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

Lattice Point

**A**

Permit Number HS002090

# Onsite Wastewater Treatment System
# Request for Site Clearance and Permit

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

acres or more required for: ☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address 7725 Agnew Rd (no rural route) City Davey NE Zip 68017

Legal Description 15 12 7 Lakewood Hills 8

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

PID 19-15-201-008-000

## B. Owner

Name Tina Wells Signature

Address 2725 South ST. City/State/Zip Lincoln Ne

Home Phone 402-560-1674 Work Phone

## C. Certified Installer

Name: Scott Schmidt Signature Scott Schmidt

Address 1012 C Rd M City/State/Zip Mead Ne 68041

Work Phone 402-443-6549

## 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 10

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** ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 CC 2195

6811 SOUTHFORK CIRCLE
LINCOLN, NE 68516
(402) 476-3020
(402) 476-3138 FAX

# SURVEY RECORD
## K & M Inc. Land Surveying

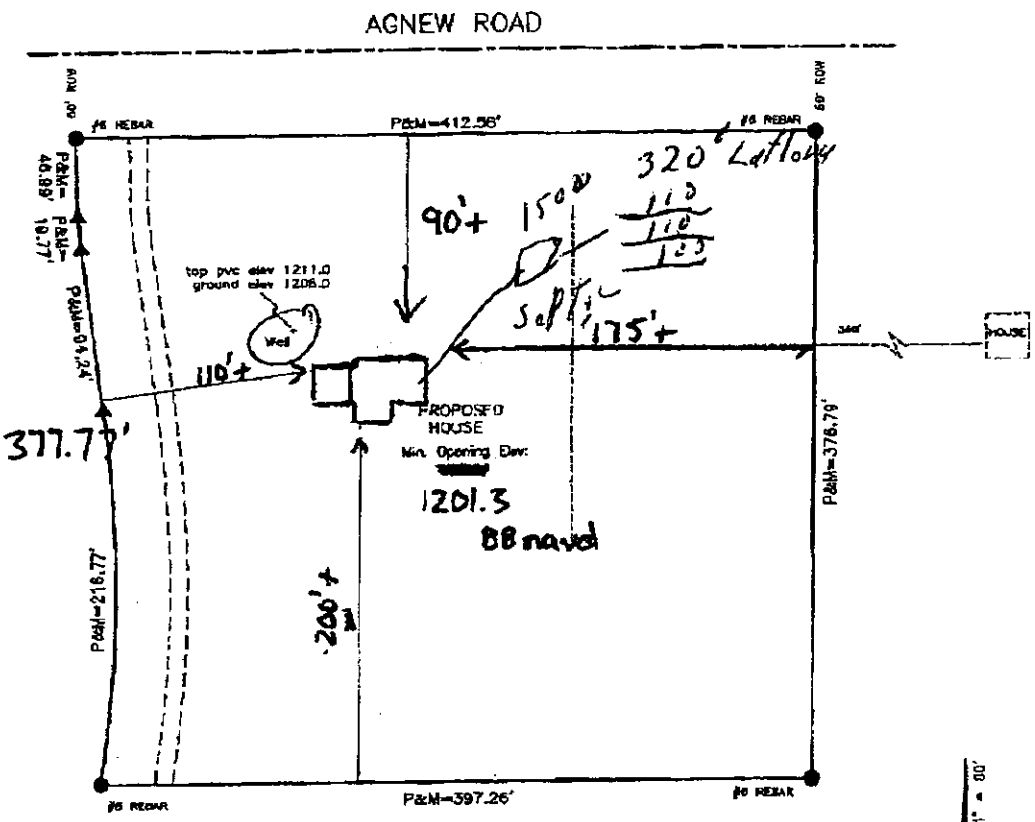
WELLS

PROJECT # 1706012
DATE: 6/14/2017

Survey Of: LOT 8, LAKEWOOD HILLS, LOCATED IN THE NORTHEAST QUARTER OF
Tom & Tina Wells

Section: 15, T 12 N, R 7 E, of the 6th P.M. LANCASTER County, Nebraska

7725 AGNEW ROAD, Davey




setbacks

Front - 50'

side - 15'

Rear - 50'

P = Platted
M = Measured
● = Found as noted
■ = Set #6 Rebar & L.S. #483 Cap
▲ = Temporary/computed Point

## SURVEYOR'S CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. All dimensions are in feet and decimals of a foot.

Signed this day of 6-14-2017

Billy Joe Kerr

Billy Joe Kerr, L.S. #483

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

percolation test.jpeg

[redacted]

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
Phone: 402-441-8022

B

## Onsite Wastewater Treatment System
### Soil Evaluation Report

Please Print or Type

**Onsite System Location**

**Percolation Test Data Table**

| A | B | C | D | E | F | G | H | I | J | K | L | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hole No. | Initial Depth (in) | Start Date (Mo/Da) | Start Time (hr:min) | End Date (Mo/Da) | End Time (hr:min) | Start Date (Mo/Da) | Start Time (hr:min) | Water Level Drop (in) | End Date (Mo/Da) | End Time (hr:min) | Elapsed Time Required | Water Level Drop (in) | Percolation Rate (min/in) |
| | | | | | | | | | | | | | |
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**Person Conducting Percolation Test**

Name:
Phone:
Address:

Soil type (SSIRC & Munsell Color):
Groundwater Depth:

Time of Percolation Rate:
Average of Rates:
Rate Used for Calculations:

**DO NOT WRITE BELOW THIS LINE**

**Reviewing Action**

Comments (soil type, groundwater, floodplain, etc.):



Received Time Aug. 31. 2020 1:09PM No. 1557

# On-site Wastewater Treatment System
## Soil Evaluation Report

Project Name or No.

Client Property Location

Agent Ro

Date

Soil Series

Percolation Test Data Table



**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. HS002090**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 9/4/2020

Expires: 9/4/2021

**Description:** LAKEWOOD HILLS, Lot 8

**Owner:** WELLS, THOMAS M & TINA M
2725 SOUTH ST
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

SCOTT SUBBERT
1012 COUNTY RD M
MEAD, NE 68041