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

A

Permit Number
HS001960

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* _____ City Lincoln, NE Zip _____
(no rural route)

Legal Description 7 9 8 Acres 6* SHULTZ ADD Lot 2 27
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 2207400007000 *Approx. Address (If to be determined) _____

B. Owner

Name Philip T. & Catherine M. Boucher Signature _____
Address 2421 S. 79th St. City/State/Zip Lincoln, NE 68506
Home Phone 402-214-9148 Work Phone 402-202-7754 Jason Rhoads

C. Certified Installer Earnest Well Drilling Inc.

Name: Justin Peterson Signature _____
Address P.O. Box 14 City/State/Zip Milford, NE 68405
Work Phone 402-641-6174

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 3.28
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 _____ 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 3-04-20 Amount Paid $430.00
Received By KAD Cash/Check No. 6541

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

Form A Updated: 4/15

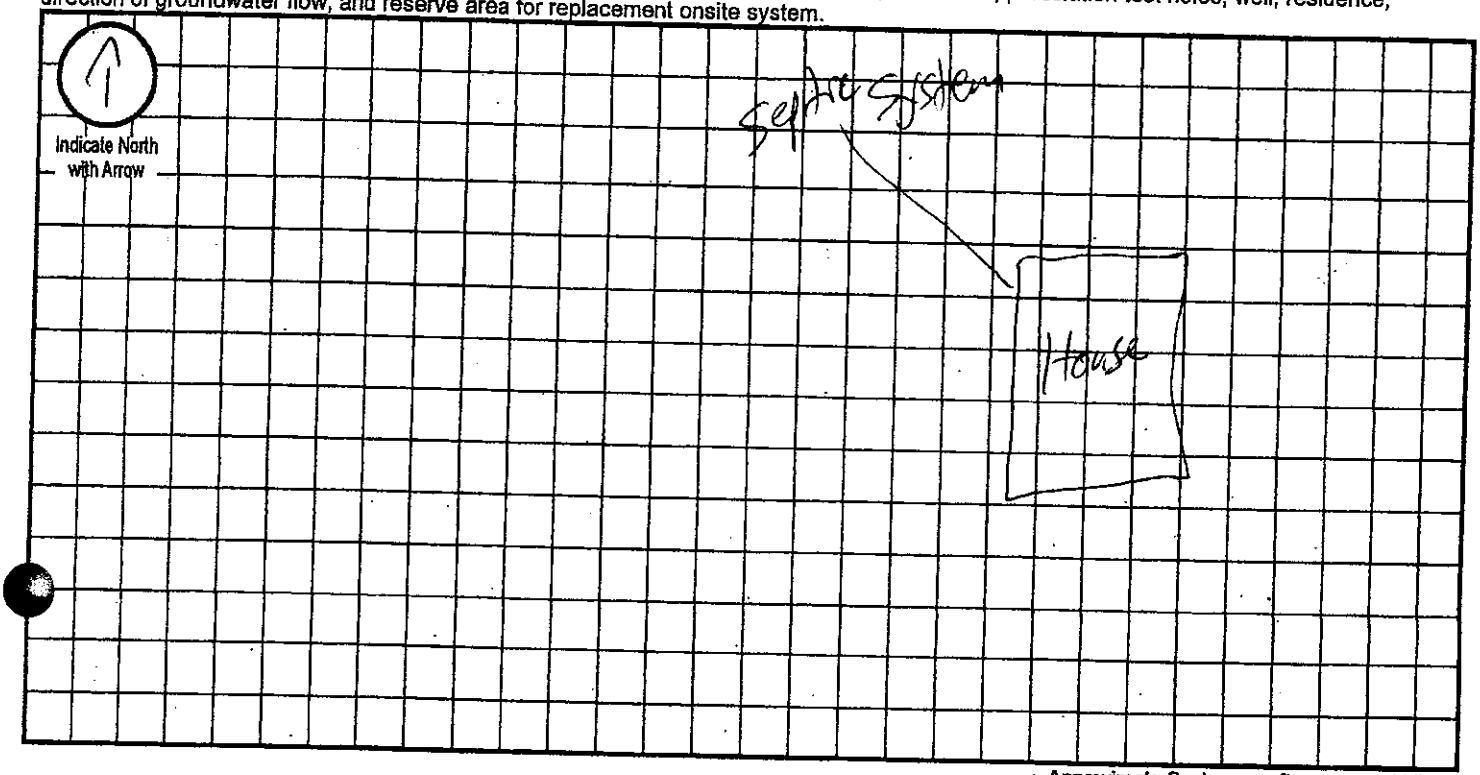
Lincoln-Lancaster County Health Department
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3131 O Street • Lincoln NE 68510-1514
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C

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 Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 36 (min/inch = mpi) No. of Bedrooms 5 Soil Type Judson Land Slope ____ %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1375 Sq. Ft.

Total length of laterals 406' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☒ Chambers ☐ Other _____

No. of Absorption Trenches 3 Width 36" No. of Drop Boxes 0 Distribution Box ○

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

Installer _____ Date: 2/28/20

Updated 2/18

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. HS001960

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/5/2020

Expires: 3/5/2021

Description: S7, T9, R8, Acres 6th Principal Meridian, LOT 27 S1/2 & SCHULTZ ADD, LOT 2, 3.28 AC (DESC IN INST#2020-00152).

Owner: BOUCHER, PHILIP T & CATHERINE M
2421 S 79 ST
LINCOLN, NE 68506

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

JASON WOITA
3280 S 31ST ST
LINCOLN, NE 68502-5207