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

A

Permit Number HSOD1916

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* 18885 Olive Creek Rd. (no rural route) City Adams, NE, NE Zip 68301

Legal Description S13 T7 R8 14
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 20-13-200-006-000 *Approx. Address (If to be determined)

B. Owner

Name Mike Bowen Signature Michael Bowen

Address 18885 Olive Creek Rd. City/State/Zip Adams, NE 68301

Home Phone 402-432-9735 Work Phone

C. Certified Installer Mike Bowen

Name: Signature Michael Bowen

Address 18885 Olive Creek Rd. City/State/Zip

Work Phone

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20
Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 375
Type of Wastewater ☐ Domestic ☐ Non-Domestic (Lagoon calculation)

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 10-17-19 Amount Paid $430.00
Received By JAC Cash/Check No CC6981

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

Form A Updated: 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 18885 Olive Creek Rd. (no rural route) City Adams NE, Zip 68301

Owner Mike Bowen Address same

Date of Tests 10/14/19 to 10/16/19 Weather: Precipitation none Temperature 60 deg. F

**Soil has a high clay content and did not meet the minimum per requirements for a septic tank system. We are installing a lagoon.

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			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
								6					
								6					
								6					
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name:

Phone:

Address

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

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

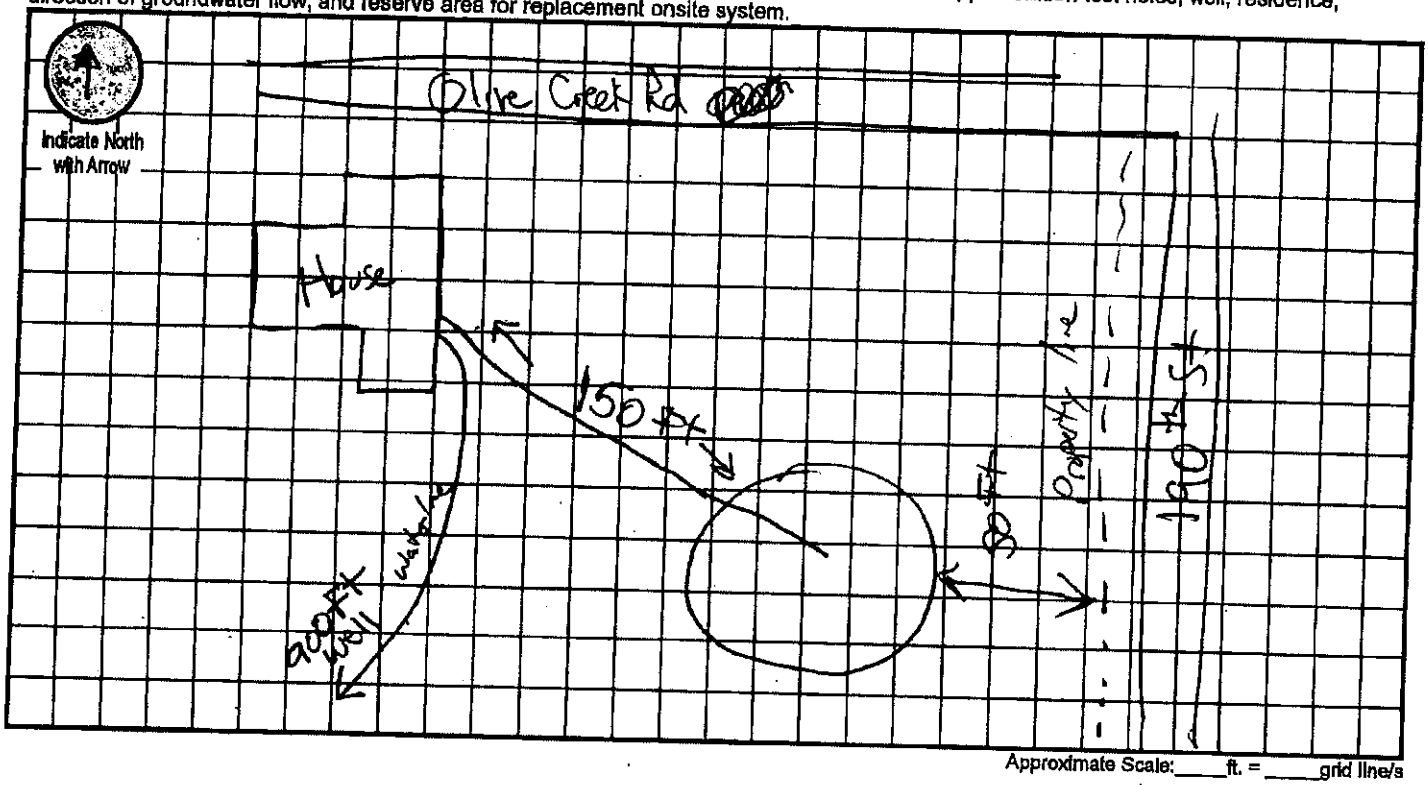
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 18885 Olive Creek Rd. City Adams, NE NE, Zip 68301

