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

A

Permit Number
#S001877

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 _____ City _____, NE Zip _____
(no rural route)

Legal Description 1 (1/4) 11 (1/4) 11 (Section) R6 (Township) 6th Principal Meridian (Range) 1 (Subdivison) (Addition) (Block) (Lot)

PID 12-01-400-003-000

B. Owner

Name Fedir Stakhnyuk Signature _____

Address 10650 N 135th St City/State/Zip Waverly, NE 68462

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 _____ Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.1
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 _____ 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 8-26-19 Amount Paid $420.00
Received By _____ Cash/Check No. CC-794

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. HS001877

System Type: Lagoon

Situs: No Site Address Specified

Issued: 8/27/2019

Expires: 8/27/2020

Description: S1, T11, R6, 6th Principal Meridian, LOT 1 SE

Owner: STAKHNYUK, FEDIR F & LYUDMILA
10650 N 135 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

SCOTT MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446

SCANNED

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

A

Permit Number
#5001877

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 2110 Mill Rd. (no rural route) City _____, NE Zip _____

Legal Description 1 (1/4) 11 (1/4) 26 (Section) 6th Principal Meridian (Township) 1 (Range) (Subdivison) (Addition) (Block) (Lot)

PID 12-01-400-003-000

B. Owner

Name Fedir Stakhnyuk Signature _____

Address 10650 N 135th St City/State/Zip Waverly, NE 68462

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Mueller Signature Scott Mueller

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 _____

12/20/19 Scott Mueller

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms UNO 5 as per Scott Mueller Whirlpool Bathtub? ☐ Yes ☐ No Garbage Grinder? ☐ Yes ☐ No Total Acres 5.1

☐ 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 12/20/19
Comments _____
Date rec'd 8/27/19
Date frwd 8/27/19
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 Thun
Date 12/23/19

Business Office Use Only
Date Received 8-26-19 Amount Paid $420.00
Received By SAO 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: H5001877

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/23/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2140 Mill Rd 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 1,980 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 440' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ flow

No. of Absorption Laterals 5 Width 4.5 factor No. of Drop Boxes _____ Distribution Box 1

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 DG Date 12/2019

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Dave Thiel

Date 12/23/19

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: HS001877

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) 2110 Mill RD.

Owner: _____ Address 2110 Mill Rd

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 50 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000 gal
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 160' ft.
   Pressure line 150' ft
   Property Line 75 ft.
   Foundation 50' ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 14 ft. E

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: 52 F10 w
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 70 ft. 70 ft. 100 ft. 100 100
4. Drainfield size: 1980 sq. ft.
5. Distance to:
   Well 200 ft.
   Pressure line 180 ft.
   Property line 60 ft.
   Depth of Groundwater. 12+

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

If Yes, the Certified Professional must sign below for final approval:

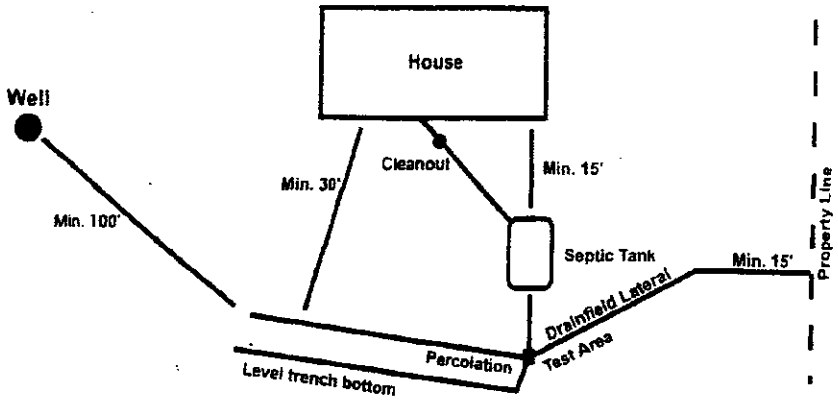
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 12-12-19

