REC'D JUL 0 6 2020

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

A

Permit Number HS2020476

Onsite Wastewater Treatment System Permit Application

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

X Septic System ❑ Lagoon ❑ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 5901 Rebel Drive (no rural route) City Lincoln NE Zip 68516

Legal Description 528 +9 R7 HARMANS SUBDIVISION 2

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

PID 16-28-113-002-000 *Approx. Address (If to be determined)

B. Owner

Name Aaron Hird Signature

Address 5901 Rebel Drive City/State/Zip Lincoln, NE 68516

Home Phone 402-309-5617 Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature

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

X Residential Dwelling Number of Bedrooms 6 Whirlpool Bathtub? X Yes ❑ No Total Acres 3

Garbage Grinder? X 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 7-06-20 Amount Paid $430.00
Received By Cash/Check No. 3010

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 5901 Rebel Drive (no rural route) City Lincoln NE, Zip 68516

Owner Aaron Hird Address 5901 Rebel Drive

Date of Tests 6-16 to 6-17 Weather: Precipitation 0" Temperature 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	36	6-16	10am	6-17	10am	6-17	10am	6	6-17	10:30	30	1/2"	60 mpi
2	36	"	"	"	"	"	"	6	"	"	"	1/2"	60 mpi
3	36	"	"	"	"	"	"	6	"	"	"	1/2"	60 mpi
4	36	"	"	"	"	"	"	6	"	"	"	3/4"	40 mpi
5	36	"	"	"	"	"	"	6	"	"	"	1/2"	60 mpi
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-988-8425
Address 11185 E St Hwy 41
Adams, NE 68301

Sum of Percolation Rates: 280
Average of Rates: 56 mpi
Rate Used for Calculation: 51-60 mpi

Soil type (NRCS Maps/Other)

Groundwater Depth 79'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

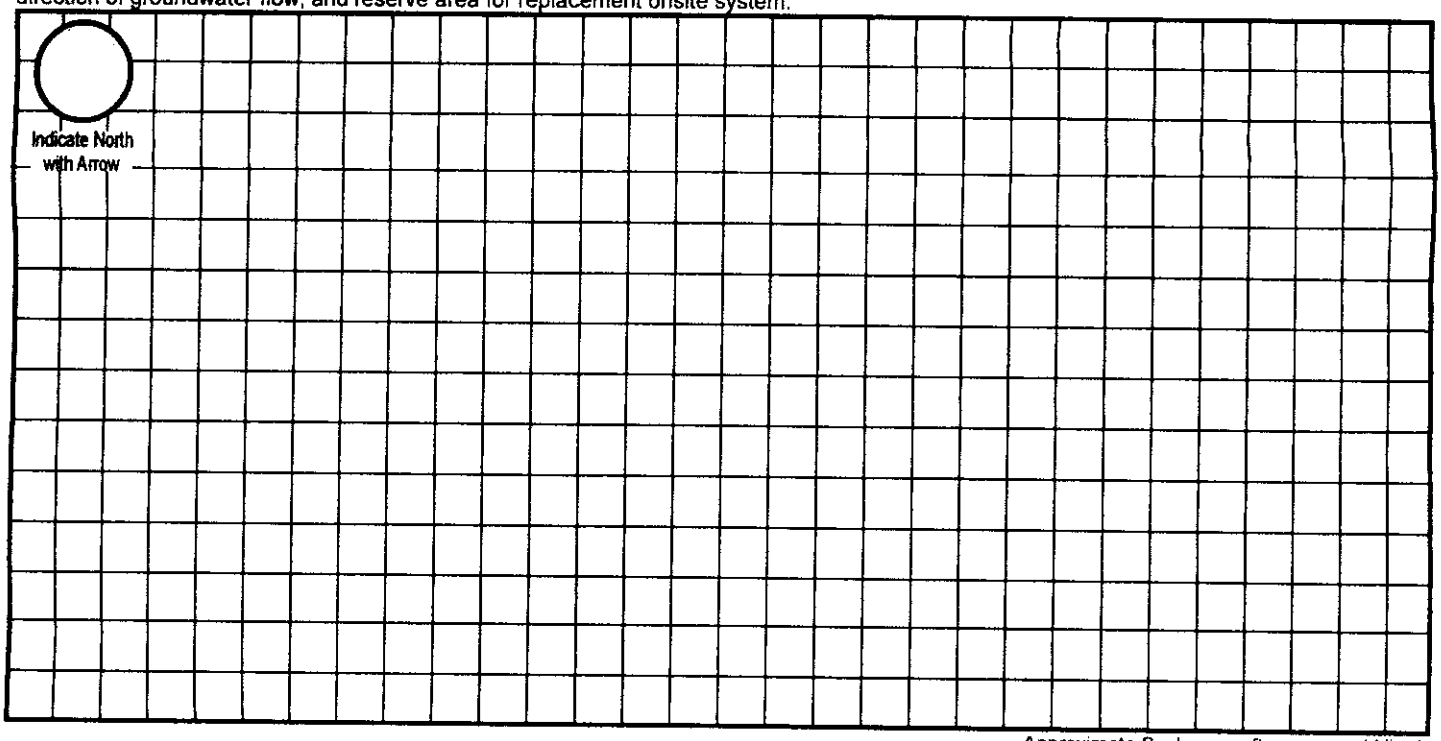
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 5901 Rebel Drive City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Septic Tank Cap. 3000 (1000 + 2000) 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 60 (min/inch = mpi) No. of Bedrooms 6 Soil Type Silty Loam Land Slope ____ %

