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

A

Permit Number
H500 1995

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* _____ (no rural route) S15 T8 R7 City Hickman, NE Zip 68372

Legal Description Lot 2 Blck 5 South Ridge Acres

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

PID 15-15-405-002-00 *Approx. Address (If to be determined) S 76th & Prairie Flower

B. Owner

Name Harper, David & Lac. Signature _____

Address 4800 Lonewood St Lincoln NE City/State/Zip _____

Home Phone _____ Work Phone 402-617-3663

C. Certified Installer

Name: _____ Signature _____

Address 1375 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 _____ Whirlpool Bathtub? ☐ Yes ☐ No Garbage Grinder? ☐ Yes ☐ No Total Acres 3.15

☐ 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

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 _____

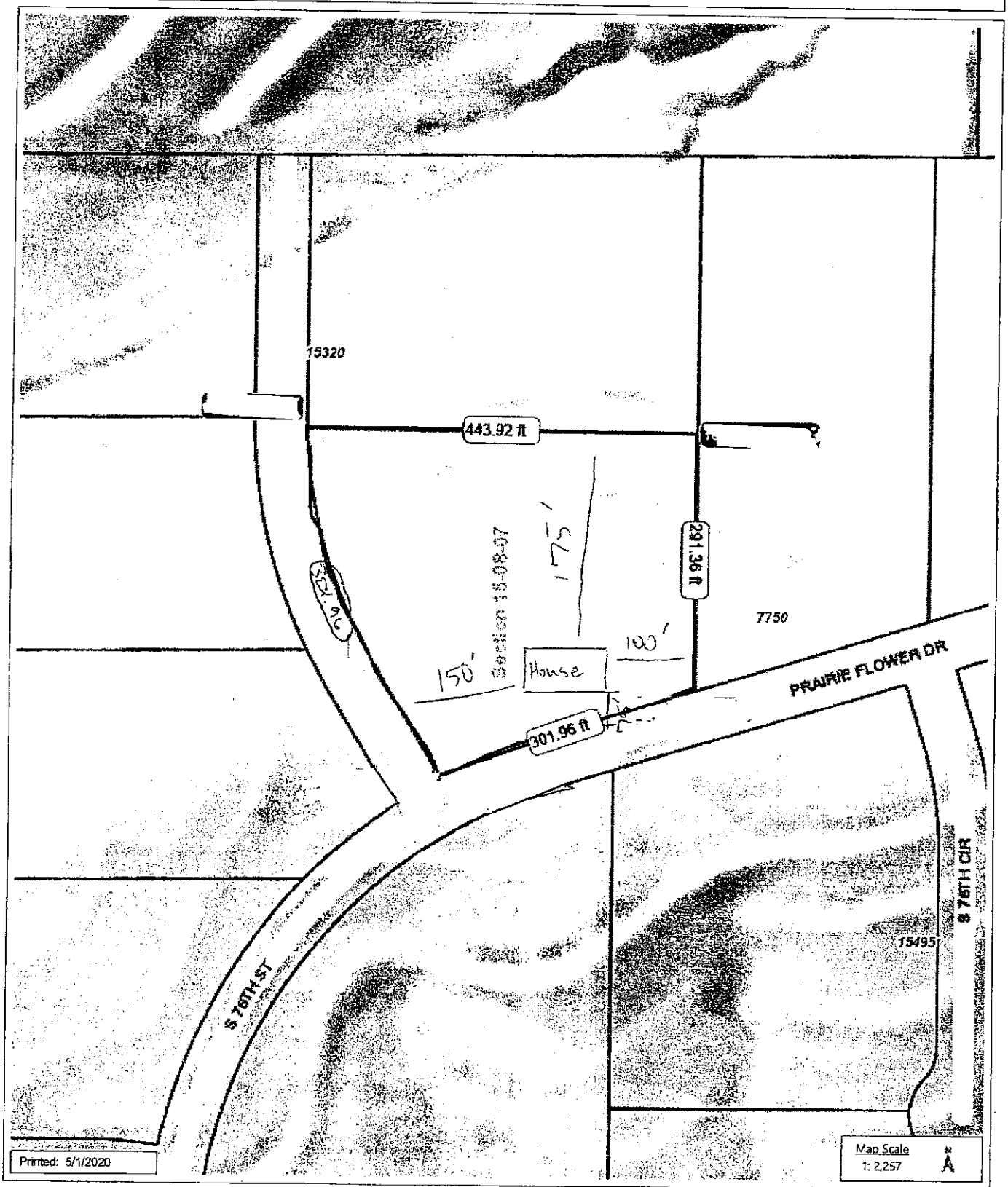
Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 4/15

