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

A

Permit Number
#5002112

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* 6655 S 84th (no rural route) City _____, NE Zip _____

Legal Description S22 T9N R7E 60 I.T

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

PID 162240001500D *Approx. Address (if to be determined) 8049 S. 84TH ST

B. Owner

Name Darrick + Joycelynn Koenacher Signature _____

Address 6003 Glenbrook Ln City/State/Zip Lincoln NE 68512

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Taylor Buss Signature _____

Address 8770 Waverly Rd City/State/Zip Lincoln, NE 68517

Work Phone 402-430-8580

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 5 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 15.74

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits _____ Date rec'd _____ Date frwd _____
Comments _____
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 11-20-20 Amount Paid $440.00
Received By JMO Cash/Check No CC4033

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

Form A Updated: 4/15

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name [illegible] Phone

Address [illegible] City State Zip

Location (Attach a sketch of the property showing test hole locations)

[illegible] ¼ ¼ 22 Section 11 Township 7 Range [illegible] County

Lot # [illegible] Subdivision [illegible]

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay ____

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ✓ PER GIS

Dates of Test

Start Date 10/3 to End Date 10/3, 2020

Weather Conditions

Precipitation N/A Avg. Temp 55 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (min./in.) (Minutes per inch)
1	35"	10/3	8:00	10/3	[illegible]	[illegible]/3	[illegible]	11	1:34	10¼	30	¾"	40
2	36"	1	1	[illegible]	[illegible]	1	[illegible]:36	11½	1:36	10 3/16	30	⅛	34.3
3	35"	1	1	[illegible]	[illegible]	1	1:37	11 5/16	1:37	10 11/16	30	⅝"	48

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature [illegible]

Certificate or License # 2645

Address 8770 WAVERLY RD

City LINCOLN St NE Zip 68517

Phone 402-430-0350

Sum of Percolation Rates = 122.3

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 40.76

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 9-2014

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.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location PID: 1622403015000

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 40.74 (min/inch = mpi) No. of Bedrooms 5 Soil Type Nuckolls Silt Loam Land Slope 2 10-20 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1650 sq.ft.

Total length of laterals 370 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZ Flow 36" Rundles

No. of absorption trenches 3 Width 4.5' No. of drop boxes 1 Distribution Box _____

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

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

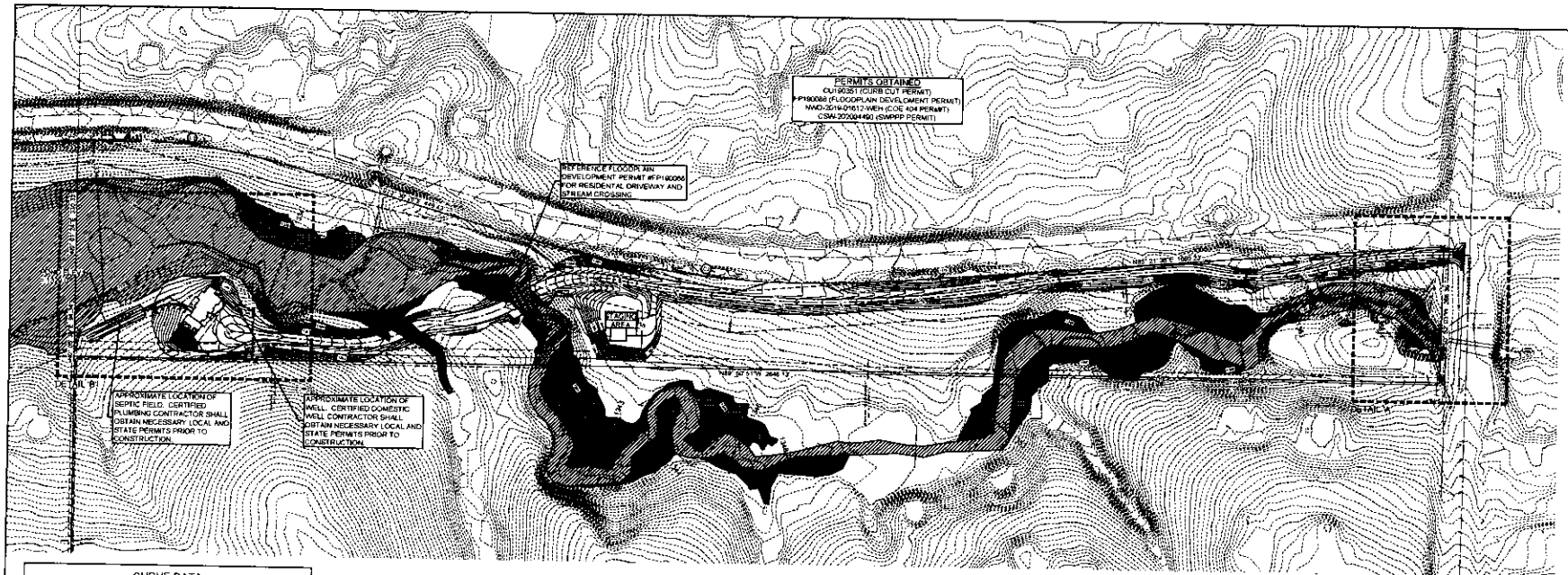
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☒	NA ☒	25 ☑	20 ☒	15 ☒	25 ☒	☑
Field (ft)	100 ☑	500 ☒	50 ☑	4 ☒	30 ☑	20 ☒	30 ☒	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

