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

A

Permit Number

Include
Subm
with

(Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite Sy

Address*

Legal Description

Subdivision

PID

B.

pc
C70

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

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6910 Pella Rd (no rural route) City Firth NE, Zip 68

Owner Ben Weber Address 117 Wagon Train Ave

Date of Tests 8-28-14 to 8-29-14 Weather: Precipitation 0" Temperat

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. Last 30 mins of 4 hr or last 1		Water Level Drop	
		Start		End		Start		Initial	
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.)	# (in)
1	42"	8-28	10:00 AM	8-29	11:00 AM	8-29	11:00	6	8
2	42"	"	"	"	"	"	11:02	6	
3	42"	"	"	"	"	"	11:04	6	
4	42"	"	"	"	"	"	11:06		
5	42"	"	"	"	"	"	11:08		
6	42"	"	"	"	"	"	11:10		

Person Conducting Percolation Test

Name: Brandon Sedlacek

Phone: 402-988-8425

Address 11739 E Buckeye Rd

Soil type (NRCS Maps/Other)

Groundwater Depth

Reviewing Action

Comments (Soil type, groundwater, floodpl

Signature of Reviewing Official

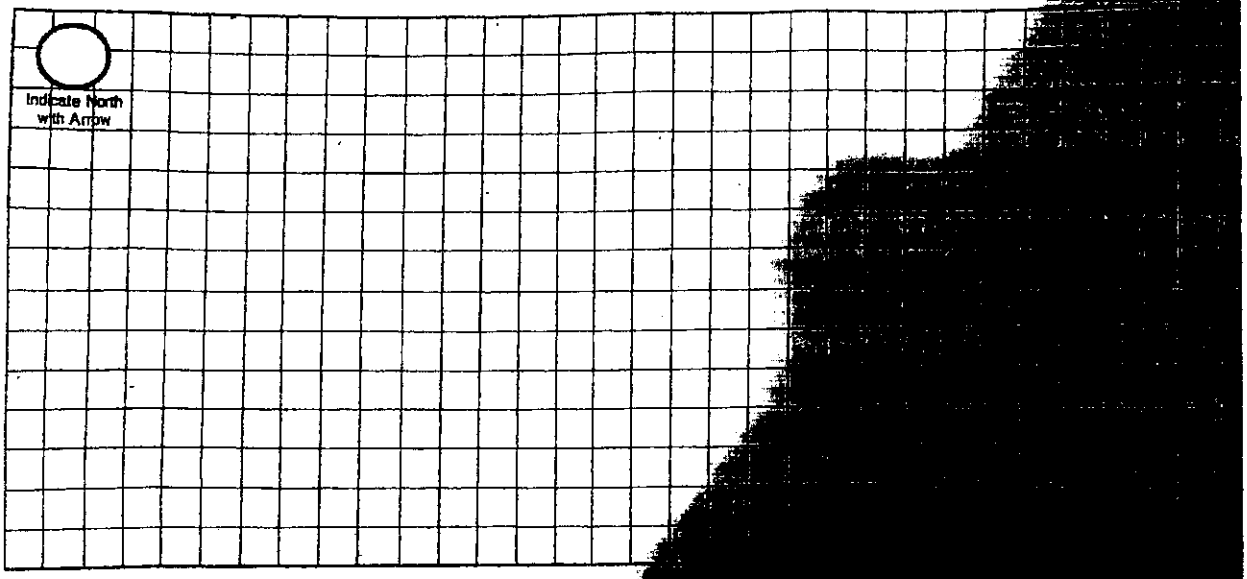
nsite Form B 12_06

Phone: 402-441-8022

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, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



A. Onsite System Location

Address (no rural route) 6910 Pella Rd

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☒ Concrete

C. Reserve Area for Replacement Onsite S

☒ Drainfield Absorption Area (percolation test required)