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

Janet O'Neal

From: Nate C. Hartman
Sent: Monday, May 4, 2020 11:34 AM
To: Janet O'Neal
Subject: FW: South Ridge Acres App
Attachments: North MX-B455W_20200504_111923.pdf; North MX-B455W_20200504_111029.pdf

FYI

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

From: Brad Johnson [mailto:brad@donjohnsonhomes.com]
Sent: Monday, May 4, 2020 11:30 AM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: South Ridge Acres App

CAUTION: This email comes from a sender outside your organization.

Hi Nate,

Please see attached for a new application. I can pay for this application with my card if that's ok. Please let me know if you need anything else. Thanks.

Brad Johnson
Owner, Don Johnson Homes Inc.
2741 King Ln Lincoln, NE 68521
402-617-3663

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. HS001995

System Type: Lagoon

Situs: No Site Address Specified

Issued: 5/4/2020

Expires: 5/4/2021

Description: SOUTH RIDGE ACRES ADDITION, BLOCK 5, Lot 2

Owner: HARPER, DAVID C & LACI S
4800 LONEWOOD ST
LINCOLN, NE 68510

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

DON JOHNSON HOMES INC.
2741 KING LN
LINCOLN, NE 68521

SCANNED

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

A

Permit Number
H500 1995

Onsite Wastewater Treatment System
Permit Application

Include Form B and C.
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with this Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 7650 Prairie Flower (no rural route) S15 T8 R7 City Hickman, NE Zip 68372

Legal Description Lot 2 Blck 5 South Ridge Acres

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

PID 15-15-405-002-00 *Approx. Address (If to be determined) S 76th & Prairie Flower

B. Owner

Name Harper, David & Lac. Signature

Address 4600 Lonewood st Lincoln NE City/State/Zip

Home Phone Work Phone 402-617-3663

C. Certified Installer

Name: Scott Mueller Signature

Address 1315 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 3 as per builder Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.15 MW

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

1. Health Department
Site visits 9/4/20
Comments
Date rec'd 5/4/20
Date frwd 5/4/20
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 Doug Ahuel
Date 9/9/20

Business Office Use Only
Date Received 5-04-20 Amount Paid $430.00
Received By JW Cash/Check No 00301

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: H5001995

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/9/20

Legal Description ____ ¼ ____ ¼ ____ Section/Township/Range

Onsite System Location

Address (no rural route) 7650 Prairie Flower 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: 3 bd.

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,755 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 5 Width 4.5 factor No. of Drop Boxes — Distribution Box 1

