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

A

Permit Number
HS0020916

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 2605 W Olive Creek Rd (no rural route) City Hallam, NE Zip 68404

Legal Description 16 7 6 9 W

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

PID 07-16-100-004-000

B. Owner

Name Mike Olson Signature

Address 500 S Carroll st City/State/Zip Arnold, Ne 69120

Home Phone Work Phone

C. Certified Installer

Name: Brian Pribyl Signature

Address 1475 Blue Acres City/State/Zip Crete, Ne 68333

Work Phone 402-826-3045

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 2 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 20

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 9-16-20 Amount Paid $440.00
Received By JAO Cash/Check No. CC 3051

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

Form A Updated: 1/13

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 2605 W Olive Creek Rd (no rural route) City Hallam NE, Zip 68404

Owner Mike Olson Address 500 S Carroll St. Arnold, Ne 69120

Date of Tests 9-4-20 to 9-4-20 Weather: Precipitation dry Temperature 80°

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		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	32	9/4	8:30	9/4	4:00	9/4	4:00	6	9/4	4:30	30 MM	5/8	48
2	36	9/4	8:30	9/4	4:00	9/4	4:00	6	9/4	4:30	30 MM	1/2	60
3	36	9/4	8:30	9/4	4:00	9/4	4:00	6	9/4	4:30	30 M	3/4	40
4	30	9/4	8:30	9/4	4:00	9/4	4:00	6	9/4	4:30	30 M	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Brian Pinkall

Phone: 402-826-2045

Address 1475 Blue Acres

Sum of Percolation Rates: 196 mpi

Average of Rates: 49 mpi

Rate Used for Calculation: 41-50 mpi

Soil type (NRCS Maps/Other) Monroll Clay loam

Groundwater Depth 80"

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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002096

System Type: Standard

Situs: No Site Address Specified

Issued: 9/16/2020

Expires: 9/16/2021

Description: S16, T7, R6, 6th Principal Meridian, LOT 9 NW

Owner: OLSON, LINDA J & MICHAEL R
500 S CARROLL ST
ARNOLD, NE 69120

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

BRIAN PRIBYL
1475 BLUE ACRES
CRETE, NE 68333

SCANNED

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

A

Permit Number
HS002096

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Submit correct fee
with this Application

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

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Legal Description 16 7 6 9 W

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

PID 07-16-100-004-000

B. Owner

Name Mike Olson Signature

Address 500 S Carroll st City/State/Zip Arnold, Ne 69120

Home Phone Work Phone

C. Certified Installer

Name: Brian Priboyl Signature

Address 1475 Blue Acres City/State/Zip Crete, Ne 68333

Work Phone 402-826-3045 826-0192. cell

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 10 17.6 per Lincoln 9/16

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 9/23/20 Date rec'd 9/16/20 Date frwd 9/16/20
ACTION ☒ Approved ☐ Disapproved
Signature
Comments

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 Doug Ahrens
Date 9/30/20

Business Office Use Only
Date Received 9-16-20 Amount Paid $440.00
Received By JAO Cash/Check No. CC 3051

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: HS00 2096

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/30/20 Legal Description ¼ ¼ 16/7/6 Lot 9 Section/Township/Range

Onsite System Location

Address (no rural route) 2605 W Olive Creek City

Owner Address

Mark One: ☒ Dwelling ☐ Non-dwelling

☑ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 720 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 160' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) F2 flow

No. of Absorption Laterals 2 Width 4.5 factor No. of Drop Boxes Distribution Box

Leveling Method Used Laser

2 bdl.
Perc. 41-50

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial DA Date 9/23/20

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Ahrens
Date 9/30/20

Updated 4/15