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

A

Permit Number HS001904

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

1. Onsite System Location

Address* _____ City Malcolm NE Zip 68402
(no rural route)

Legal Description 27 11 5 48
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0527400007000 *Approx. Address (if to be determined) corner of NW 84th & Malcolm Spur

2. Owner

Name Roger & Anna Cattle Signature [signature]

Address 1649 La Pata Ct. City/State/Zip Lincoln, NE 68521

Home Phone _____ Work Phone _____

3. Certified Installer

Name: Earnest Well Drilling Inc. Signature [signature] Justin Peterson

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

4. Engineer ☐ Check and complete if engineer designed system P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

5. This system will serve a

☐ Residential Dwelling Number of Bedrooms _____ Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 20.03
Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Workshop Design flow in gallons per day 200

Type of Wastewater: ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

Health Department
Site visits _____ Date rec'd _____ Date fwd _____
Comments _____
ACTION ☐ Approved ☐ Disapproved Signature _____

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

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

Installation Final Written Approval

_____

Date _____

Business Office Use Only
Date Received 9-25-09 Amount Paid $430.00
Received By JMO Cash/Check No. CC7422

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

Form A Updated 4/15

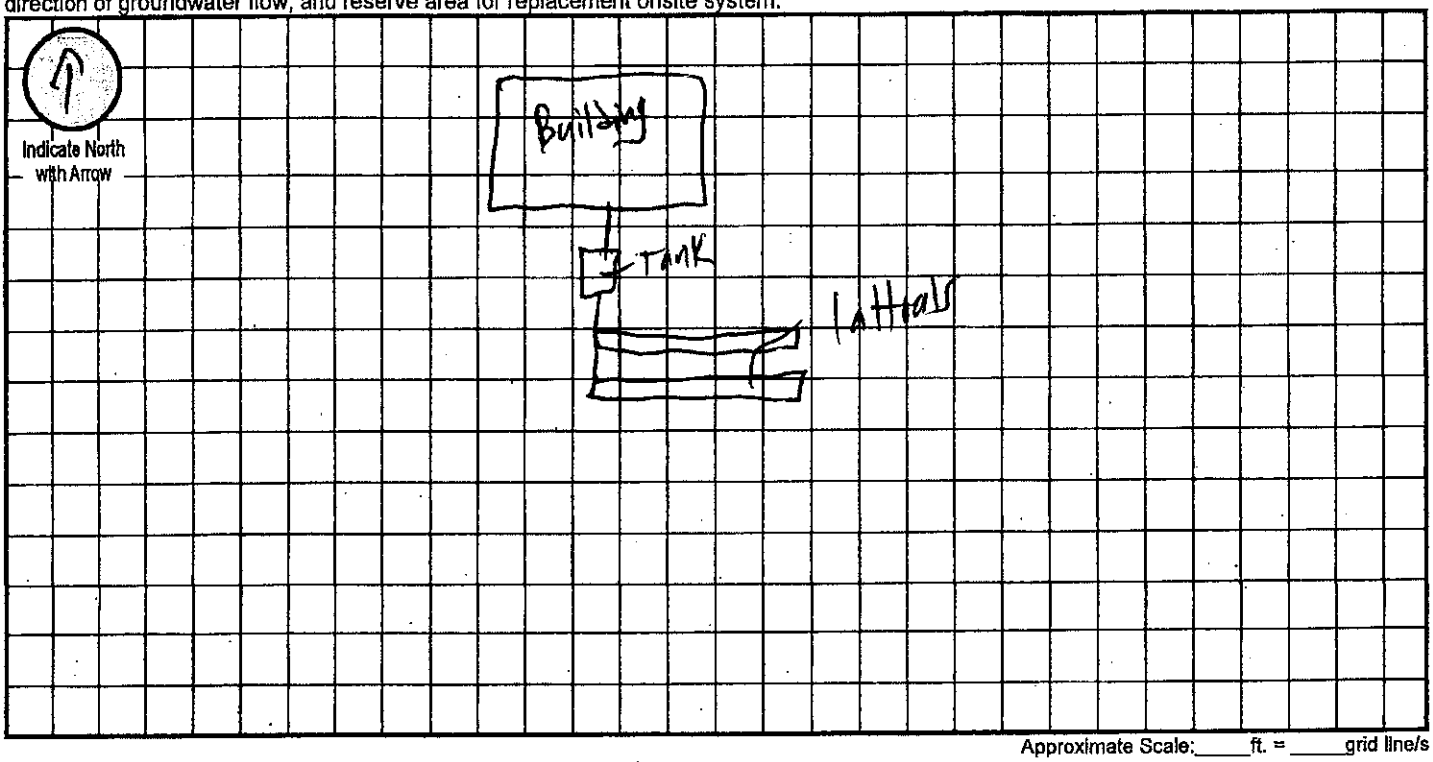
Lincoln-Lancaster County Health Department
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C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) _____ City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 51.72 (min/inch = mpi) No. of Bedrooms _____ Soil Type Clay Loam Land Slope .5 %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 357 Sq. Ft.

