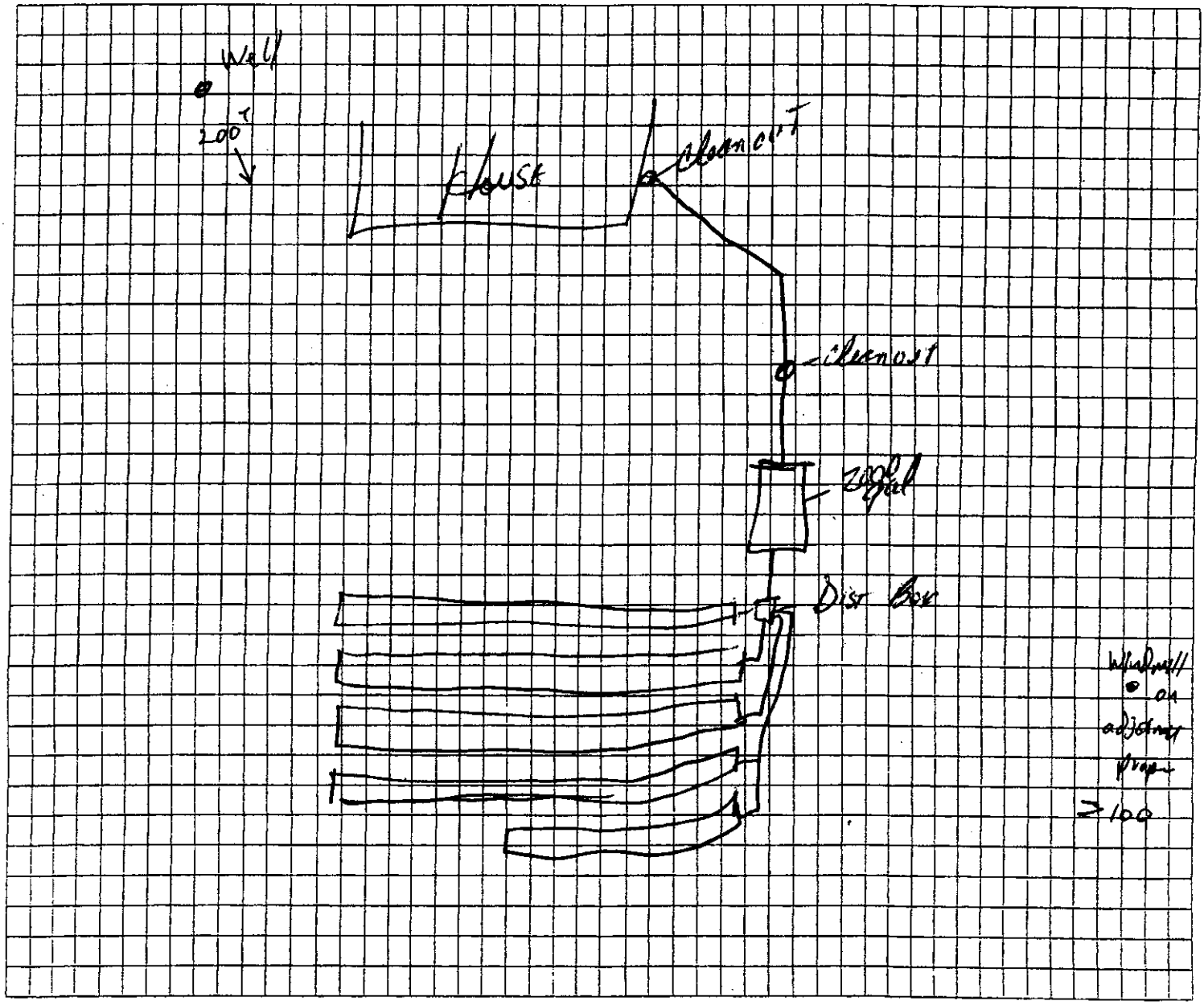
Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions



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 14660 W 43.2B (no rural route) City Davey NE, Zip

Owner Address

Date of Tests 11-6 to 11-7 Weather: Precipitation NA Temperature 40'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			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	34	11-6	18:00	11-7	9:00	11-7	9:00	6	11-7	9:30	30	3/4	45
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	5/8	48
4	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Gene Mueller
Phone: 402-43-2946
Address 1345 N 26th Rd
Syracuse NE 68446

Soil type (NRCS Maps/Other)
Groundwater Depth +12

Sum of Percolation Rates: 183
Average of Rates: 45.75
Rate Used for Calculation: 46.50 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date