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

REC'D MAY 26 2020

A

Permit Number
HS002009

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 S12 T10 R8 Native Grass Addition 1 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 231210200 5000 *Approx. Address (If to be determined) _____

B. Owner

Name Andrew Theis - Murray Custom Homes Signature _____
Address 5900 S 58th St Suite C-D City/State/Zip Lincoln, NE 68516
Home Phone _____ Work Phone 402-657-1518

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek
Address 11185 E St Hwy 41 City/State/Zip Adams NE 68301
Work Phone 402-988-8425

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.1
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 _____ 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 5-27-20 Amount Paid $430.00
Received By JAD Cash/Check No. 1983

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

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1614
Phone: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location
Pid 2312102006000

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

Owner Andrew Theis Address _____

Date of Tests 22oct2018 to 23oct2018 Weather: Precipitation Ø Temperature 60°

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 or in/hr)
1	36	10/22	11:00	10/23	11:00	10/22	11:00	6	10/23	12:00	30	1/2	60
2	"	"	"	"	"	"	"	6	"	"	"	1/2	60
3	"	"	"	"	"	"	"	6	"	"	"	1/2	60
4	"	"	"	"	"	"	"	6	"	"	"	1/2	60
								6					
								6					
								6					
								6					

Person Conducting Percolation Test
Name: Steven C Lewis
Phone: (402) 432-1082
Address 4810 W. Claire Ave
Lincoln NE, 68523

Soil type (NRCS Maps/Office) 7207
Groundwater Depth over 14'

Sum of Percolation Rates: 240
Average of Rates: 60
Rate Used for Calculation: 50-60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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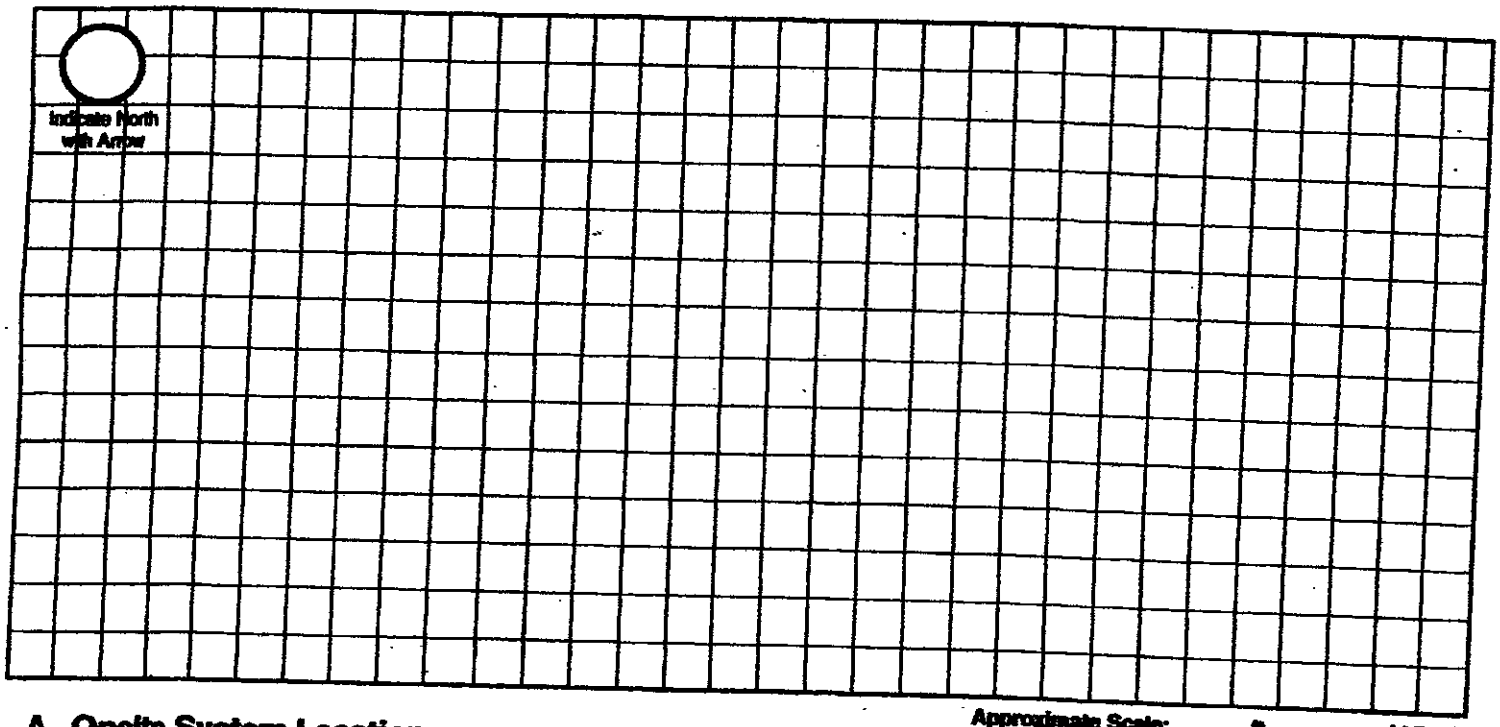
C

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) PID 231210200 5000 City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 60 (min/inch = mpi) No. of Bedrooms 4 Soil Type _____ Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield _____ sq.ft.