D. Drainfield Absorption System

Percolation Rate 48 (min/inch = mpi) No. of B

☐ Trench ☐ Bed ☐ Non-Standard (

Total length of laterals Ty

No. of absorption trenches

No. of absorption beds

E. Setbacks Check the Boxe

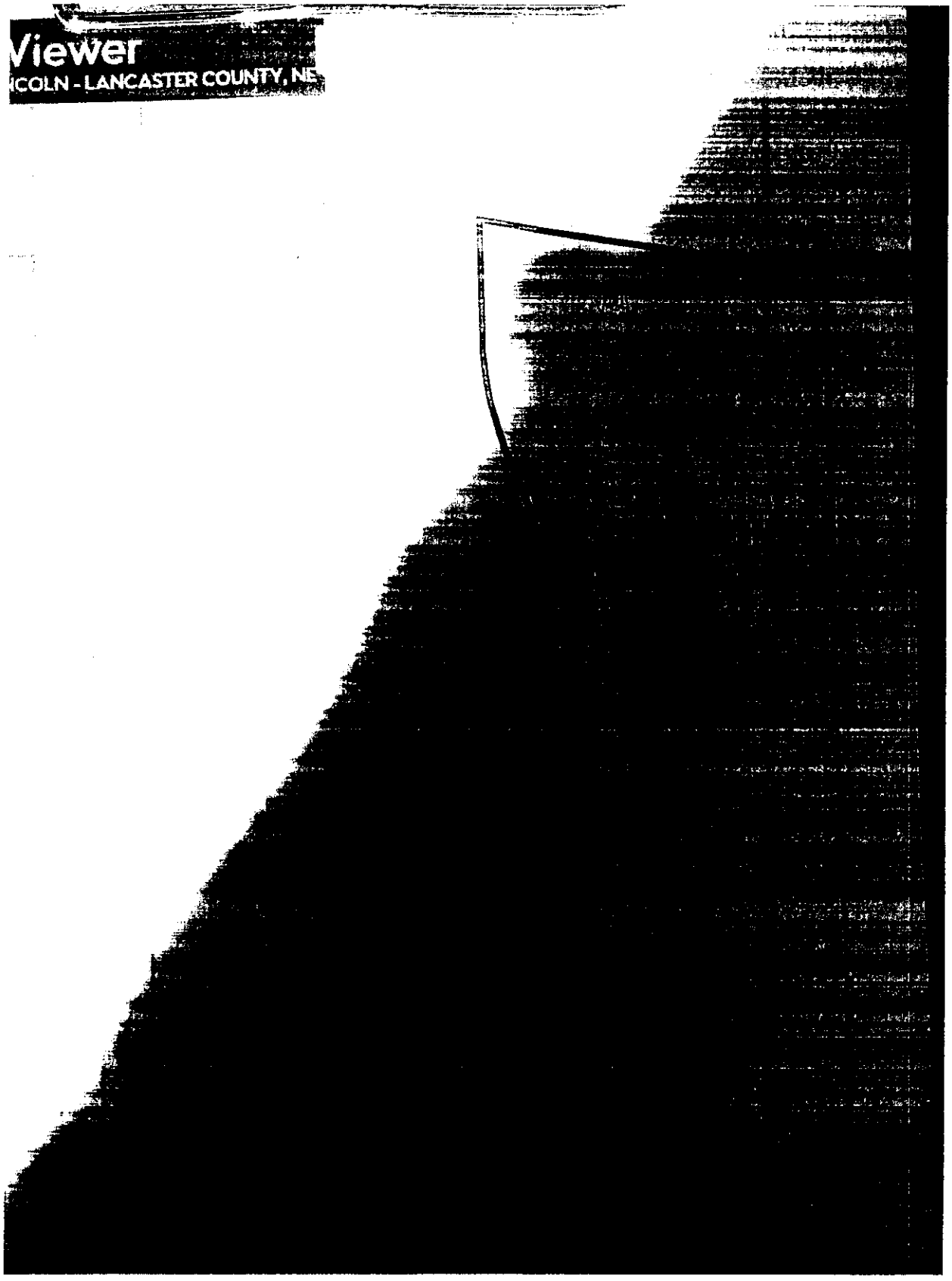
Distance From	Private Well	Public We
Tank (ft)	50 ☒	500
Field (ft)	100 ☒	
Lagoon (ft)	100 ☒	

