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

A

Permit Number HS001906

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* 6777 SW 32nd St (no rural route) City Lincoln, NE Zip 68522

Legal Description S17 T9 R6 Twin Pines X 2 2
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 09-17-402-002-000 *Approx. Address (If to be determined)

B. Owner

Name Michelle & Dustin Langley Signature

Address 2901 Shadowbrook Dr City/State/Zip Lincoln NE 68516

Home Phone 402-613-1985 Work Phone

C. Certified Installer

Name: Haes Excavating Inc. Signature

Address 9800 Bretgan Rd City/State/Zip Lincoln, NE 68526

Work Phone 402-423-3553

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
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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 9-30-14 Amount Paid $430.00
Received By Cash/Check No. 1170

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

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. HS001906

System Type: Lagoon

Situs: No Site Address Specified

Issued: 9/30/2019

Expires: 9/30/2020

Description: TWIN PINES ADDITION, BLOCK 2, Lot 2

Owner: LANGLEY, DUSTIN & MICHELLE
2901 SHADOWBROOK DR
LINCOLN, NE 68516

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

MICHELLE LANGLEY
2901 SHADOWBROOK DR
LINCOLN, NE 68516

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

SCANNED

A

Permit Number HS001906

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

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Legal Description S17 T9 R6 Twin Pines ☒ 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-17-402-002-000 *Approx. Address (If to be determined)

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Home Phone 402-613-1985 Work Phone

C. Certified Installer

Name: Haes Excavating Inc. Signature

Address 9800 Breegan RD City/State/Zip Lincoln, NE 68526

Work Phone 402-423-3553

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

1650 sq ft Reg'd

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 9/30/19
Date frwd 9/30/19
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 3/12/20

Business Office Use Only
Date Received 9-30-19 Amount Paid $430.00
Received By Cash/Check No. 1110

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

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6777 SW 32nd (no rural route) City Lincoln NE, Zip 68522

Owner Dustin & Michelle Lineday Address 2901 Shadow Brook Dr. Lincoln, NE

Soil Type (SCS): clay Loam w/some Percolation Rate: .50 min./inch

Date of Tests 11-24-19 to 11-25-19 Weather: Precipitation -0- Temperature 60°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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)	Water Lev. (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30"	11-24	10:00	11-25	10:30	11-25	10:30	6"	11-25	2:30	30 min	5/8	.48
2												9/16	.53
3												9/16	.53
4												3/4	.40

Person Conducting Percolation Tests

Name: Scott Haes
Phone: 402-499-1166
Address: 9800 Bregson Road
Lincoln, NE 68526

Sum of Percolation Rates: 1.94
Average of Rates: .48
Rate Used for Calculation: .50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Date

FORM 23-101 10-96

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

MAR 1 1 2020

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) 6777 SW 32 Lincoln, NE 68522

Owner: Dustin & Michelle Langley Address 2901 Shadowbrook Dr. Lincoln, NE 68516

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 150 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well 240 ft.
   Pressure line 200 ft
   Property Line 135 ft.
   Foundation 150 ft.

C Distribution Box or Drop Box

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 Q4 Plus
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 122 ft. 122 ft. 122 ft. 122
4. Drainfield size: 1769 sq ft. 1650 Req'd
5. Distance to:
   Well 260 ft.
   Pressure line 240 ft.
   Property line 5 ft.
   Depth of Groundwater 210

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

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

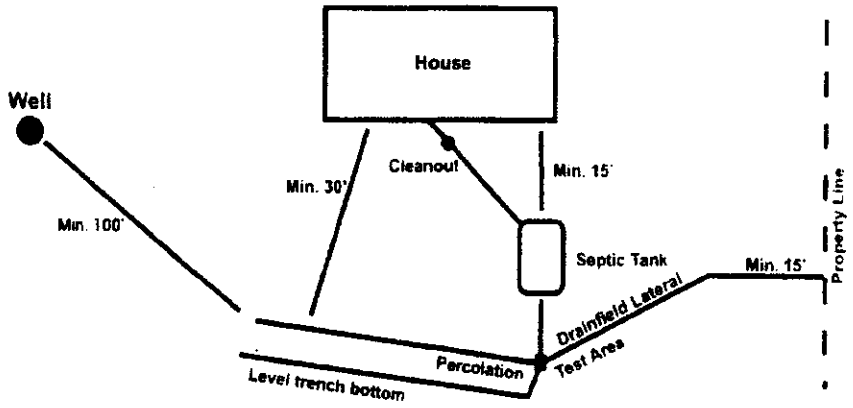
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

