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

A

Permit Number H5002020

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* 5430 W Stagecoach Rd City Hallam, NE Zip 68368
(no rural route)

Legal Description 531 TB R6 32 Lot 20
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-31-300-007-000 *Approx. Address (If to be determined)

B. Owner

Name Caley + Hilary Hanigan Signature

Address 6001 Chatsworth Ln City/State/Zip Lincoln, NE 68516

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hecklers Signature

Address PO Box 142 City/State/Zip Eagle, NE 68347

Work Phone 402-730-7745

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 Total Acres
Garbage Grinder? ☐ Yes ☐ No

☑ Commercial Establishment/Other Facility Specify garage bathroom Design flow in gallons per day 100

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 6-11-20 Amount Paid $430.00
Received By KAD Cash/Check No 005792

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

Form A Updated: 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5430 Stagecoach Rd (no rural route) City Hallam NE, Zip 68368

Owner Caley + Hilary Horgan Address 6001 Chatsworth Ln, Lincoln, NE 68516

Date of Tests 6-7 to 6-7 Weather: Precipitation 0 Temperature 92-95

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 = mpi)
1	42	6/7	9:15	6/7	1:15	6/7	4:45	6	6/7	5:15	30m	7/8	34.29
2	36	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	5/8	48
3	42	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	7/8	34.29
4	36	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1½	20
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hachtel
Phone: 402-730-7749
Address PO Box 142
Eagle, NE 68347

Soil type (NRCS Maps/Other) Wymore silt clay loam

Groundwater Depth 38 feet

Sum of Percolation Rates: 136.57
Average of Rates: 34.29
Rate Used for Calculation: 48

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

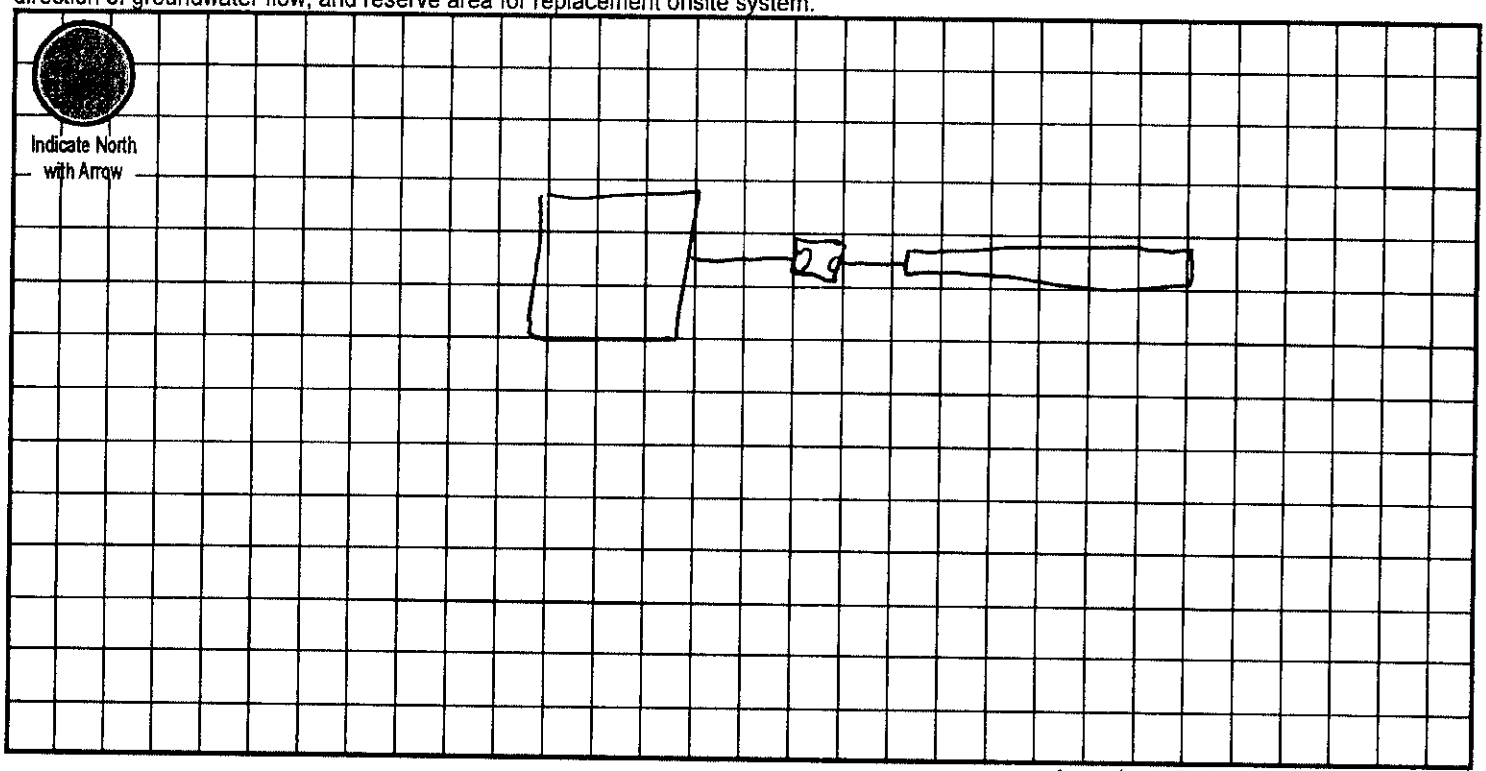
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 5430 W Stagecoach Rd City Hallam NE, Zip 68368

