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

SCANNED A

Permit Number
HSDD1977

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* SW 31st + Twin Pines Rd (no rural route) City Lincoln, NE Zip 68523

Legal Description 17 09 06 Twin Pines Addition 3 11
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0917403011000 *Approx. Address (If to be determined)

B. Owner

Name Lary + Christina Nickell Signature

Address 1840 Chloe Ln City/State/Zip Lincoln NE 68512

Home Phone Work Phone

C. Certified Installer

Name: Taylor Bass Signature

Address 8770 Waverly Rd City/State/Zip Lincoln, NE 68517

Work Phone 402-430-8580

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 3.0
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 450

Type of Wastewater ☐ Domestic ☐ Non-Domestic

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 3-23-20 Amount Paid 430.00
Received By KC Cash/Check No. 4833
CC

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

Form A Updated: 4/

SCANNED

C

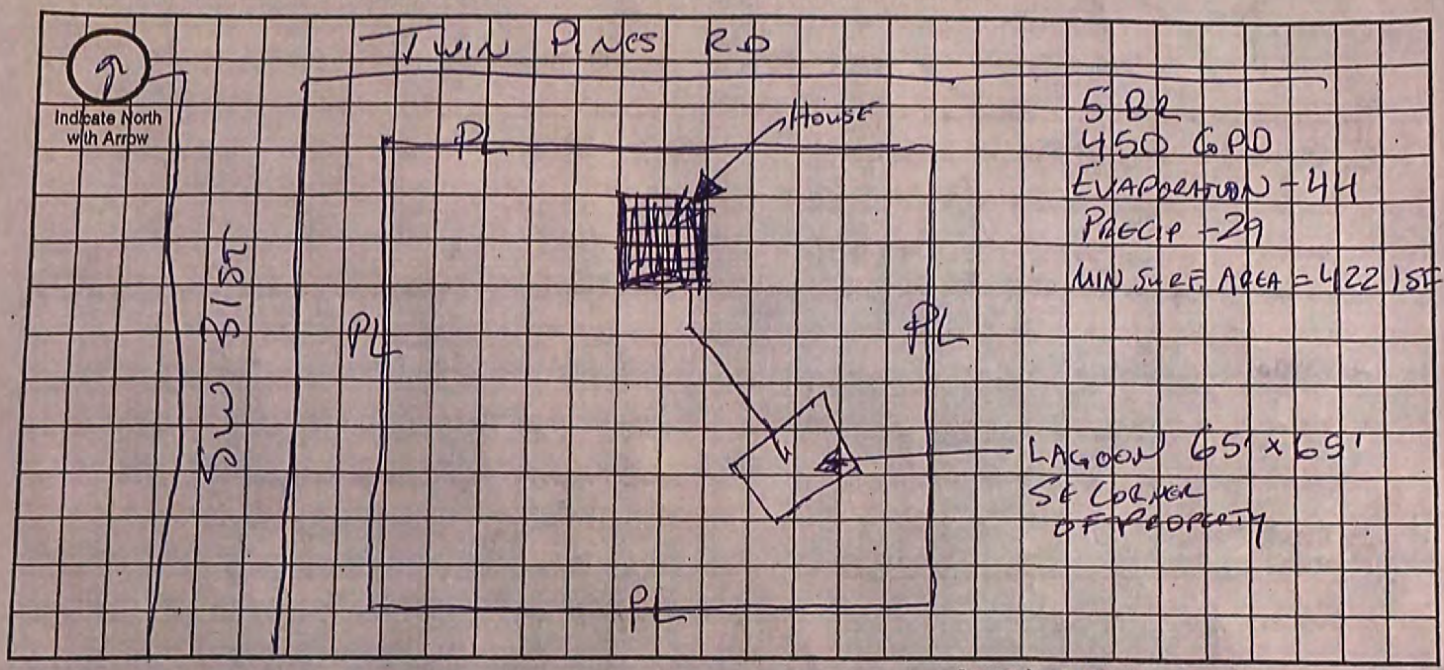
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) SW 315T & TWIN PINES RD City LINCOLN NE, Zip 68523

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms 5 Soil Type WYMORE SILTY CLAY LOAM Land Slope 3-5 %