B. Proposed Septic Tank/s

Septic Tank Cap._____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

N/A

Percolation Rate_____(min/inch = mpi) No. of Bedrooms_____ Soil Type _____ 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 ☐ Chambers ☐ Other _____

No. of Absorption Trenches _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

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

Installer Michael Bowen Date: 10/17/2019

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

D

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) _____

Owner: _____ Address _____

A. Wastewater Piping

1. Material: _____ Diameter: _____in.
2. Distance between dwelling and septic tank: _____ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ In.
4. Distance to:
   Well _____ft.
   Pressure line _____ft
   Property Line _____ft.
   Foundation _____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:
   _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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

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

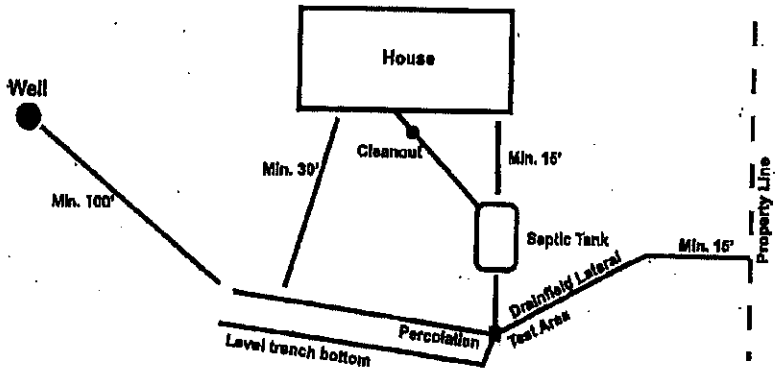
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

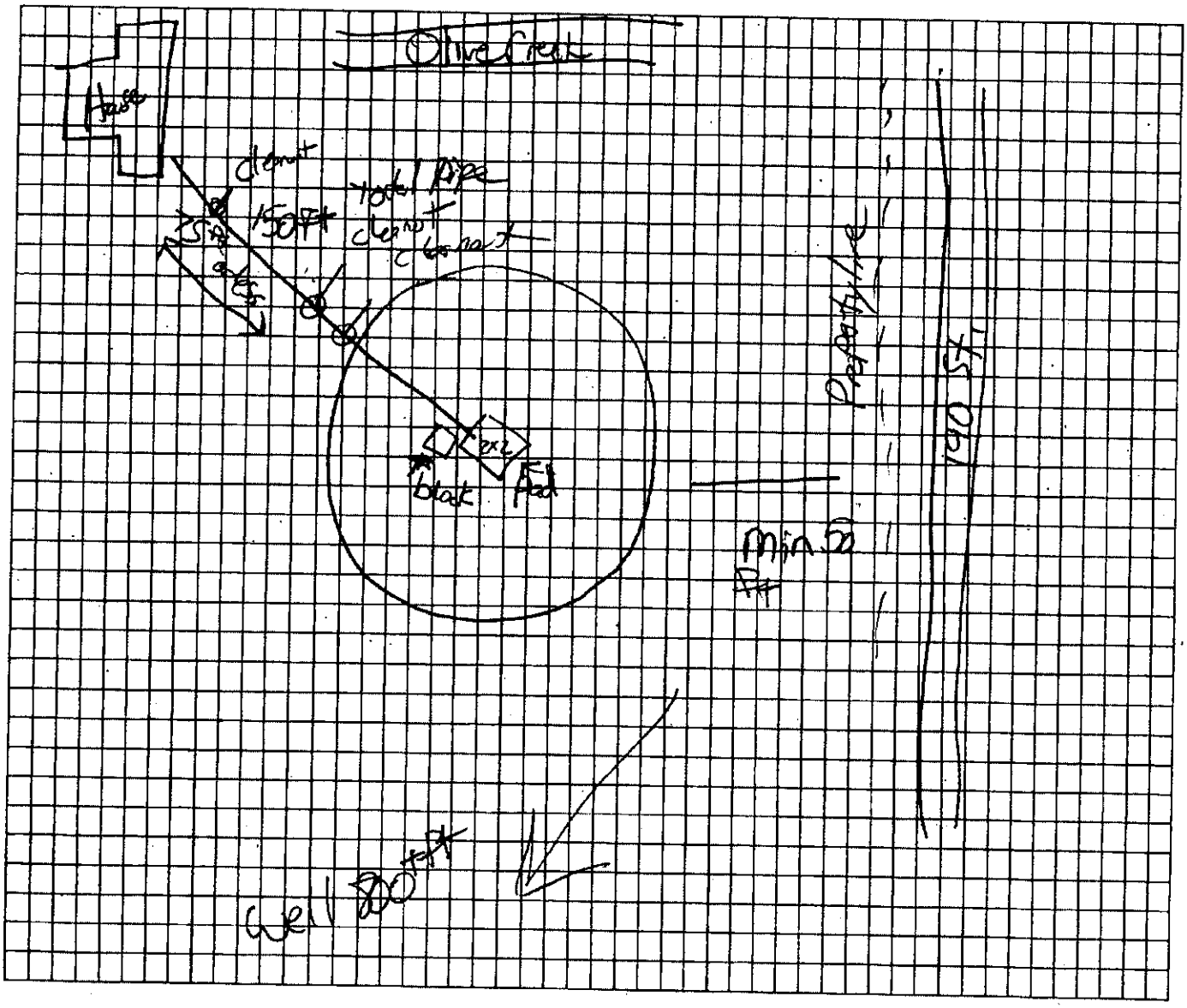
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