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 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 48 (min/inch = mpi) No. of Bedrooms 6 Soil Type Wymore silty clay loam Land Slope 0-1 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 180 Sq. Ft.

Total length of laterals 40 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other E-Z Flow

No. of Absorption Trenches 1 Width 36 No. of Drop Boxes 0 Distribution Box 0

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

Installer Marcus Hoch, Jr. Date: 6-9-20

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. HS002020

System Type: Standard

Situs: No Site Address Specified

Issued: 6/11/2020

Expires: 6/11/2021

Description: S31, T8, R6, Acres 6th Principal Meridian, LOT 32 SW

Owner: HANIGAN, CALEY J& HILARY L
6001 CHATSWORTH LN
LINCOLN, NE 68516

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

MARCUS HOCHSTEIN
PO BOX 142
EAGLE, NE 68347

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

SCANNED

Shop **A**

Permit Number H5002020

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

Shop / Garage

A. Onsite System Location

Address* 5430 W Stagecoach Rd City Hallam, NE Zip 68368
(no rural route)

Legal Description S31 T8 R6 3280 Lot
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-31-300-007-000 *Approx. Address (If to be determined)

B. Owner

Name Caley + Hilery Hanigan Signature

Address 6001 Chatsworth Ln City/State/Zip Lincoln, NE 68516

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hockdens Signature

Address PO Box 142 City/State/Zip Eagle, NE 68347

Work Phone 402-730-7749

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 0 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres
Garbage Grinder? ☐ Yes ☒ No

☑ Commercial Establishment/Other Facility Specify garage bathroom Design flow in gallons per day 100

Type of Wastewater ☑ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 10/23/20
Installed prior to Inspection
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 Doug Ahlers
Date 10/26/20

Business Office Use Only
Date Received 6-11-20 Amount Paid $430.00
Received By JAO Cash/Check No 005792

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

Form A Updated: 4/15

Matt Rob Greg Edwards on 6/11/20 DH

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

Exhibit 5

Permit Number: HS002020

Onsite Wastewater Treatment System

Inspection Sheet

Shop/Garage

Date 10/26/20 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5430 Stagecoach 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 180 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 40' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 1 Width 4.5 Factor 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 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank ____ NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval

Initial DE Date 10/23/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval By Doug Ahuja

Date 10/26/20

Add Note Drawing (See Reverse Side):