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

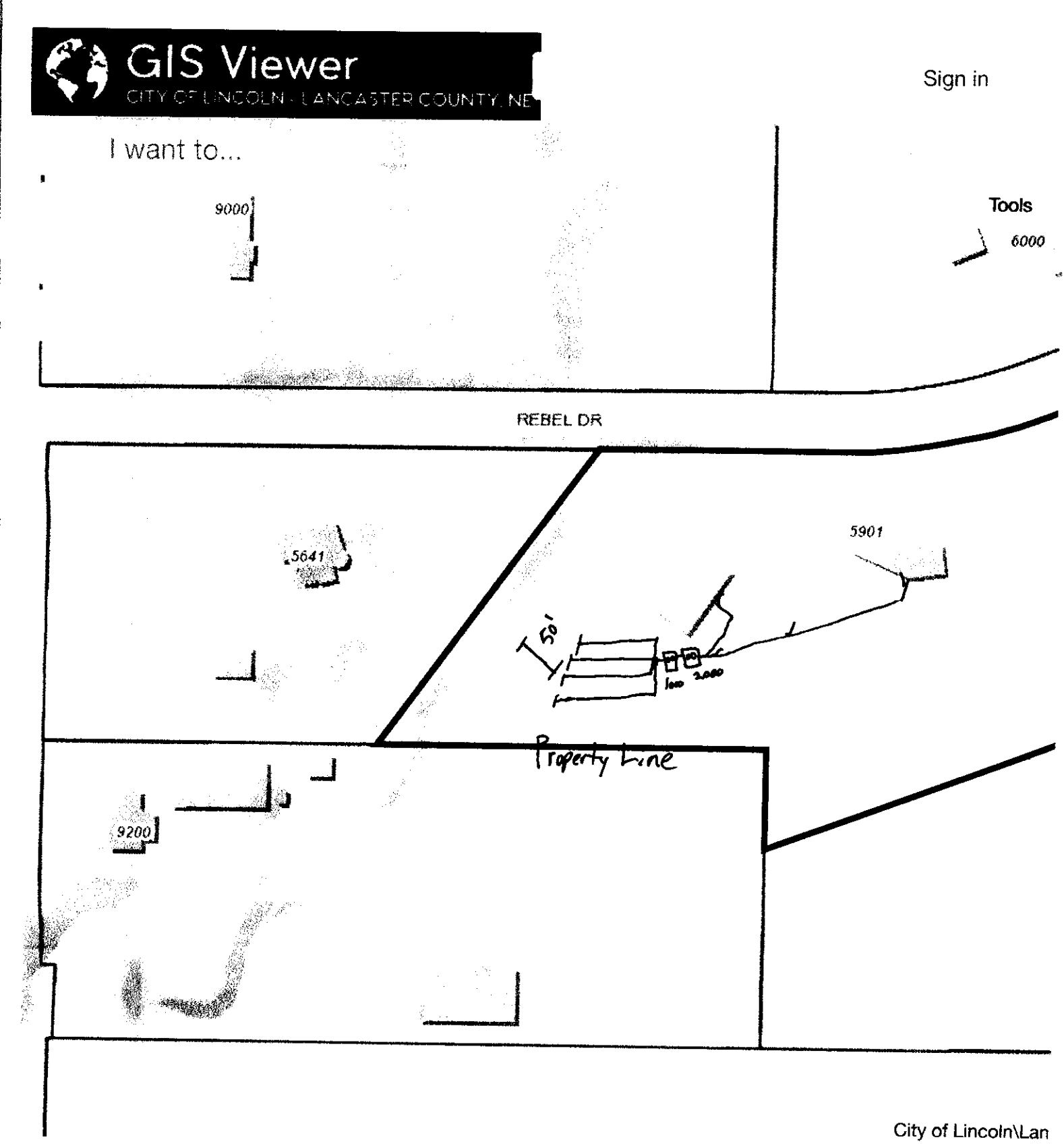
Total length of laterals 470' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☒ Other EZ Flow

No. of Absorption Trenches 4 Width 36" No. of Drop Boxes 1 Distribution Box 1

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

Installer Brian Seller Date: 6-30-20

Updated 2/18


GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE
Sign in
I want to...
Tools
9000
6000
REBEL DR
5641
5901
50'
100
2000
Property Line
9200
City of Lincoln\Lan
Street
0
100
200ft

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. HS002046

System Type: Standard

Situs: No Site Address Specified

Issued: 7/9/2020

Expires: 7/9/2021

Description: HARMANS SUBDIVISION, Lot 2

Owner: WRIGHT, WILLIAM C & SHERYL S
REVOCABLE TRUST
5901 REBEL DR
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

BRANDON SEDLACEK
11185 E STATE HWY 41
ADAMS, NE 68301

REC'D JUL 0 6 2020

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

SCANNED

A

Permit Number HS202046

Onsite Wastewater Treatment System Permit Application

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X Septic System ❑ Lagoon ❑ Other (Refer to Form C)

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(no rural route)

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Home Phone 402-309-5617 Work Phone

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Comments
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Date frwd 7/9/20
ACTION X 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 8/5/20

Business Office Use Only
Date Received 7/06/20 Amount Paid $430.00
Received By Cash/Check No. 3010

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

Form A Updated 4-15