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

REC'D JUN 15 2020

A

Permit Number H5002020

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 14600 FLETCHER AVE City LINCOLN, NE Zip 68527
(no rural route)

Legal Description 33 11 8 39SE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 24 33 400 005 000 *Approx. Address (If to be determined)

B. Owner

Name MOLLO, ZACHARIAH + WILSON-Mollo Pamela Jean Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: MICHAEL P. DIETZE Signature Michael P Dietze

Address PO Box 116 City/State/Zip Waverly NE 68462

Work Phone 402 786 5620

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 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 6-16-20 Amount Paid $230.00
Received By SKO Cash/Check No: 35760

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

NEBRASKA
Good Life. Great Resources.
DEPT. OF ENVIRONMENT AND ENERGY

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

12-014
Ver. 4/2020

Owner Name MOLLO, ZACHARIAH & WILSON-MOLLO, PAMELA JEAI Phone _____

Address 14600 FLETCHER AVE | WAVERLY (City) | NE (State) | 68462 (Zip)

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

__ ¼ __ ¼ 33 Section | 11 Township | 8 Range | Lancaster County

Lot # 39 SE | Subdivision _____

Soil Type (Check one)

Sand ☐ Silt ☐ Clay ☐ Sandy Clay ☐ Loamy Sand ☐ Silty Clay ☐

Silty Clay Loam ☑ Sandy Loam ☐ Silt Loam ☐

Dates of Test

Start Date 06/03 to End Date 06/04, 2020

Weather Conditions

Precipitation 0 Avg. Temp 80 °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)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ l) (Minutes per inch)
1	36	06/03	2000	06/04	1500	06/04	1800	6	1830	1½	30	1½	20
2	36	06/03	2000	06/04	1500	06/04	1800	6	1830	1½	30	1½	20
3	36	06/03	2000	06/04	1500	06/04	1800	6	1830	1	30	1	30
4	36	06/03	2000	06/04	1500	06/04	1800	6	1830		30	1¼	24
5	36	06/03	2000	06/04	1500	06/04	1800	6	1830		30	1	30
6	36	06/03	2000	06/04	1500	06/04	1800	6	1830		30	1½	20