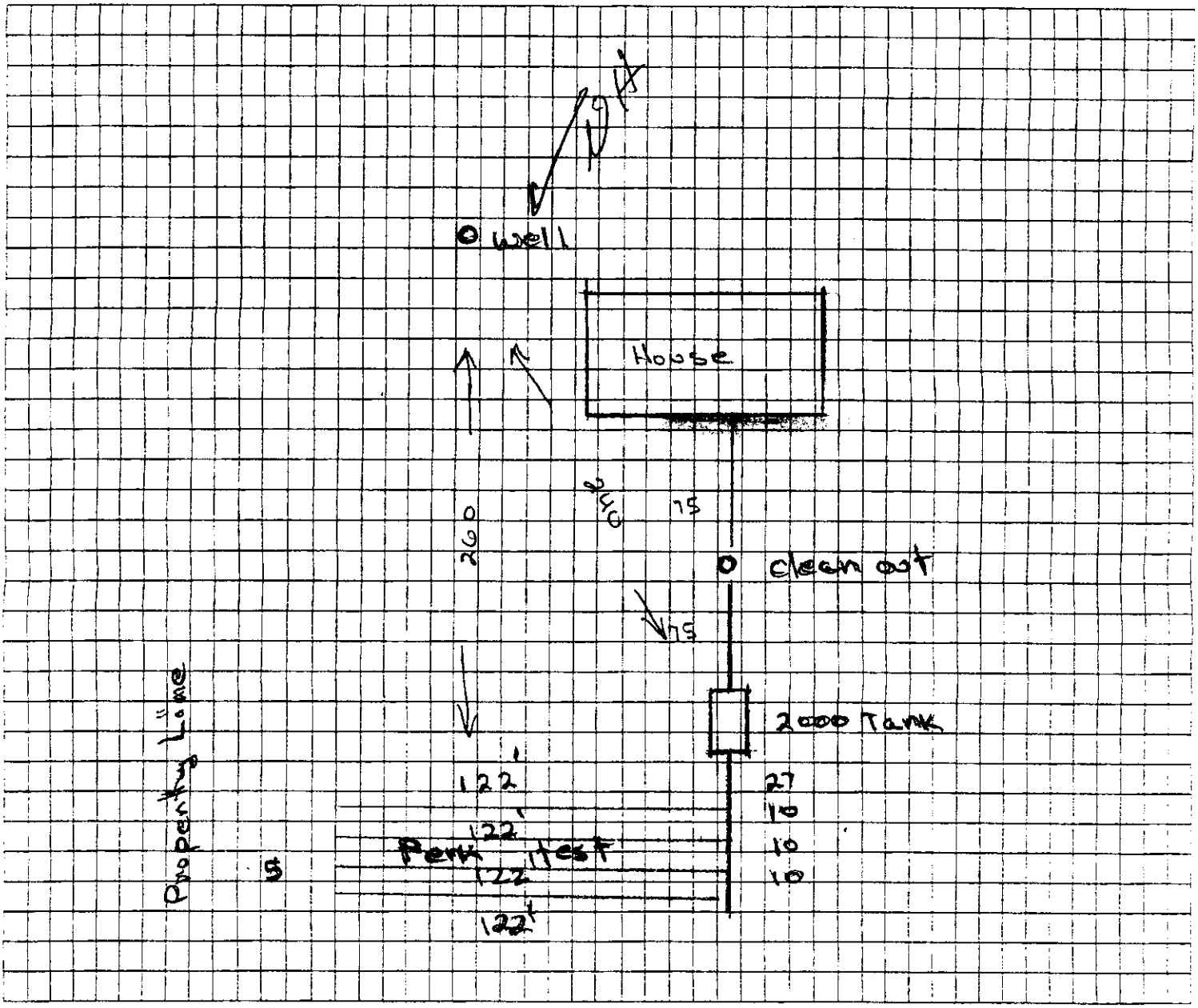
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



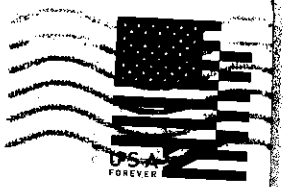
*Note-If Lagoon, show all applicable dimensions



Haes Excavating Inc.
9800 Breagan Rd.
Lincoln, NE 68526

OMAHA NE 680

09 MAR 2020 PM 3 L



Nate Hartman
LLCHD
Environmental Public Health Div
3140 N Street
Lincoln, NE 68510-1514

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