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

A

Permit Number HS001955

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 2055 N 173rd St (no rural route) City Lincoln, NE Zip

Legal Description 14 (1/4) 10 (1/4) 8 (Section) (Township) (Range) SAGEBROOK ~~SAGEBROOK~~ ESTATES (Subdivison) 1 (Addition) 6 (Block) (Lot)

PID 23-14-401-006-000

B. Owner

Name MK Builders Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Munson Signature

Address 1845 N 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

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 3.43

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 2-18-20 Amount Paid $430.00
Received By JAD Cash/Check No. 0074194

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

Form A Updated 1/13

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. HS001955

System Type: Lagoon

Situs: No Site Address Specified

Issued: 2/21/2020

Expires: 2/21/2021

Description: SAGEBROOK ESTATES, BLOCK 1, Lot 6

Owner: SHUNKWILER, BRETT A & LINDSEY J
1318 SHIRE LN
EAGLE, NE 68347

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

MUELLER TRENCHING
1345 N 26TH RD
SYRACUSE, NE 68446

SCANNED

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

A

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Onsite Wastewater Treatment System
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Address 2055 N 173rd St (no rural route) City Lincoln, NE Zip

Legal Description 14 10 8 SAGEBROOK ~~SAGE BROOK~~ ESTATES 1 6

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

PID 23-14-401-006-000

B. Owner

Name MK Builders Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Morrison Signature

Address 1845 N 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

D. Engineer

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

Designer Name Firm Work Phone

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☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.43

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 ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department

Site visits 10/15/20

Comments

Date rec'd 2/21/20

Date frwd 2/21/20

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 12/23/20

Business Office Use Only

Date Received 2-18-20 Amount Paid $430.00

Received By Cash/Check No. 4194

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

Form A Updated 1-13

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

Exhibit 5

Permit Number: HS001955

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/23/20 Legal Description 14 / 10 / 8 Lot 6
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2055 N 173rd 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 1,440 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ flow

No. of Absorption Laterals 4 Width 4.5 Feet No. of Drop Boxes 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 ☐	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 DC Date 12/23/20

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thiele

Date 12/23/20

Field Note Drawing (See Reverse Side):

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 2055 N 173rd (no rural route) City Lincoln NE, Zip

Owner Bret & Lauren Shenkenberger Address

Date of Tests 8-2 to 8-3 Weather: Precipitation N/A Temperature 80's

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			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)
1	36	8-2	9:00	8-3	13:00	8-3	13:00	6	8-3	13:30	30	3/4	45
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1	30
4	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1 1/4	22.5
5	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mueller
Phone: 402-430-2946
Address 1345 N 26th Rd
Syracuse NE 68446

Soil type (NRCS Maps/Other)

Groundwater Depth 12+

Sum of Percolation Rates: 187.50
Average of Rates: 37.50
Rate Used for Calculation: 30-40 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date