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

A

Permit Number
#S002073

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* 2400 S 124th (no rural route) City Lincoln, NE Zip 68461

Legal Description 32 10 8 Wheatland 4 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-32-306-002-000 *Approx. Address (If to be determined)

B. Owner

Name Sunny Warman Signature

Address 2400 S 124 City/State/Zip Lincol Ne 68461

Home Phone Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a Shop Bathroom - stool & sink only

❑ Residential Dwelling Number of Bedrooms 0 Whirlpool Bathtub? ❑ Yes ☒ No Total Acres 6
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 8-11-20 Amount Paid $430.00 OV
Received By JMO Cash/Check No 4420

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

2400 Wheatridge FILE NO. 9638 C1897

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 8 ; Section & ¼ Section 32 SW/4
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . Shc

Dates of Tests: 4-23 to 4-24-96. Weather: Precip. 0 Temp. 60.

Block 4
Lot 2

OWNER: _____

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	4-23	9:00	4-24	8:00	4-24	1:15	28 3/4	1:45	29	30	5/8	48
2	↓		AM		AM		P	28 1/2		29 1/4		3/4	40
3								27 7/8		28 5/8		3/4	40
4								26 1/2		27		1/2	60
5								27		27 5/8		5/8	48
6								27 1/4		28		3/4	40
7	↓							28 1/8		28 7/8		3/4	40

Sum of Percolation Rates: 316
Average of Rates: 45
Mean of Rates: _____

Brad Southwick Septic System
Signature of Person Conducting Test

Address 17201 So 72 Hickman Phone 475-2462

(Do not write below this line) Cell: 430-7606

REVIEWING ACTION

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): _____

Date: _____

_____
Signature of Reviewing Official

Moser - well

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. HS002073

System Type: Standard

Situs: No Site Address Specified

Issued: 8/13/2020

Expires: 8/13/2021

Description: WHEATLAND ADDITION, BLOCK 4, Lot 2

Owner: WARMAN, SUNNY R
2400 S 124 ST
LINCOLN, NE 68461

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

KEVIN LEWIS
4810 W CLAIRE AVE
LINCOLN, NE 68523