Total length of laterals 320' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZ Flow

No. of absorption trenches 3 Width 36" No. of drop boxes _____ Distrubtion Box 1

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

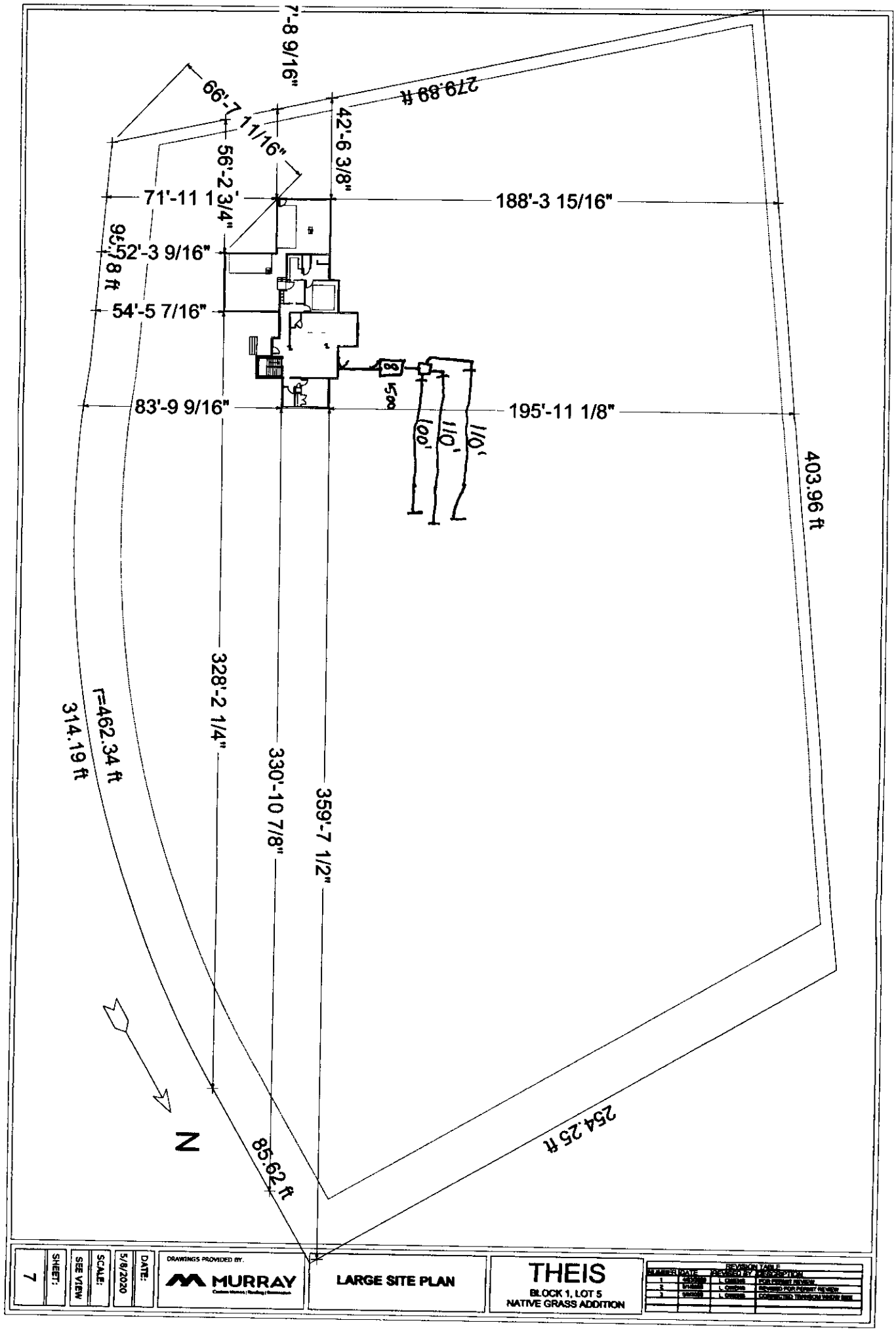
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Ground 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 _____ Date _____

Installer _____ Date _____



SHEET:	SEE VIEW	SCALE:	DATE: 5/8/2020	DRAWINGS PROVIDED BY: MURRAY	LARGE SITE PLAN	THEIS BLOCK 1, LOT 5 NATIVE GRASS ADDITION	REVISION TABLE
7							

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. HS002009

System Type: Standard

Situs: No Site Address Specified

Issued: 5/27/2020

Expires: 5/27/2021

Description: NATIVE GRASS ADDITION, BLOCK 1, Lot 5

Owner: THEIS, ANDREW MARC & NANCY JANE
1110 W LEON 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

SOUTHEAST SEWER & SEPTIC
11185 E ST HWY 41
ADAMS, NE 68301