☐ 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 ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

F. Required Signatures

Home Building Contractor INNOVATIVE HOMES Date _____

Installer TAYLOR BASS Date 3/23/2020

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. HS001972

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/23/2020

Expires: 3/23/2021

Description: TWIN PINES ADDITION, BLOCK 3, Lot 11

Owner: NICKELL, LARRY J & CHRISTINA L
1840 CHLOE LN
LINCOLN, NE 68512

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

TAYLOR BUSS
8770 WAVERLY RD
LINCOLN, NE 68517

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

SCANNED A

Permit Number
HSD01972

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* SW 31st + Twin Pines Rd (no rural route) City Lincoln, NE Zip 68523

Legal Description 17 09 06 Twin Pines Addition 3 11
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0917403011000 *Approx. Address (If to be determined)

B. Owner

Name Lacy + Christina Nichell Signature

Address 1840 Chloe Ln City/State/Zip Lincoln NE 68517

Home Phone Work Phone

C. Certified Installer

Name: Jamie Buss Signature

Address 5770 Waverly Rd City/State/Zip Lincoln, NE 68517

Work Phone 402-430-8580

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 3.0
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify: Design flow in gallons per day 450

☐ Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

nt
Date rec'd 3/23/20
Date frwd 4/1/20
ACTION ☒ Approved ☐ Disapproved
Signature

or Village Clerk
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

ngineer
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Written Approval

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

- Health Department Yellow - Engineer Pink - Builder & Safety Form A Updated: 4/

Lincoln-Lancaster County HEALTH DEPARTMENT

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

Exhibit 5

Permit Number: HS001972

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/10/20

Legal Description Twin Pines Addition Blk 3, Lot 11

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3055 Twin Pines 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 1665 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 370' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 4 Width 4.5 facto 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 ☐	2 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial RC Date 8/25/20

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By [signature]

Date 9/10/20

Field Note Drawing (See Reverse Side):

Updated 4/15

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

D Exhibit 4

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) 3055 Twin Pines Rd

Owner: _____ Address _____

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 50 ft.

B. Septic Tank

1. Material Poly
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 140 ft.
   Pressure line over 120 ft
   Property Line 80 ft.
   Foundation 50 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 14 ft. ____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: EZ flow 4.5"
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 120 ft. 120 ft. 70 ft. 60
4. Drainfield size: 1665 sq. ft.
5. Distance to:
   Well over 100 ft.
   Pressure line " ft.
   Property line 80 ft.
   Depth of Groundwater over 12