F. Required Signatures

Home Building Contractor _____ Date _____

Installer TAYLOR BLISS - NEBRASKA RURAL SEPTIC Date 10/7/2020

Onsite Form C 12_08



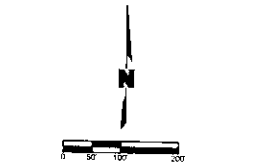
CURVE DATA						
CURVE #	RADIUS	ANGLE	TANGENT	LENGTH	CH DIST	CH BRG
C1	1282.46'	19°51'11"	224.44'	444.37'	442.16'	S82°28'23"E
C3	1059.86'	21°06'07"	365.04'	721.81'	717.74'	S84°04'54"E

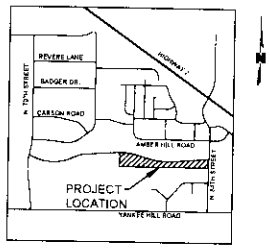
LEGEND
- LIMITS OF GRADING
- 100 YR. FEMA FLOODPLAIN
- FEMA FLOODWAY
- 100 YR. FEMA WATER SURFACE ELEVATION
- 6" P.C. DRIVEWAY

ENGINEER & PREPARER
CIVIL DESIGN GROUP, INC.
8535 EXECUTIVE WOODS DR. SUITE 200
LINCOLN, NE 68512
PH: (402) 434-8494
FAX: (866) 215-8747
CONTACT: DARRICK J. RADEMACHER

OWNER
DARRICK AND JOYCELYNN RADEMACHER
4003 GLENBROOK LANE
LINCOLN, NE 68512
(402) 434-8454

LEGAL DESCRIPTION
LOT 60 IRREGULAR TRACT, LOCATED IN THE SOUTHEAST QUARTER OF SECTION 22 TOWNSHIP 9 NORTH, RANGE 7 EAST, OF THE SIXTH PRINCIPAL MERIDIAN, LANCASTER COUNTY, NEBRASKA





VICINITY MAP
NO SCALE

DIGGERS HOTLINE OF NEBRASKA
PRIOR TO ANY EXCAVATION OR LAND DISTURBANCE, THE CONTRACTOR SHALL HAVE UNDERGROUND UTILITIES LOCATED AND MARKED BY CONTACTING THE DIGGERS HOTLINE OF NEBRASKA AT 1-800-331-5666

Civil Design Group, Inc.
8535 EXECUTIVE WOODS DR., SUITE 200
LINCOLN, NEBRASKA 68512
Ph. 402.434.8494 Fax 866.215.8747
www.civildg.com
CONSULTING ENGINEERS/LAND USE PLANNERS
CIVIL DESIGN/SITE DEVELOPMENT/PLANNING AND ZONING

REVISIONS

NO.	DATE	DESCRIPTION

SITE PLAN

RADEMACHER RESIDENCE
LOT 60 I.T., S22, T9N, R7E
LINCOLN, NEBRASKA
2020

drawn by	DJR
checked by	DJR
approved by	DJR
project no.	-
drawing no.	-
date	9/2/2020

SHEET
C1.1

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. HS002112

System Type: Standard

Situs: No Site Address Specified

Issued: 10/9/2020

Expires: 10/9/2021

Description: S22, T9, R7, 6th Principal Meridian, LOT 60 SE EX PT FOR RD (#1996-26350)

Owner: RADEMACHER, DARRICK & JOYCELYNN
6003 GLENBROOK LN
LINCOLN, NE 68512

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

TAYLOR BUSS
8770 WAVERLY RD
LINCOLN, NE 68517