F. Required Sig

Home Building Contra

Installer

Site Form C 12 06


Viewer
NCOLN - LANCASTER COUNTY, NE

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. HS001881

System Type: Standard

Situs: 6910 PELLA RD, FIRTH, NE 68358

Issued: 9/5/2019

Expires: 9/5/2020

Description: WEBER ADDITION, Lot 1

Owner: WEBER, BENJAMIN S
ATTN: BENJAMIN & DEANN WEBER
117 WAGON TRAIN AVE
HICKMAN, NE 68372

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

BRANDON SEDLACEK
11739 E BUCKEYE RD
ADAMS, NE 68301

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

SEP 09 2019

A

Permit Number HSC.18E.1

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* 6910 Pella Rd (no rural route) City Firth, NE Zip 68358

Legal Description _____

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

PID 1422301001000 *Approx. Address (If to be determined) _____

B. Owner

Name Ben Weber Signature _____

Address 117 Wagon Train Ave City/State/Zip Hickman NE 68372

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek

Address 11739 E Buckeye Rd City/State/Zip Adams NE 68301

Work Phone 402-988-8425

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 3.02
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

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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

Already Paid

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

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 6910 Pella Rd (no rural route) City Firth NE, Zip 68358

Owner Ben Weber Address 117 Wagon Train Ave

Date of Tests 8-28-14 to 8-29-14 Weather: Precipitation 0" Temperature 85°

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	42"	8-28	10:00 AM	8-29	11:00 AM	8-29	11:00	6	8-29	11:30	30	3/8	48 mpi
2	42"	"	"	"	"	"	11:02	6	"	11:32	"	3/8	40 mpi
3	42"	"	"	"	"	"	11:04	6	"	11:34	"	3/4	40 mpi
4	42"	"	"	"	"	"	11:06	6	"	11:36	"	3/4	40 mpi
5	42"	"	"	"	"	"	11:08	6	"	11:38	"	3/8	48 mpi
6	42"	"	"	"	"	"	11:10	6	"	11:40	"	3/8	48 mpi
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-498-8425
Address 11739 E Buckeye Rd

Sum of Percolation Rates: 272
Average of Rates: 45.33
Rate Used for Calculation: 48 mpi

Soil type (NRCS Maps/Other)
Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

