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

A

Permit Number HS001856

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 3901 N 102 (no rural route) City Lincoln, NE Zip 68527

Legal Description S12 T10 R7 #13

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

Geographical Location (if known): Lat/Long: PID 17123 00001000

B. Owner

Name George Hooper Signature

Address 3901 N 102 City/State/Zip Lincoln NE 68527

Home Phone Work Phone

C. Certified Installer

Name: Blain Johnson Signature Blain

Address 8533 E St. 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 2 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres .72

☐ 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 7-10-19 Amount Paid $420.00
Received By JMO Cash/Check No 02629

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 3901 N 102 (no rural route) City Lincoln NE, Zip 68527

Owner George Hooper Address

Date of Tests 6/27 to 6/28 Weather: Precipitation 0 Temperature 90

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	24"	6/27	8a	6/28	8a	6/28	11:30a	6	6/28	12:00p	30	1	30
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1.5	20
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1.5	20
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blain Johnson

Phone: 402 610 2270

Address 8533 E St Hwy 41
Adams NE 68301

Sum of Percolation Rates: 70

Average of Rates: 23.33

Rate Used for Calculation: 59

Soil type (NRCS Maps/Other)

Groundwater Depth 200

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

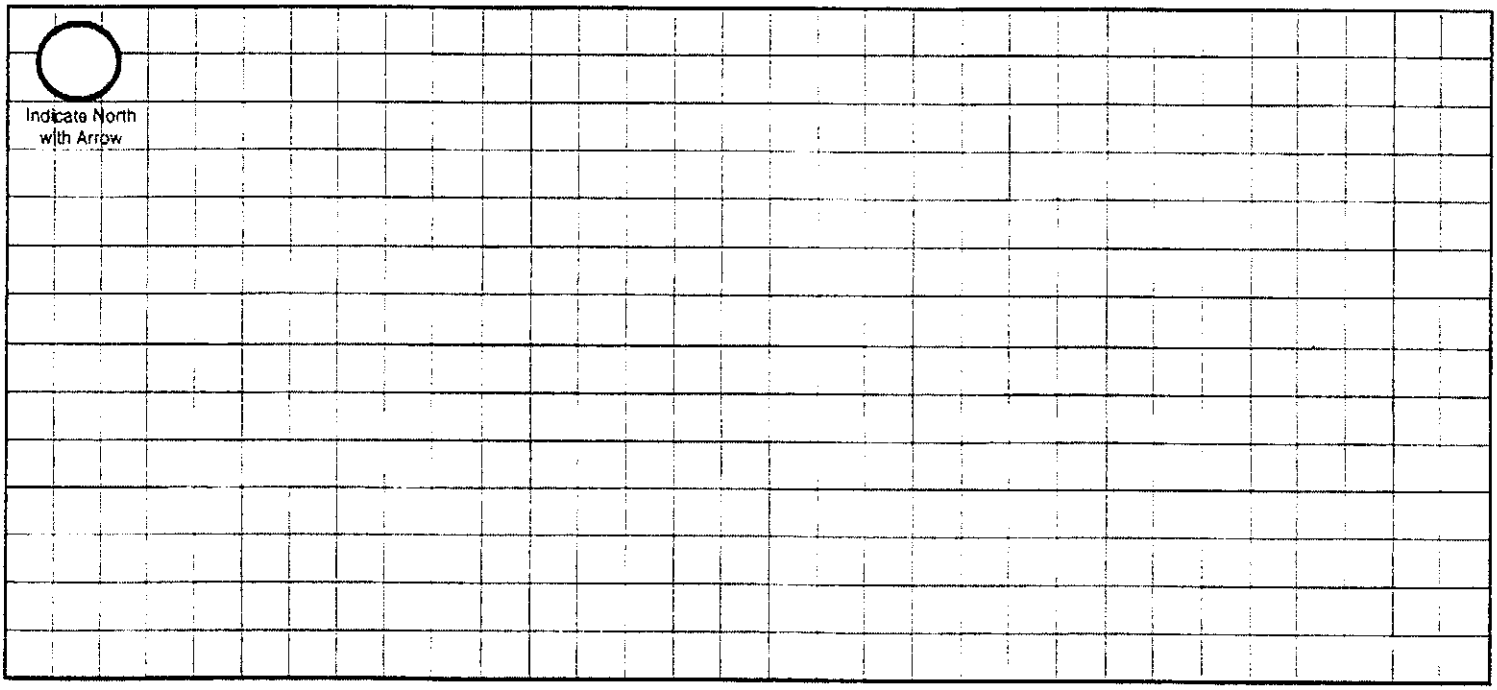
C

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) 3901 N 102 City Lincoln NE. Zip 68527

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 2 Soil Type_____ Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 700 sq.ft.

