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

A

Permit Number
45002037

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* 10201 N 98th Street City LINCOLN, NE Zip 68517
(no rural route)

Legal Description 23 11 7

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

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

B. Owner

Name NEUJAHR, BERNITA R. LIVING TRUST Signature _____

Address 9421 GABLE PINES Rd APT 216 City/State/Zip LINCOLN NE 68520

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 _____

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4
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 6-23-21 Amount Paid $430.00
Received By JAD Cash/Check No 35762

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

REC'D JUN 22 2020

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 Neupahr, Bernita R. Living Trust Phone _____

Address 9421 Gable Pines Rd Apt # 216 Lincoln NE 68520
City State Zip

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

__ __ 23 11 7 LANCASTER
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

Soil Type (Check one)

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

Silty Clay Loam ☐ Sandy Loam ☐ Silt Loam ☒ Judson Silt Loam

Dates of Test

Start Date 05/13 to End Date 05/14, 2020

Weather Conditions

Precipitation 0 Avg. Temp _____ °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	05/13	1600	05/14	1600	05/14	1900	6	1930	1 3/4	30	1 3/4	17
2	36	05/13	1600	05/14	1600	05/14	1900	6	1930	1 3/4	30	1 3/4	17
3	36	05/13	1600	05/14	1600	05/14	1900	6	1930	1	30	1	30
4	36	05/13	1600	05/14	1600	05/14	1900	6	1930	1 3/4	30	1 3/4	17
5	36	05/13	1600	05/14	1600	05/14	1900	6	1930	1 3/4	30	1 3/4	17
6	36	05/13	1600	05/14	1600	05/14	1900	6	1930	1	30	1	30

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

Suzette Casillas Bulo
Signature

Certificate or License # 2394

Address PO Box 308

City Waverly St. NE Zip 68462

Phone 402 525 3144

Sum of Percolation Rates = 128

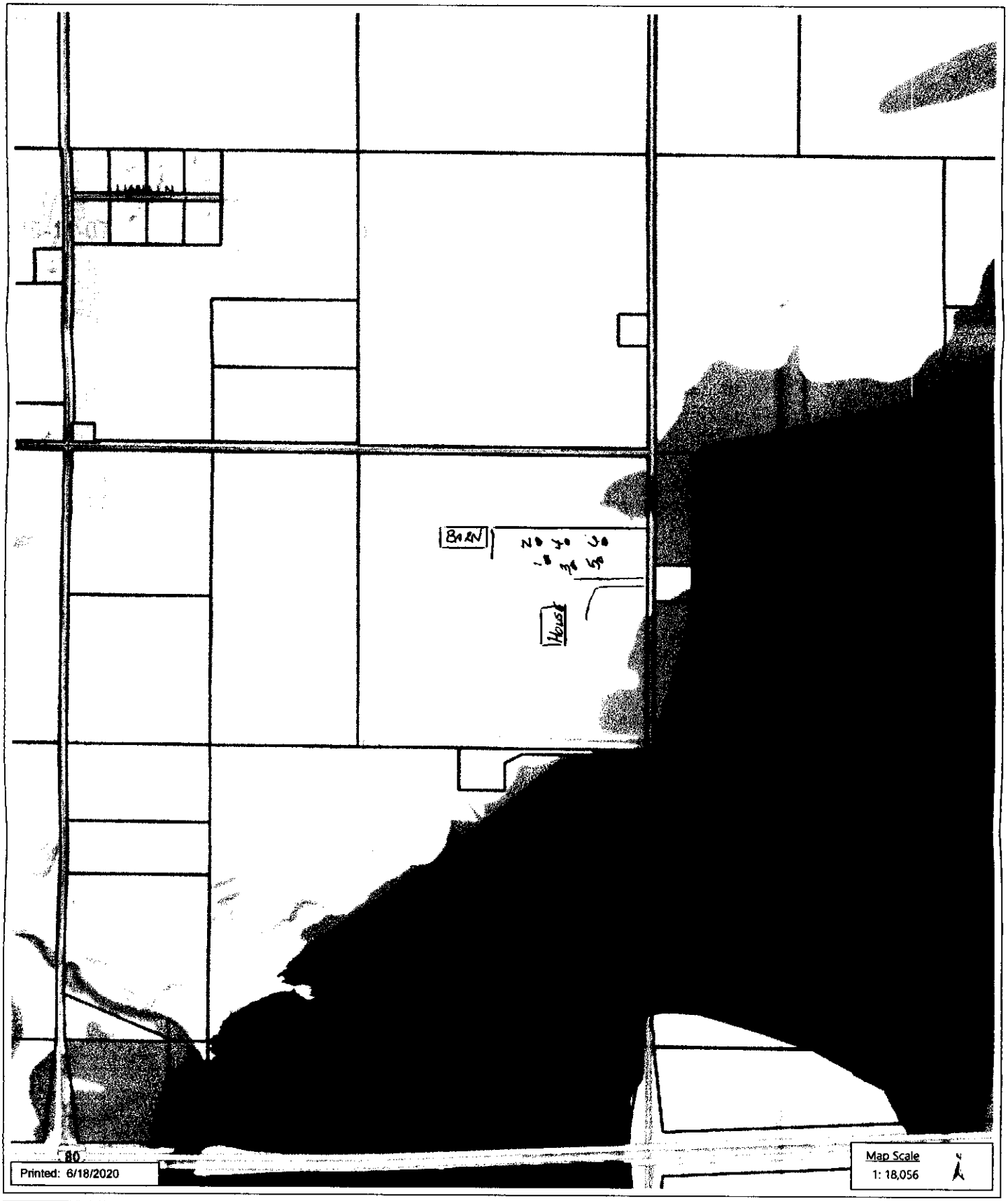
Avg. of Percolation Rates* = 21
(sum of rates ÷ number of tests)
(minutes per inch)