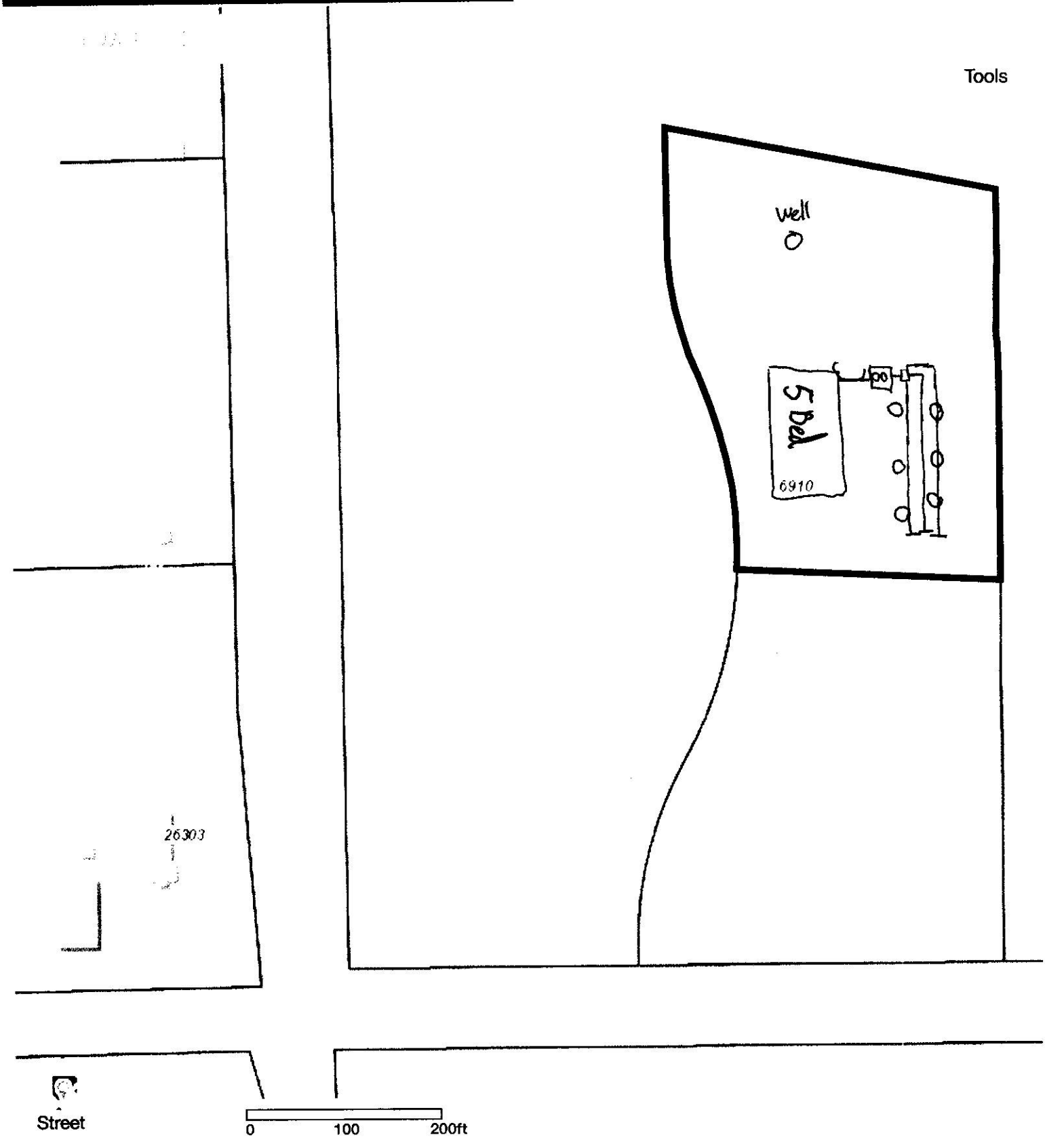
Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