Updated 4/15

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

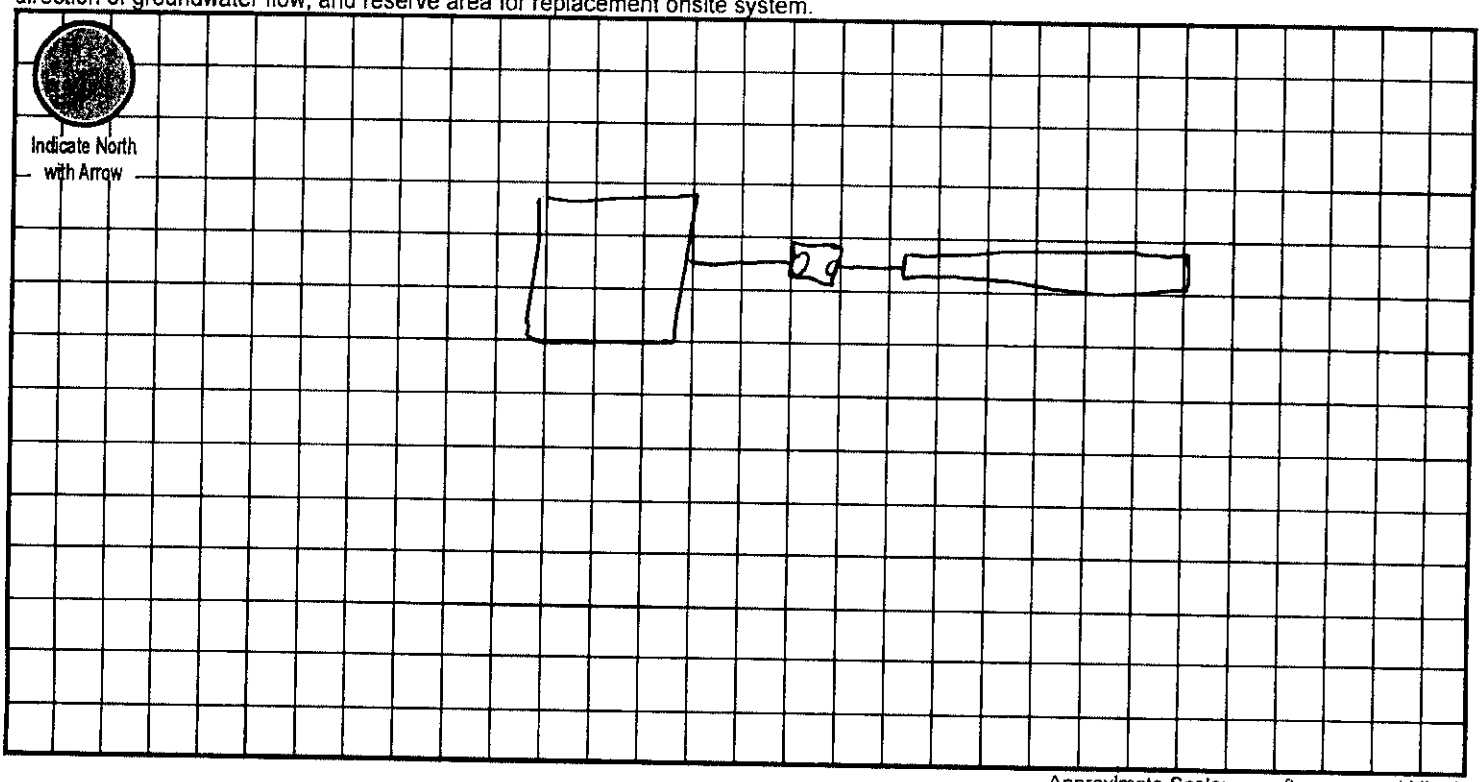
SCANNED

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) 5430 W Stagecoach Rd City Hallam NE, Zip 68368

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 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 48 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore silty clay loam Land Slope 0-1 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 180 Sq. Ft.

Total length of laterals 40 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZ Flow

No. of Absorption Trenches 1 Width 36 No. of Drop Boxes 0 Distribution Box 0

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

Installer Marcus Hochstein Date: 6-9-20

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

D

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) 08-31-300-007-000

Owner: Caley Hanigan Address 6001 Chatsworth Ln. Lincoln, NE 68516

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 80 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 52 ft.
   Pressure line 52 ft
   Property Line 501 ft.
   Foundation 80 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 43 ft. E

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless:
2. Number of Laterals: 1
3. Length of each lateral (linear): ft. 40 ft. ____ ft. ____ ft. ____
4. Drainfield size: 180 sq. ft.
5. Distance to:
   Well 103 ft.
   Pressure line 103 ft.
   Property line 50+ ft.
   Depth of Groundwater 10+