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

10201 N 98th

GIS Viewer

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.

PERK TEST LOCATION

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. HS002037

System Type: Standard

Situs: No Site Address Specified

Issued: 6/25/2020

Expires: 6/25/2021

Description: S23, T11, R7, 6th Principal Meridian, NE

Owner: NEUJAHR, BERNITA R LIVING TRUST
9421 GABLE PINES RD APT 216
LINCOLN, NE 68520

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

MICHAEL DIETZE
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

SCANNED

A

Permit Number
4S002037

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)

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Home Phone _____ Work Phone _____

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Name: Michael P Dietze Signature Michael P Dietze

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Work Phone _____

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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 8/18/20
Comments _____
Date rec'd 6/25/20
Date frwd 6/25/20
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 _____
Date 8/20/20

Business Office Use Only
Date Received 6-23-20 Amount Paid $430.00
Received By JAD Cash/Check No 35762

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: HS002037

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/20/20 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10201 N 98th 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: Percolation 21 — Soil is junction of Aksarben + Judson

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

Total square feet of drainfield 765 Sq. Ft. Tank Size 1,000 gals

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:

Inspections prior to Final Approval
Initial DS Date 8/18/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Cory Ahrens

Date 8/20/20

Field Note Drawing (See Reverse Side):

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) 18-23-200-001-000

Owner: NEUJAHR, BERNITA LIV: OG TRUST Address 10201 N 98th ST Lincoln, NE. 68517

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 75 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well > 100 ft.
   Pressure line ____ ft
   Property Line ____ ft.
   Foundation ____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 9 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow (3) x 12
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 90 ft. 60 ft. ____ ft. ____
4. Drainfield size: 750 sq. ft.
5. Distance to:
   Well > 100 ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater 78

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

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

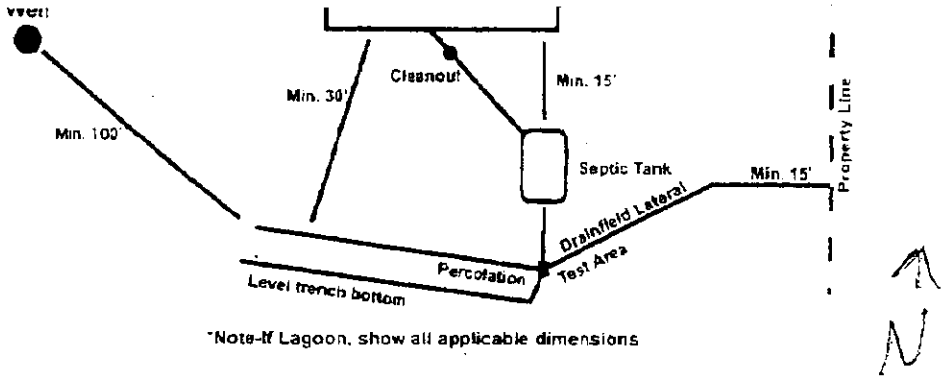
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Michael P. Dietze Date: 08-21-2020