Sign in

Tools



Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

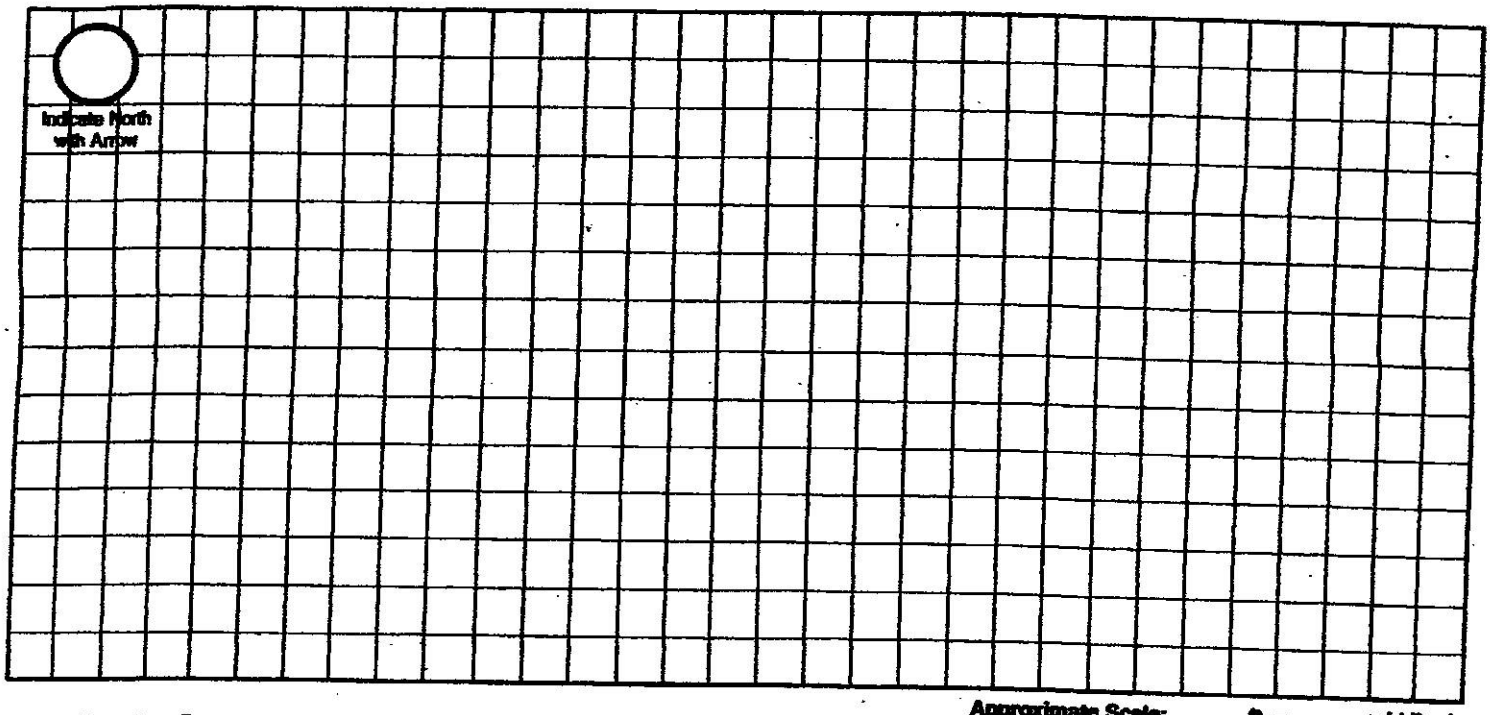
C

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) 6910 Pella Rd City Firth NE, Zip 68358

B. Proposed Septic Tank/s

Septic Tank Cap 2000 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 48 (min/inch = mpi) No. of Bedrooms 5 Soil Type Topsoil Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

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

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

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 Brandon Sechrist Date 9/3/19

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

SEP 0 9 2019

SCANNED

A

Permit Number HSC-1881

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* 6910 Pella Rd (no rural route) City Firth, NE Zip 68358

Legal Description _____

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

PID 1422301001000 *Approx. Address (If to be determined) _____

B. Owner

Name Ben Weber Signature _____

Address 117 Wagon Train Ave City/State/Zip Hickman NE 68372

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek

Address 11739 E Buckeye Rd City/State/Zip Adams NE 68301

Work Phone 402-988-8425

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 3.02
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

1. Health Department
Site visits _____
Comments _____
Date rec'd 9/5/19
Date frwd 9/5/19
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 11/27/19

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Already Paid

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

REC'D DEC 02 2019

D Exhibit 4

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ~~Lagoon (Skip to Back Page)~~ X Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) _____

Owner: Ben Weber Address 6910 Pella Rd Firth, NE 68358

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: 2000gal
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft
   Property Line 100+ ft.
   Foundation 40 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 5 ft. East

D. Drainfield/Absorption Field

X Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Infiltrator EZ Flow
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 140 ft. 130 ft. 100 ft. _____
4. Drainfield size: 1665 sq. ft.
5. Distance to:
   Well 103 ft.
   Pressure line 103 ft.
   Property line 75+ ft.
   Depth of Groundwater 9+