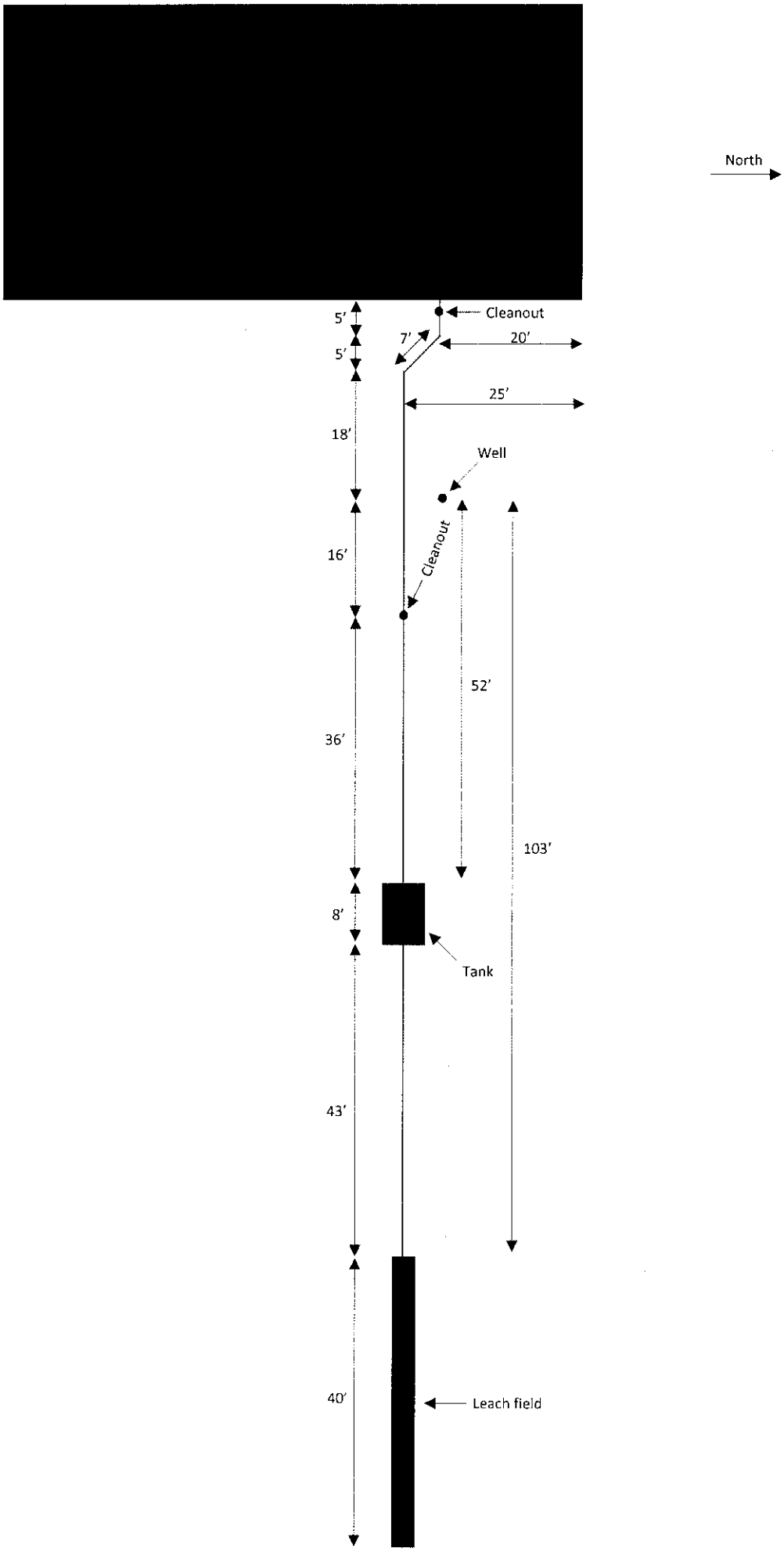
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No

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: [signature] Date: 10-10-20

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


North
5'
5'
18'
16'
36'
8'
43'
40'
Cleanout
7'
20'
25'
Well
Cleanout
52'
103'
Tank
Leach field