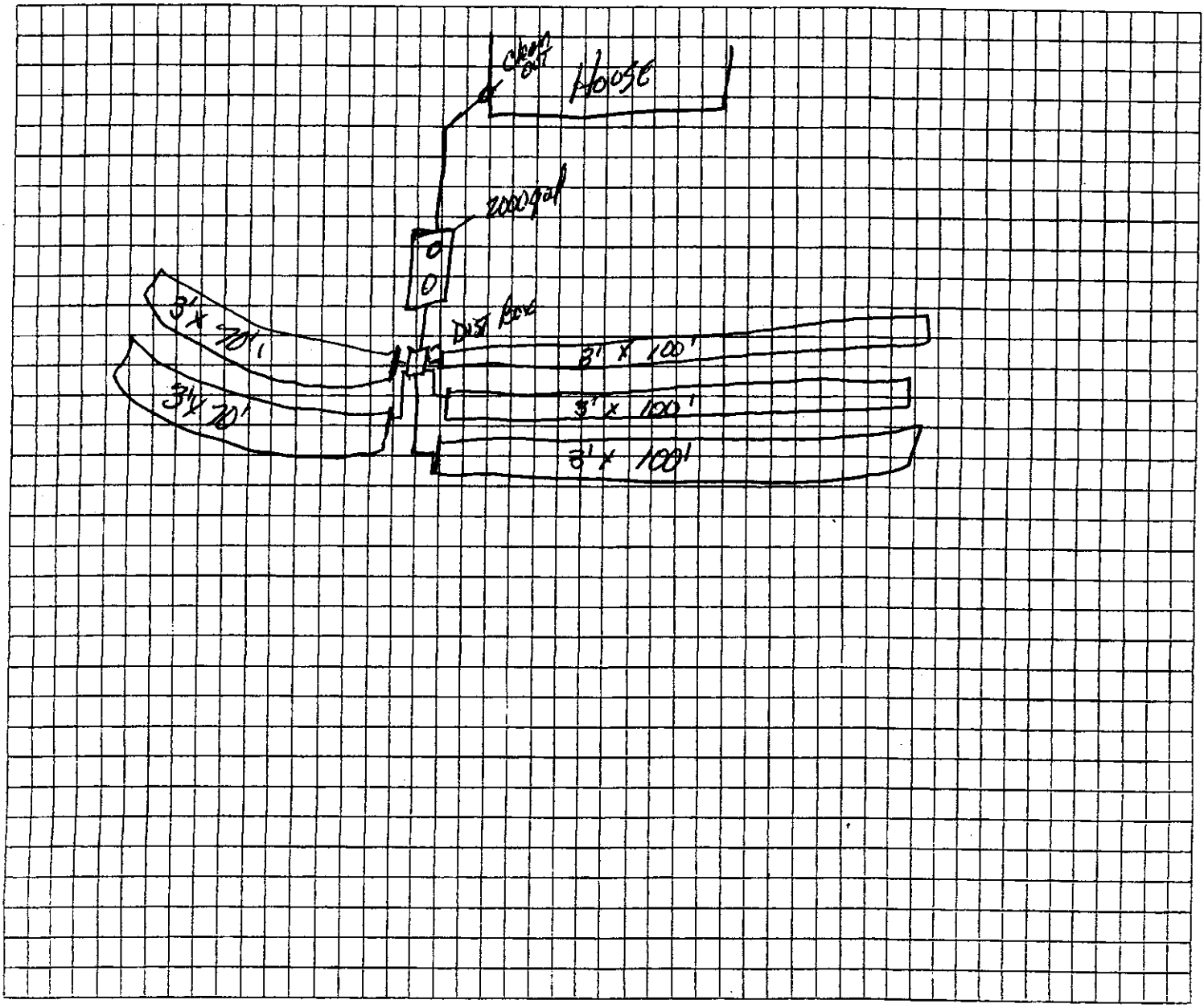
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*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 2110 Mill Rd (no rural route) City Raymond NE, Zip

Owner Address

Date of Tests 11-6 to 11-7 Weather: Precipitation N/A Temperature 50's

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				Water Level Drop G. H. I. J. K. 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	11-6	9:00	11-7	14:00	11-7	14:00	6	11-7	14:30	30	3/4	45
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1	30
4	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mueller

Phone: 402-430-2946

Address Syracuse NE 68446

Sum of Percolation Rates: 165

Average of Rates: 41.25

Rate Used for Calculation: 40-50 mpi

Soil type (NRCS Maps/Other)

Groundwater Depth 12+

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Nate C. Hartman

From: Todd A. Stutzman
Sent: Monday, August 26, 2019 9:46 AM
To: Nate C. Hartman
Subject: Buildable lots

Nate,

0517300011000, this parcel is located in Malcolm.