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

Signature Suzette Bulls

Certificate or License # C-2394

Address PO Box 308

City Waverly St. NE Zip 68462

Phone 402-525-3144

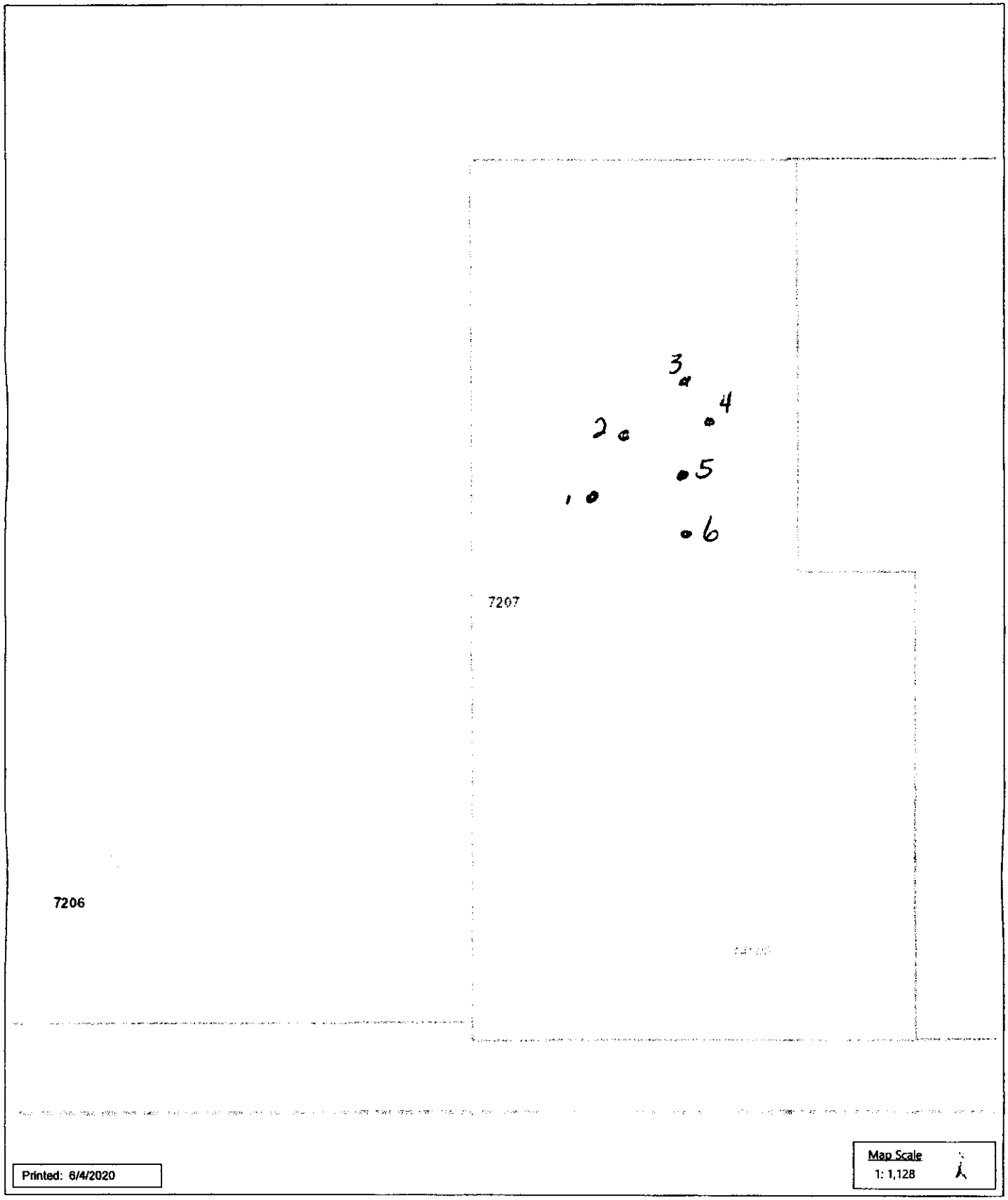
Sum of Percolation Rates = 134

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 22

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

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 6/4/2020

Map Scale
1: 1,128

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.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002028

System Type: Standard

Situs: No Site Address Specified

Issued: 6/16/2020

Expires: 6/16/2021

Description: S33, T11, R8, 6th Principal Meridian, LOT 39 SE

Owner: MOLLO, ZACHARIAH &
WILSON-MOLLO, PAMELA JEAN
14600 FLETCHER AVE
LINCOLN, NE 68527

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

WAVERLY PLUMBING & WELL CO
PO BOX 116
WAVERLY, NE 68462

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

REC'D JUN 15 2020
SCANNED

A

Permit Number
#5002020

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

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

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

PID 24 33 400 005 000 *Approx. Address (If to be determined)

B. Owner

Name MOLLO, ZACHARIAH + WILSON-Mollo Pamela Jean Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: MICHAEL P. DIETZE Signature Michael P Dietze

Address PO Box 116 City/State/Zip Waverly NE 68462

Work Phone 402 786 5620

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

adding 750 sq ft

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.46
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 6/25/20 or
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 6/26/20

Business Office Use Only
Date Received 6-16-20 Amount Paid $230.00
Received By SKO Cash/Check No. 355160

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

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

Exhibit 5

Permit Number: 1/5002028

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/26/20

Legal Description ___ ¼ ___ ¼ 33 / 11 / 8 Section/Township/Range

Onsite System Location

Address (no rural route) 14600 Fletcher Ave 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 765 Sq. Ft. Tank Size 1000 gals existing

Total length of laterals 170' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E2 Flow

No. of Absorption Laterals 2 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:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial ___ Date 6/25/20

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By Doug Thun

Date 6/26/20

Updated 4/15

14600 FLETCHER
HS002028

ALTERATION

6/25/20