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

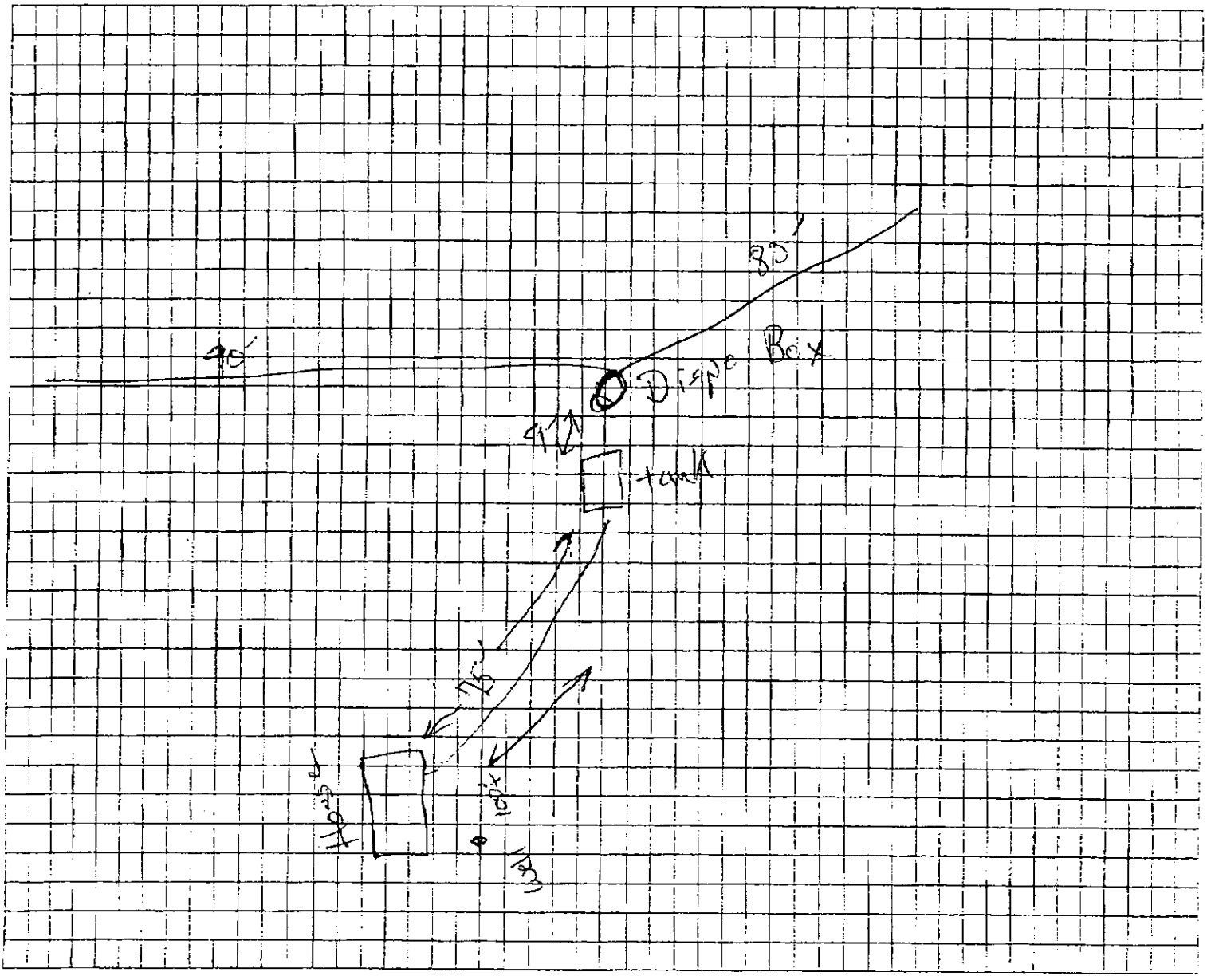
N. 40° 54' 44.8"
W. 96° 35' 12.5"

Updated 4/15



*Note-If Lagoon, show all applicable dimensions

N



10201 N 98th