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

A

Permit Number #S001908

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 634 W Calvert St. (no rural route) City lincoln, NE Zip 68522

Legal Description 3 9 6 151

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

PID 09032000920000

B. Owner

Name Jerry Lewis Signature

Address 634 W Calvert St City/State/Zip lincoln Ne 68522

Home Phone 402 430 9107 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip lincoln Ne 68523

Work Phone 402 310 9160

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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
Date frwd
Comments
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 9-30-19 Amount Paid $430.00
Received By JAD Cash/Check No. CC 7224

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

Form A Updated: 1/13

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 634 Calvert st (no rural route) City lincoln NE, Zip 68522

Owner Jerry Lewis Address 634 Calvert St.

Date of Tests 9,19,19 to 9,20,19 Weather: Precipitation 0 Temperature 90°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start		Initial Water Lev (in.)	End		Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)			
1	36	9-19	4:00	9-20	3:00	9-20	3:00	6	9-20	3:30	30	1"	30
2	"	"	"	"	"	"	"	6	"	"	"	1½	20
3	"	"	"	"	"	"	"	6	"	"	"	1½	20
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
lincoln NE 68523

Sum of Percolation Rates: 70
Average of Rates: 23.3
Rate Used for Calculation: 20 to 30

Soil type (NRCS Maps/Other) 7684 Wymore silty clay loam
Groundwater Depth Over 12

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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001908

System Type: Standard

Situs: No Site Address Specified

Issued: 10/1/2019

Expires: 10/1/2020

Description: S3, T9, R6, 6th Principal Meridian, LOT 151 NE

Owner: ANDREWS, DEBRA
634 W CALVERT ST
LINCOLN, NE 68522

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

KEVIN LEWIS
4810 W CLAIRE AVE
LINCOLN, NE 68522

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

SCANNED

A

Permit Number
#S001908

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)

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Address 634 W Calvert st. (no rural route) City lincoln, NE Zip 68522

Legal Description 3 9 6 151

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

PID 0903200092000

B. Owner

Name Jerry Lewis Signature

Address 634 W Calvert st City/State/Zip lincoln Ne 68522

Home Phone 402 430 9107 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip lincoln Ne 68523

Work Phone 402 310 9160

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☐ **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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.27

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 10/8/19
Comments
Date rec'd 10/1/19
Date frwd 10/11/19
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 10/14/19

Business Office Use Only
Date Received 9-30-19 Amount Paid $430.00
Received By JAD Cash/Check No. CC 7224

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: # 5001908

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/14/19 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 634 W. Calvert 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 765 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 170' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 4 Width 4.5 feet No. of Drop Boxes ____ Distribution Box ____

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 ____ NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DS Date 10/8/19

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thiem

Date 10/8/19

Field Note Drawing (See Reverse Side):

Updated 4/15

Received Time Oct. 11. 2019 1:10PM No. 1149

GAGNER CONSTRUCTION
4810 W. CLAIRE AVE.
LINCOLN, NE 68523

ATT: Nate / Doug

RE: 634 W Calvert 68523

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

Received Time Oct. 11. 2019 1:10PM No. 1149

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) 09032000092000

Owner: Jerry Lewis Address 6634 W Calvert Lincoln NE 68523

A. Wastewater Piping

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

B. Septic Tank

1. Material 110
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 16 in.
4. Distance to:
   Well over 100 ft.
   Pressure line " ft
   Property Line 80 ft.
   Foundation over 100 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 38 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Infiltrator E2 flow
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 50 ft. 50 ft. 30 ft. 40
4. Drainfield size: 765 sq. ft.
5. Distance to:
   Well Over 100 ft.
   Pressure line " ft.
   Property line 20 ft.
   Depth of Groundwater over 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: [signature] Date: Oct 8 2019

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

Received Time Oct. 11. 2019 1:10PM No. 1149

