REC'D AUG 31 2020

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

A

Permit Number
#5002089

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* 15590 Fox Run Rd City Bennet, NE Zip 68317
(no rural route)

Legal Description S27 T9 R8 Fox Run 2nd 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 2227205002000 *Approx. Address (If to be determined)

B. Owner

Name Justin Beldin Signature
Address 2425 Winthrop Rd City/State/Zip Lincoln, NE 68502
Home Phone Work Phone 816-699-9344

C. Certified Installer

Name: Brandon Sedlacek Signature
Address 11739 E Bockoye Rd 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

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3
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 9-01-20 Amount Paid $430.00
Received By JAD Cash/Check No. 1928

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 Fox Run 2nd Addition Block 2 Lot 2 City Bennet NE, Zip 68317
(no rural route)

Owner Justin Beldin Address

Date of Tests 8-14-20 to 8-15-20 Weather: Precipitation 0" Temperature 85°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				Water Level Drop G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	34	8-14	11am	8-15	11am	8-15	11:30	6	8-15	12:00	30	1/2"	60 mpi
2	34	"	"	"	"	"	"	6	"	"	"	5/8"	48 mpi
3	34	"	"	"	"	"	"	6	"	"	"	1/2"	60 mpi
4	34	"	"	"	"	"	"	6	"	"	"	1/2"	60 mpi
5	34	"	"	"	"	"	"	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: 288
Average of Rates: 58 mpi
Rate Used for Calculation: 60 mpi

Soil type (NRCS Maps/Other)
Groundwater Depth 8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

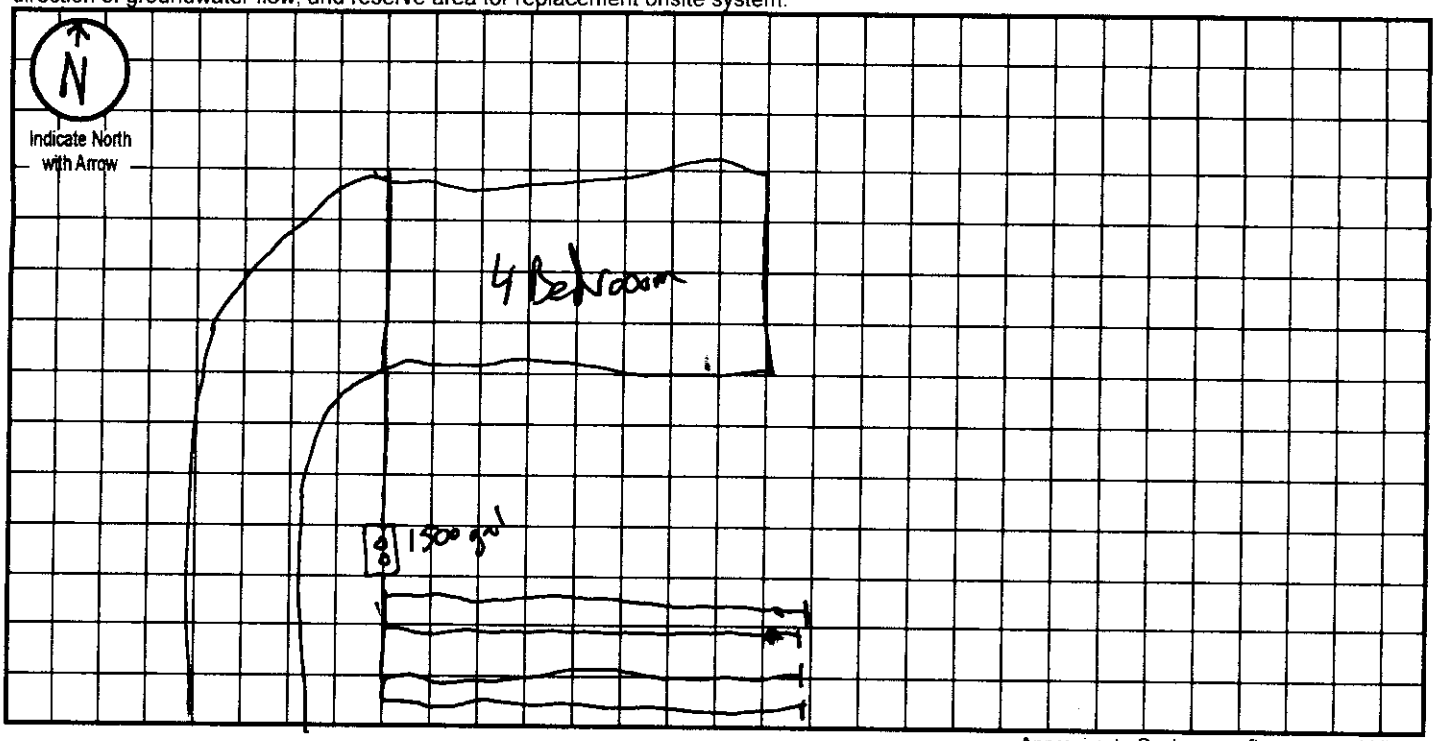
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
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C

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) 15590 Fox Run Rd City Bennet NE, Zip 68317

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 4 Soil Type Silty Clay loam Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1440 Sq. Ft.

Total length of laterals 320 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 Dahlke Date: 8-25-20

Updated 2/18

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. HS002089

System Type: Standard

Situs: No Site Address Specified

Issued: 9/4/2020

Expires: 9/4/2021

Description: FOX RUN 2ND ADDITION, BLOCK 2, Lot 2

Owner: BELDIN, JUSTIN & HANNE
2425 WINTHROP RD
LINCOLN, NE 68502

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
11734 E BUCKEYE RD
ADAMS, NE 68301