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

A

Permit Number
HS002091

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 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 1540 Stagecoach Rd (no rural route) City Hickman NE Zip 68404

JMO

Legal Description S36 T8 R6 9

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

Geographical Location (if known): Lat Long: PID 08363000003000

B. Owner

Name McCown Signature

Address 1540 Stagecoach City State Zip Hickman NE 68404

Home Phone Work Phone

C. Certified Installer

Name: Blain Johnson Signature

Address 8633 East State Hwy 41 City State Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.01

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater: ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. **Health Department**
Site visits
Date rec'd
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. **Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. **City or County Engineer**
Comments
Date rec'd
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 9-02-20 Amount Paid $430.00
Received By JAD Cash Check No CC 3394

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1540 Stagecoach Rd (No rural route) City Hickman NE Zip 68404

Owner McCann Address

Date of Tests 6/29/20 to 6/30/20 Weather: Precipitation Ø Temperature 89

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. 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	6/29	8a	6/30	9a	6/30	12:30	6	6/30	1p	30	1/2	60
2	42	〃		〃	〃	〃	〃	6	〃	〃	〃	3/4	40
3	42	〃		〃	〃	〃	〃	6	〃	〃	〃	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blain Johnson
Phone: 402 610 2270
Address 8533 East State Hwy 41
Adams NE 68301

Sum of Percolation Rates: 140
Average of Rates: 47
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other)
Groundwater Depth 4/5

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
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.

Indicate North with Arrow

Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 1540 Stagecoach Road City Hickman NE, Zip 68404

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. seepage 1" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 3 Soil Type _____ Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved) Total Square feet of drainfield 1050 sq.ft.

Total length of laterals 240 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches _____ Width 36 No. of drop boxes _____ Distrubtion Box 1

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☐	50 ☐	NA ☐	25 ☒	20 ☒	15 ☒	25 ☐	☒
Field (ft)	100 ☒	500 ☐	50 ☐	4 ☒	30 ☒	20 ☒	30 ☒	40 ☐	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor: _____ Date _____

Installer _____ Date 8/31/2020

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. HS002091

System Type: Standard

Situs: No Site Address Specified

Issued: 9/4/2020

Expires: 9/4/2021

Description: S36, T8, R6, 6th Principal Meridian, LOT 9 SW

Owner: MCCOWN, GAYLORD B & DIANA H
1540 STAGECOACH RD
MARTELL, NE 68404

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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301