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

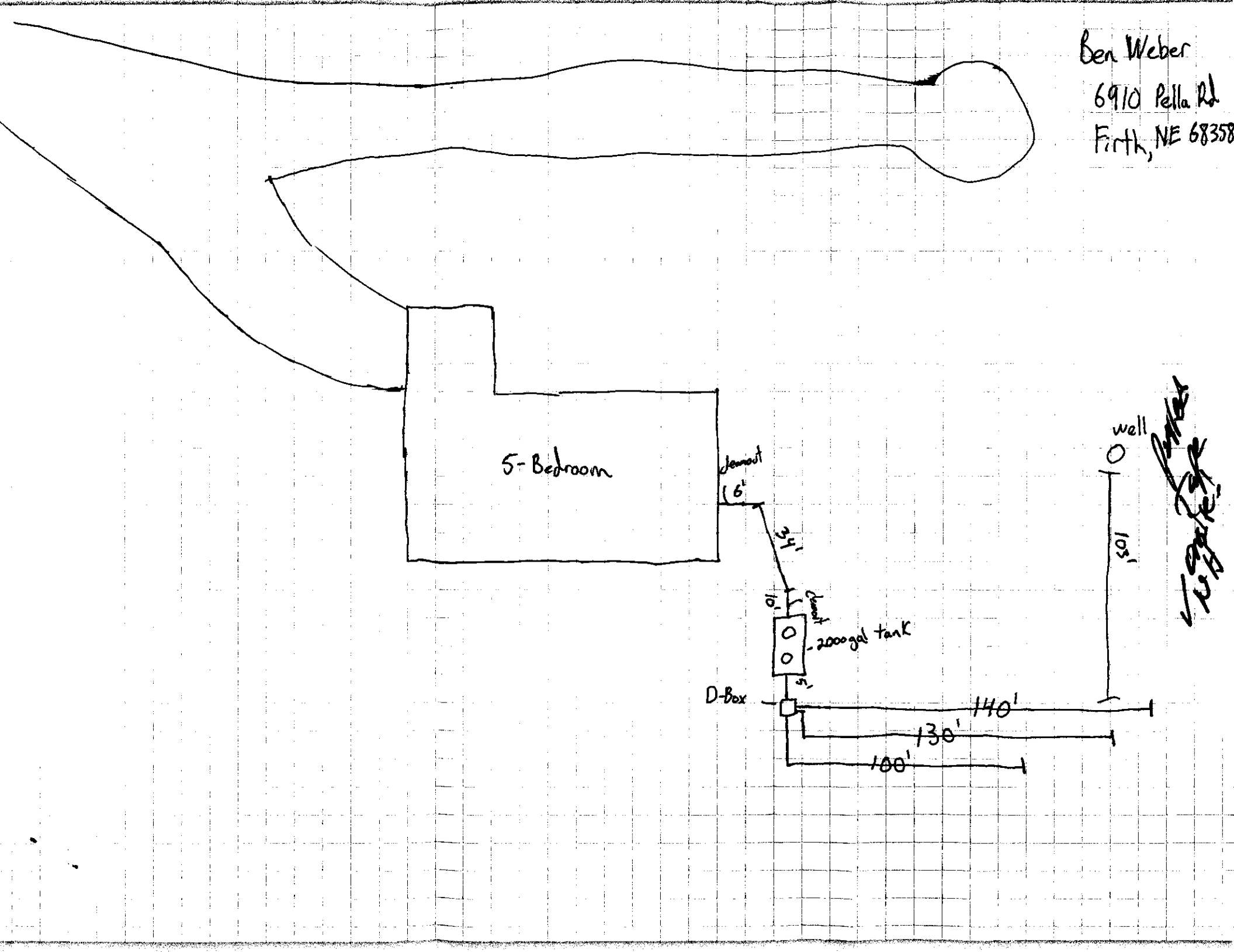
If Yes, the Certified Professional must sign below for final approval:

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: 11-26-19

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

Ben Weber
6910 Pella Rd
Firth, NE 68358



Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: 19-00181

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/6/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6910 Pella Rd. City _____

Owner Ben Weber 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 1665 Sq. Ft. Tank Size 3000 gals

Total length of laterals 370 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 - Flow

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 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 ☐	300 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

See sketch

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/27/19

SCANNED

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

A

Permit Number 4500181

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* 6910 Pella Rd (no rural route) City Firth NE Zip 68358

Legal Description S 22 T 7 R 7 Weber Add. 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 1422301001000 *Approx. Address (if to be determined)

B. Owner

Name Ben Weber Signature

Address 117 Wagon Train Ave City/State/Zip Hickman NE 68372

Home Phone Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature

Address 11731 E Buckeye Rd City/State/Zip Adams NE 68301

Work Phone 402-989-8425

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 3.02
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

1. Health Department
Site visits
Comments
Date rec'd 9/5/19
Date fwd 9/5/19
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 11/27/19

Business Office
Date Received 9/10/19 Amount Paid $430.00
Received By JAC Cash/Check No. CC 3070

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

Form A Updated