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. HS001916

System Type: Lagoon

Situs: 18885 OLIVE CREEK RD, ADAMS, NE 68301

Issued: 10/22/2019

Expires: 10/22/2020

Description: S13, T7, R8, 6th Principal Meridian, LOT 14 NE

Owner: BOWEN, MICHAEL & JESSICA
PO BOX 278
BENNET, NE 68317

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

MIKE BOWEN
18885 OLIVE CREEK RD
ADAMS, NE 68301

SCANNED

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

A

Permit Number #S001916

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* 18885 Olive Creek Rd. (no rural route) City Adams, NE, NE Zip 68301

Legal Description S13 T7 R8 14

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

PID 20-13-200-006-000 *Approx. Address (If to be determined)

B. Owner

Name Mike Bowen Signature Michael Bowen

Address 18885 Olive Creek Rd. City/State/Zip Adams, NE 68301

Home Phone 402-432-9735 Work Phone

C. Certified Installer Mike Bowen

Name: Signature Michael Bowen

Address 18885 Olive Creek Rd. City/State/Zip

Work Phone

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 375

Type of Wastewater ☐ Domestic ☐ Non-Domestic (Lagoon calculation)

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department

Site visits 10/21/19, 3/14/19

Comments

Date rec'd 10/22/19 Date frwd 10/22/19

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 Austin

Date 12/5/19

Business Office Use Only

Date Received 10-17-19 Amount Paid $430.00

Received By SAO Cash/Check No CC6981

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

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

Exhibit 6

Permit Number: HS001916

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 12/5/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 18885 Olive Creek City _____

Owner _____ Address _____

Mark One: ☒ ~~Dwelling~~ ☐ Non-dwelling

☒ ~~New~~ System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water — Yes ☒ No ☐

Lagoon floor is level — Yes ☒ No ☐

Lagoon is equipped with a depth gage/concrete slab — Yes ☒ No ☐

Influent line is at least 4 inches and slopes no less than 1/8 inch — Yes ☒ No ☐

Clean outs located every 75 feet and one located 1 foot about highest water level — Yes ☒ No ☐

Inside slope not steeper than three horizontal to one vertical — Yes ☒ No ☐

Minimum width of the top of the dike shall be 4 feet — Yes ☒ No ☐

Fence installed — Yes ☒ No ☐

Round Lagoon

Top of the Dike 73' Bottom of Lagoon 37' Design Flow 375 gpd

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☒	Non-Community	100ft ☐	100ft ☐	50ft ☐	50ft ☐	Class 1	200ft ☐	☒
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: _____

Dike North side

Comments:

Inspections prior to Final Approval

Initial _____ Date 10/2/19

Follow-Up _____ Date 12/4/19

Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 12/5/19