Total length of laterals 104' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☒ Chambers ☐ Other _____

No. of Absorption Trenches 2 Width 36" No. of Drop Boxes 0 Distribution Box 0

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer _____ Date: 9/24/19

Updated 2/18

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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): 0527400007000

Owner: Roger & Alysa Cattle Address

A. Wastewater Piping

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

B. Septic Tank

1. Material: Plastic
2. Capacity: 1,000
3. Depth to top of tank, below unfinished grade: 15 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property Line 100+ ft.
   Foundation 20+ ft.

C Distribution Box or Drop Box NA

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard 22"
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 52 ft. 52 ft. ____ ft. ____
4. Drainfield size: 351 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   Depth of Groundwater 9

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: 9/24/19

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

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Roger Cattle
Address: NW 64th & Malcolm Spur

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 4/21/18 to 4/22/18 **Weather:** Precip. Ø Temp. 50's

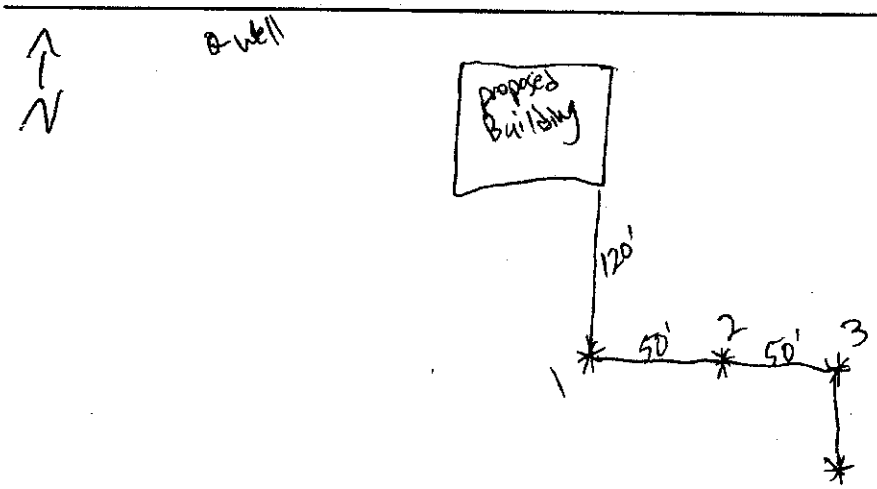
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	4/21	9:30am	4/21	1:30pm	4/22	9:10am	6	9:40am	5½	30	½
2	36	4/21	9:30am	4/21	1:30pm	4/22	9:10am	6	9:40am	5½	30	½
3	36	4/21	9:30am	4/21	1:30pm	4/22	9:10am	6	9:40am	5¼	30	¾

Sum of Water Level Drops (in.) [Column m]: 1.75
Average of Water Level Drops (in.) [Column m]: .58
~~Inches per Minute:~~ 51.72 MPI

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 322-238th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature: Justin

Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:

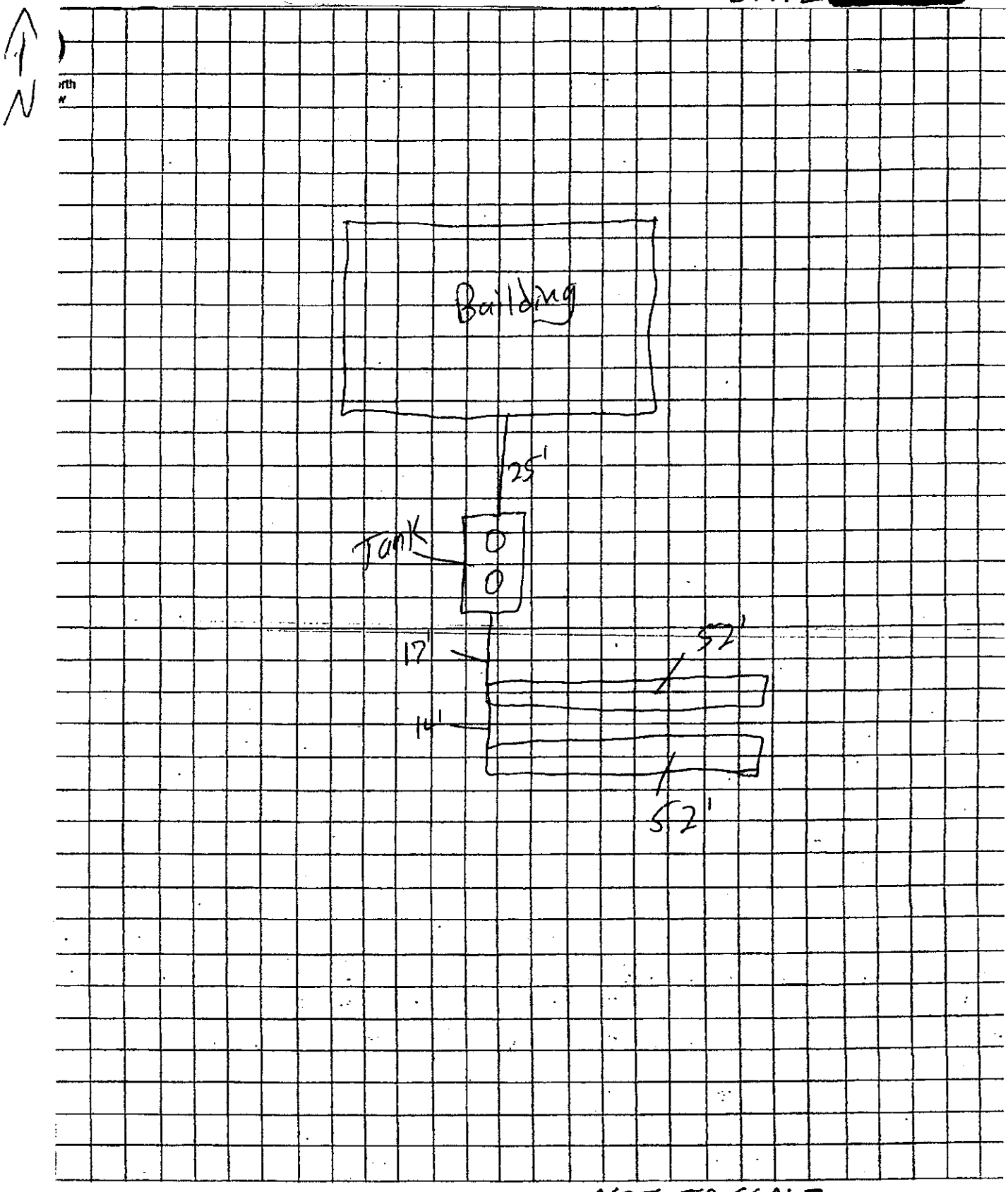


Official's Signature

Owner
Roger Cattle

EARNEST WELL DRILLING INC.
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 9/25/19



NOT TO SCALE

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. HS001904

System Type: Standard

Situs: T11N R5E SEC 27 LOT 48

Issued: 9/30/2019

Expires: 9/30/2020

Description: S27, T11, R5, 6th Principal Meridian, LOT 48 SE

Owner: CATTLE, ROGER & ALYSSA
1649 LA PLATA CT
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

EARNEST WELL DRILLING INC
PO BOX H
MILFORD, NE 68405

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

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Comments _____
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Date fwd 9/30/19
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Signature [signature]

Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date fwd _____
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City or County Engineer
Comments _____
Date rec'd _____
Date fwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
Date 9/30/19

Business Office Use Only
Date Received 9-25-19 Amount Paid $430.00
Received By JMO Cash/Check No. CC7422

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

Form A Updated 4/15

* Utility sink, shower & bathroom. as per contractor