Leveling Method Used base

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 DS. Date 9/4/20

Follow-Up ____ Date ____

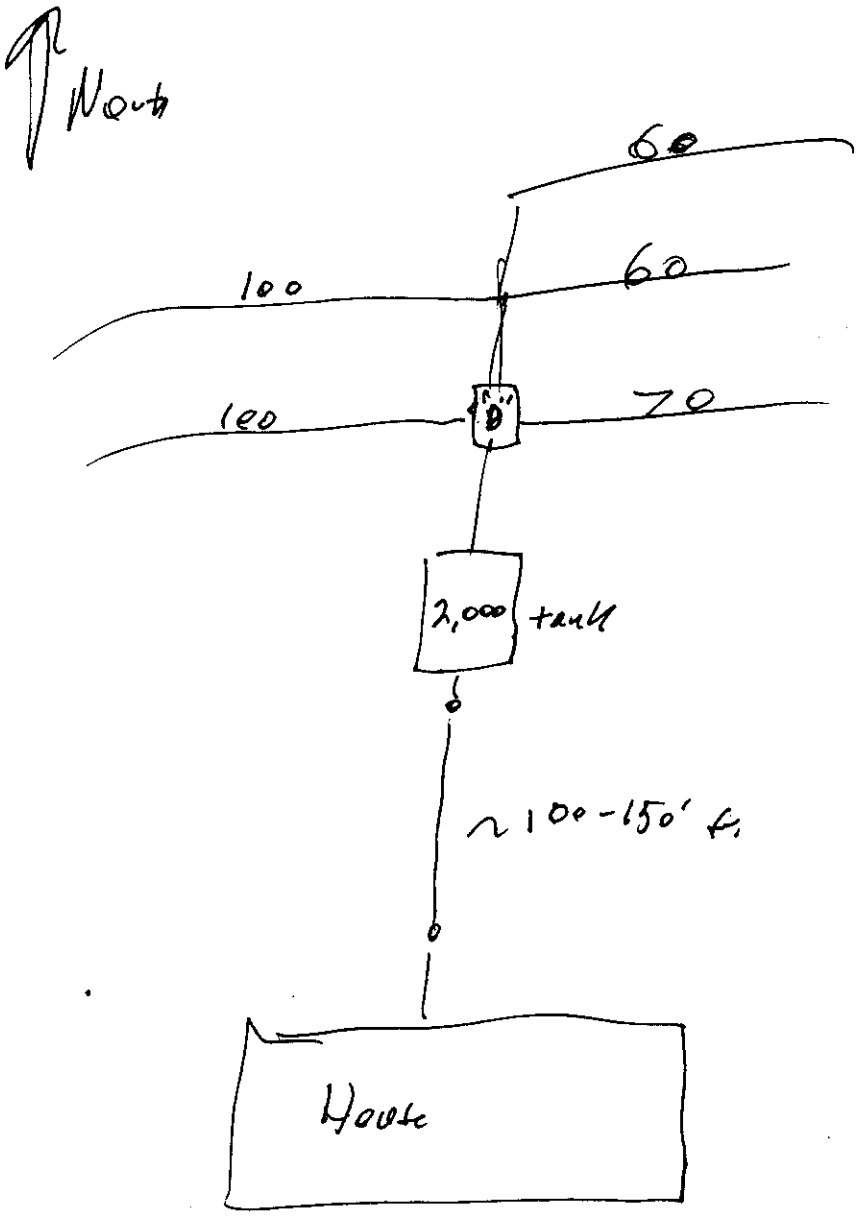
Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Andrk

Date 9/9/20

Field Note Drawing (See Reverse Side):

Updated 4/15


North
60
100
60
100
"D"
70
2,000 tank
~100-150' ft.
House

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 7650 Prairie Flower Rd (no rural route) City Roca NE, Zip

Owner Address

Date of Tests 5-3-20 to 5-4-20 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		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	36	5-3	10100	5-4	9100	5-4	9100	6	5-4	9:30	30	1	30
2								6				3/4	45
3								6				1 1/4	24
4								6				1	30
5								6				3/4	45
6								6				1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Scott Marshall

Phone: 402-430-2946

Address 1545 N 26th Rd

Syracuse NE 68446

Soil type (NRCS Maps/Other)

Groundwater Depth 10+

Sum of Percolation Rates: 234

Average of Rates: 39

Rate Used for Calculation: 50-60 mpi more than 20 mpi Variance

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date