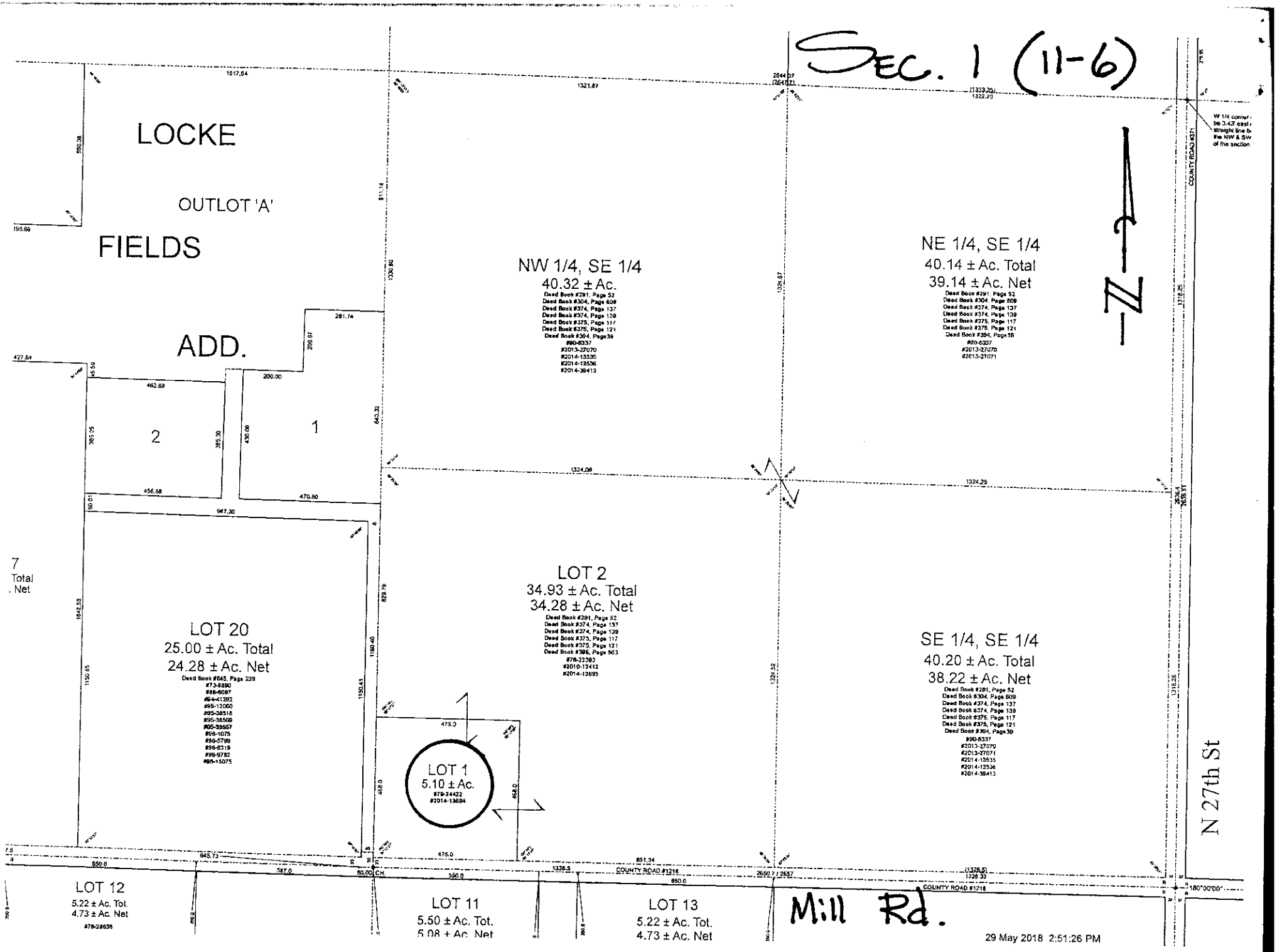
1201400003000, located in S1, T11, R6, Lot 1 SE, is a buildable lot,

Todd Stutzman
Plan Examiner II
402-441-7097
555 S 10th Street, Room 203
Lincoln, NE 68508

Nate C. Hartman

From: Ken D. Schroeder
Sent: Monday, August 26, 2019 9:49 AM
To: Nate C. Hartman
Cc: Pamela L. Dingman
Subject: Sewage disposal system for PID #12 01 400 003 000
Attachments: part of sec 1-11-6.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for Lot 1 irregular tracts located in the SE ¼ of Section 1, T11N, R6E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec 1-11-6.pdf)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken


SEC. 1 (11-6)
LOCKE
OUTLOT 'A'
FIELDS
ADD.
NW 1/4, SE 1/4
40.32 ± Ac.
NE 1/4, SE 1/4
40.14 ± Ac. Total
39.14 ± Ac. Net
LOT 20
25.00 ± Ac. Total
24.28 ± Ac. Net
LOT 2
34.93 ± Ac. Total
34.28 ± Ac. Net
LOT 1
5.10 ± Ac.
SE 1/4, SE 1/4
40.20 ± Ac. Total
38.22 ± Ac. Net
LOT 12
5.22 ± Ac. Tot.
4.73 ± Ac. Net
LOT 11
5.50 ± Ac. Tot.
LOT 13
5.22 ± Ac. Tot.
4.73 ± Ac. Net
COUNTY ROAD #1216
COUNTY ROAD #371
N 27th St
Mill Rd.
29 May 2018 2:51:26 PM