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

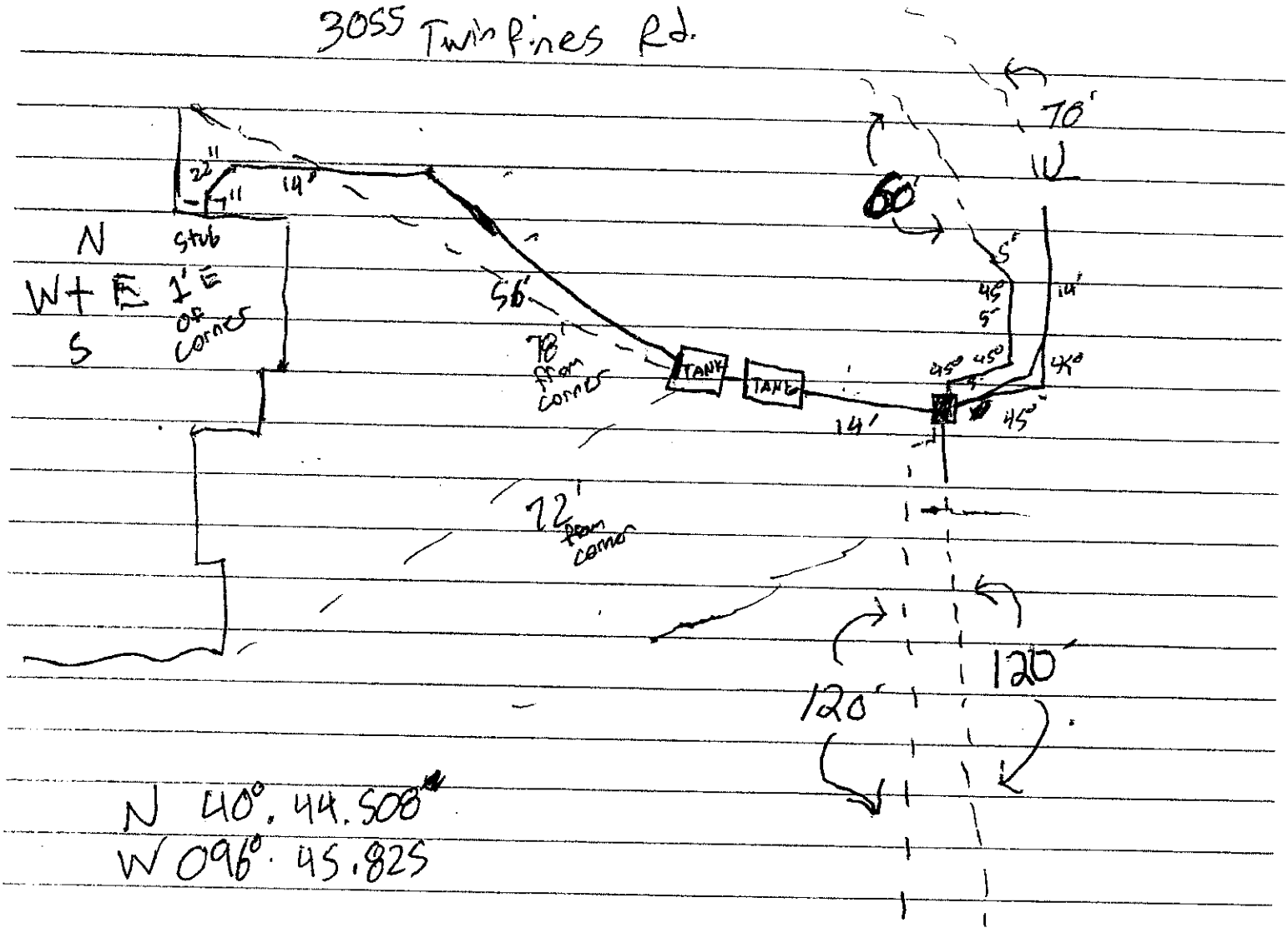
If Yes. the Certified Professional must sign below for final approval:

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: _____ Date: _____

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

3055 Twin Pines Rd.



N 40°. 44.508"
W 096°. 45.825

4 GAGNER CONSTR @ Yeffer

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name [illegible] Phone [illegible]

Address [illegible] City [illegible] State [illegible] Zip [illegible]

Location (Attach a sketch of the property showing test hole locations)

[illegible] ¼ [illegible] ¼ Section 17 Township 9N Range 8E County Lancaster

Lot # 11 Subdivision Twin Rocks Addition

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ___ Other ✓

Silty Clay Loam ___ Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 4/5 to End Date 4/5 20 24

Weather Conditions

Precipitation N/A Avg. Temp 52 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period Start Date (Mo./Day)	Pre-saturation Period Start Time (Hr./Min)	Pre-saturation Period End Date (Mo./Day)	Pre-saturation Period End Time (Hr./Min)	Percolation Readings (last period) Start Date (Mo./Day)	Start Time (Hr./Min)	Start Water Level (inch)	End Time (Hr./Min)	End Water Level Drop (inch)	Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (Min. per Inch) (Minutes per Inch)
1	55	4/5	1:30	4/5	1:52	4/5	1:52	10 7/16	2:06	10 7/16	22	1 1/16	43.65
2	36	1	1	1	1	1	1:40	10 1/4	2:10	10"	30	3/4"	40
3	36	1	1	1	1	1	1:41	9 15/16	2:11	9 15/16	30	3/4"	40

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature [illegible] Tyler Gass

Certificate or License # 2659

Address 8770 Lavista Rd

City Lincoln State NE Zip 68526

Phone 402-430-8390

Sum of Percolation Rates = 131.65

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 43.88

* If rates vary by more than 20 minutes, do not average. Use slowest rate measured for sizing soil absorption area.

Version 8-2014