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. HS001966

System Type: Standard

Situs: No Site Address Specified

Issued: 3/17/2020

Expires: 3/17/2021

Description: GLACIAL TILL RIDGE, BLOCK 2, Lot 1

Owner: WIIG, JASON & SHANNON
240 W CHADDERTON DR
LINCOLN, NE 68521

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

HARRY MUHLBACH
14277 N 56TH ST
LINCOLN, NE 68514

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

SCANNED

A

Permit Number
HS 001966

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 _____, NE Zip _____
(no rural route)

Legal Description 4 11 6 Glacial Till Ridge 2 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-04-402-001-000 *Approx. Address (If to be determined) _____

B. Owner

Name Shannon Wiig Signature _____
Address 240 West Chiddenton City/State/Zip Lincoln NE 68521
Home Phone 402-304-4923 Work Phone 402-770-6054

C. Certified Installer

Name: Harry Muhlbach Signature _____
Address 14777 N 56 City/State/Zip Lincoln, Ne 68514
Work Phone 402-430-7304

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 3.24
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 3/17/20
Date frwd 3/17/20
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 _____

Business Office Use Only
Date Received 3-16-20 Amount Paid $430.00
Received By JAO Cash/Check No 6759

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

Form A Updated: 4/15

SCANNED

B

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

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address _____ City Raymond NE, Zip _____

(no rural route)
Owner Shannon & Jason Wiig Address _____

Date of Tests 3-5-20 to 3-5-20 Weather: Precipitation Dry Temperature 52°

Pre soak not needed ground wet

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		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	3-5	12:30 PM	3-5	4:30	3-5	4:00	6	3-5	4:30	30 min	1"	30
2	30"	"	12:35"	"	4:35	"	4:05	6	"	4:35	"	1.2"	25
3	30"	"	12:40"	"	4:40	"	4:10	6	"	4:40	"	1.2	25
4	30"	"	12:45	"	4:45	"	4:15	6	"	4:45	"	.9"	33
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Harry Muhlbach
Phone: 402-430-7304
Address 14277 N 56 St Lincoln NE

Sum of Percolation Rates: 113
Average of Rates: 28.25
Rate Used for Calculation: 30-40 min/in

Soil type (NRCS Maps/Other) Sharpsburg She2 Silty clay loam Some Pervue PaDa
Groundwater Depth 20 Plus Ft

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

A SCANNED

Permit Number
HS 001966

315 PA
3,625

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Date frwd _____
ACTION ☐ Approved ☐ Disapproved
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Installation Final Written Approval
By _____
Date 9/4/20

Business Office Use Only
Date Received 3-16-20 Amount Paid $430.00
Received By MO Cash/Check No 8759

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

Form A Updated: 4/15

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

Permit Number: 1500 1966

Onsite Wastewater Treatment System

Inspection Sheet

Date _____ Legal Description Cedar Till Bldg
¼ ¼ Section/Township/Range

Onsite System Location

Block 2, Lot 1

Address (no rural route) _____ 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 1141 Sq Ft. (1 Bed) Tank Size 2000 gals

Total length of laterals 315' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) _____

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 1 Distribution Box 0

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_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial _____ Date 9/4/20

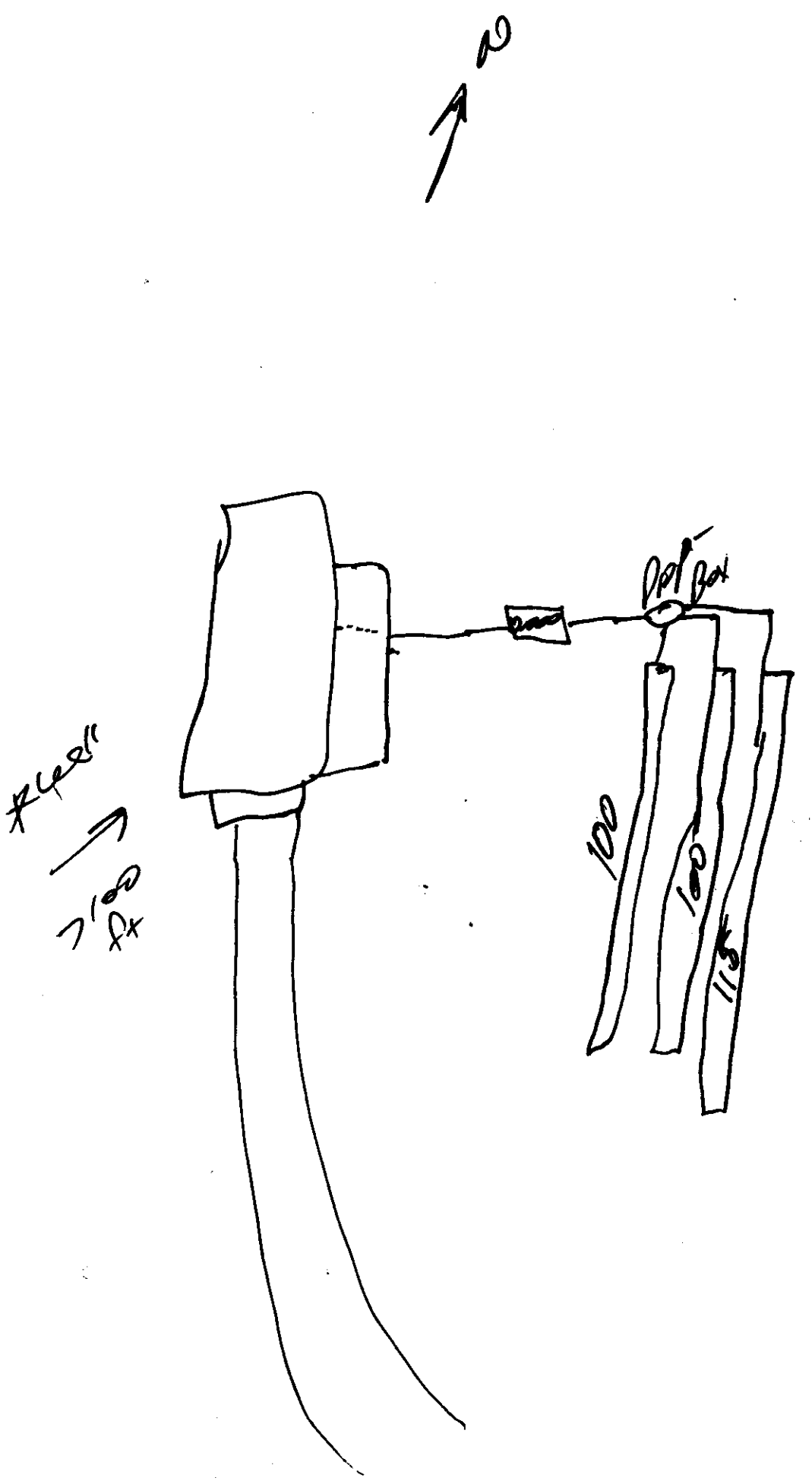
Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 9/4/20

Field Note Drawing (See Reverse Side):


100
100
115