Total length of laterals 100 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches 2 Width 36 No. of drop boxes_____ 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 _____ Date 7/10/19

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. HS001856

System Type: Standard

Situs: 3901 N 102ND ST, LINCOLN, NE 68527

Issued: 7/15/2019

Expires: 7/15/2020

Description: S12, T10, R7, 6th Principal Meridian, LOT 13 SW

Owner: LOOPER, GEORGE KIRK & VIVIAN
3901 N 102 ST
LINCOLN, NE 68527

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

SCANNED

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

A

Permit Number HS001856

Onsite Wastewater Treatment System
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Geographical Location (if known): Lat/Long: PID 17123 00001.000

B. Owner

Name George Hooper Signature

Address 3901 N 102 City/State/Zip Lincoln NE 68527

Home Phone Work Phone

C. Certified Installer

Name: Blain Johnson Signature Blain

Address 8533 E St. Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2570

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 2 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres .72

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Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

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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 7/16/19

Business Office Use Only
Date Received 7-10-19 Amount Paid $420.00
Received By MO Cash/Check No 2624

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated 5-10

New system - small lot using the reserve area.

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) 3901 N 102nd

Owner: Kirk Hooper Address

A. Wastewater Piping

1. Material: Plastic Diameter: 4" in.
2. Distance between dwelling and septic tank: 60 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 70 ft.
   Pressure line +50 ft.
   Property Line +50 ft.
   Foundation 60 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: W ft. 10

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: 2
3. Length of each lateral (linear): ft. 80 ft. 80 ft. ft.
4. Drainfield size: ~~700~~ 720 sq. ft. 500 Req'd ✓
5. Distance to:
   Well 100' 6" ft.
   Pressure line +50 ft.
   Property line +20 ft.
   Depth of Groundwater 200

wetland project

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.

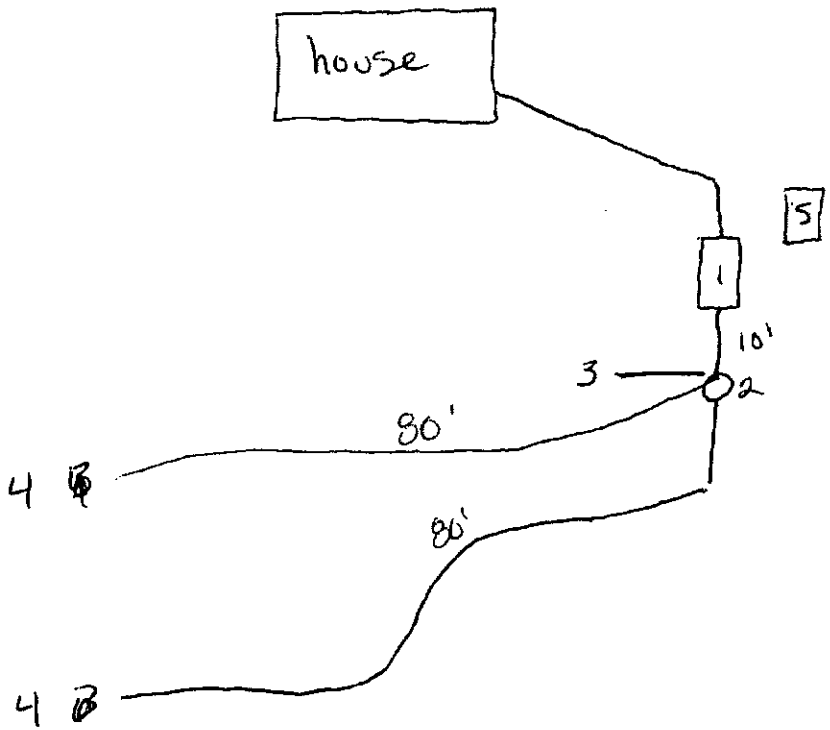
Certified Professional Signature: [signature] Date: 7/12/19

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

Updated 4/15

3901 N 102

O well



1. 1000gallon IM Infiltrator tank
2. Drop Box
3. 100' 6" from well to lateral
4. EZ flow lateral
5. old homemade tank, collapsed and filled with dirt

← N

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1473

INDIVIDUAL SEWAGE SYSTEMCCONSTRUCTION — May 27, 1979

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Sherman Kage — Rural Route 3, Lincoln, NE

LICENSEE OR PERMITTEE — ADDRESS

T10N, R7E, Section 12

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE (Extend)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 15.00	$	$	$	$ 15.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION HEALTH

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1473

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Nov. 27- 78

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], or REPAIR [ ] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N; Range 7E; Section 12;
Block ____; Lot ____; Addition ____
Street Address R.R. # 3

2. Property Use: Residential X [ ]; Commercial ____ [ ]
No. Bedrooms 3
Describe ____
Other Use [ ]
Describe NONE

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair:
extension 100 ft.

5. Work to be done by: Owner [ ]; or Contractor [X], Bradford Southwick
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	850.00

Sherman O Page
Signature of Applicant (owner or lessee)

R R #3
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 15.00

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: ____