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

A

For Shop Bathroom

Permit Number
HS002106

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 19101 Hickman Rd (no rural route) City Bennet NE Zip

Legal Description S36 T8 R8

JAO

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

Geographical Location (if known): Lat Long: PID 21-36-100-003-000

B. Owner

Name Dan Dallman Signature

Address 19101 Bennet NE City State Zip Bennet NE

Home Phone Hickman Rd Work Phone 402 430 5317

C. Certified Installer

Name: Blaon Johnson Signature

Address 8533 E St Hwy 41 Adams NE City State Zip 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 → Shop Bathroom

☒ Residential Dwelling Number of Bedrooms Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 93

☐ 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 9-30-20 Amount Paid $440.00
Received By JAO Cash/Check No. CC 2151

State Health Department Lincoln City Dept Rice Building & Safety

Form A Updated 6/11

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 18101 Hickman Rd (no rural route) City Bennet NE Zip

Owner Dan Wallman Address 18101

Date of Tests 9/21 to 9/22 Weather Precipitation 0 Temperature 80's

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	42	9/21	10A	9/22	noon	9/22	4P	6	9/22	4:30	30	1"	30
2	42	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1 1/4	24
3	36	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1"	30
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blaze Johnson
Phone: 402 610 2270
Address 8533 E State Hwy 41
Adams NE 68301

Soil type (NRCS Maps/Other) Wymore

Groundwater Depth 126

Sum of Percolation Rates: 84
Average of Rates: 28
Rate Used for Calculation: 59

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) 18101 Hickman Rd City Bennet NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon Max. seepage 1.6" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

a shop Bathroom

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 0 Soil Type Wymore Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 350 sq.ft.

Total length of laterals 80 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

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

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 Brian Tolen Date 9/29/2020

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. HS002106

System Type: Standard

Situs: No Site Address Specified

Issued: 10/1/2020

Expires: 10/1/2021

Description: S36, T8, R8, 6th Principal Meridian, E1/2 NW

Owner: DALLMAN, DANNIEL L REVOCABLE TRUST
PO BOX 134
BENNETT, NE 68317

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