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

A

Permit Number
HS002117

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* 1605 NW 126th St City Lincoln, NE Zip 68528
(no rural route)

Legal Description S18 T10 R5 29
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-18-400-004-000 *Approx. Address (If to be determined)

B. Owner

Name Galen M. Miller Signature

Address 1605 NW 126th St City/State/Zip Lincoln, NE 68528

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hechtein Signature

Address PO Box 142 City/State/Zip Eagle, NE 68347

Work Phone 402-730-7749

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 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 13
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

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 10-19-20 Amount Paid $440.00
Received By SAD Cash/Check No 025192

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1605 NW 126th St City Lincoln NE, Zip 68528
(no rural route)

Owner Gala Miller Address 1605 NW 126th St

Date of Tests 10-7-20 to 10-7-20 Weather: Precipitation 0 Temperature 74°F

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	42	10-7	10:05	10-7	2:05	10-7	6:05	6	10-7	6:31	30m	3/4	40
2	"	"	"	"	"	"	"	6	"	"	"	1 1/4	24
3	"	"	"	"	"	"	"	6	"	"	"	1/2	40
4	"	"	"	"	"	"	"	6	"	"	"	1 1/4	60
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hechtner
Phone: 402-730-7749
Address PO Box 142
Eagle, NE 68347

Sum of Percolation Rates: 148
Average of Rates: 37
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) Yutan silty clay loam
Groundwater Depth 10+

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____

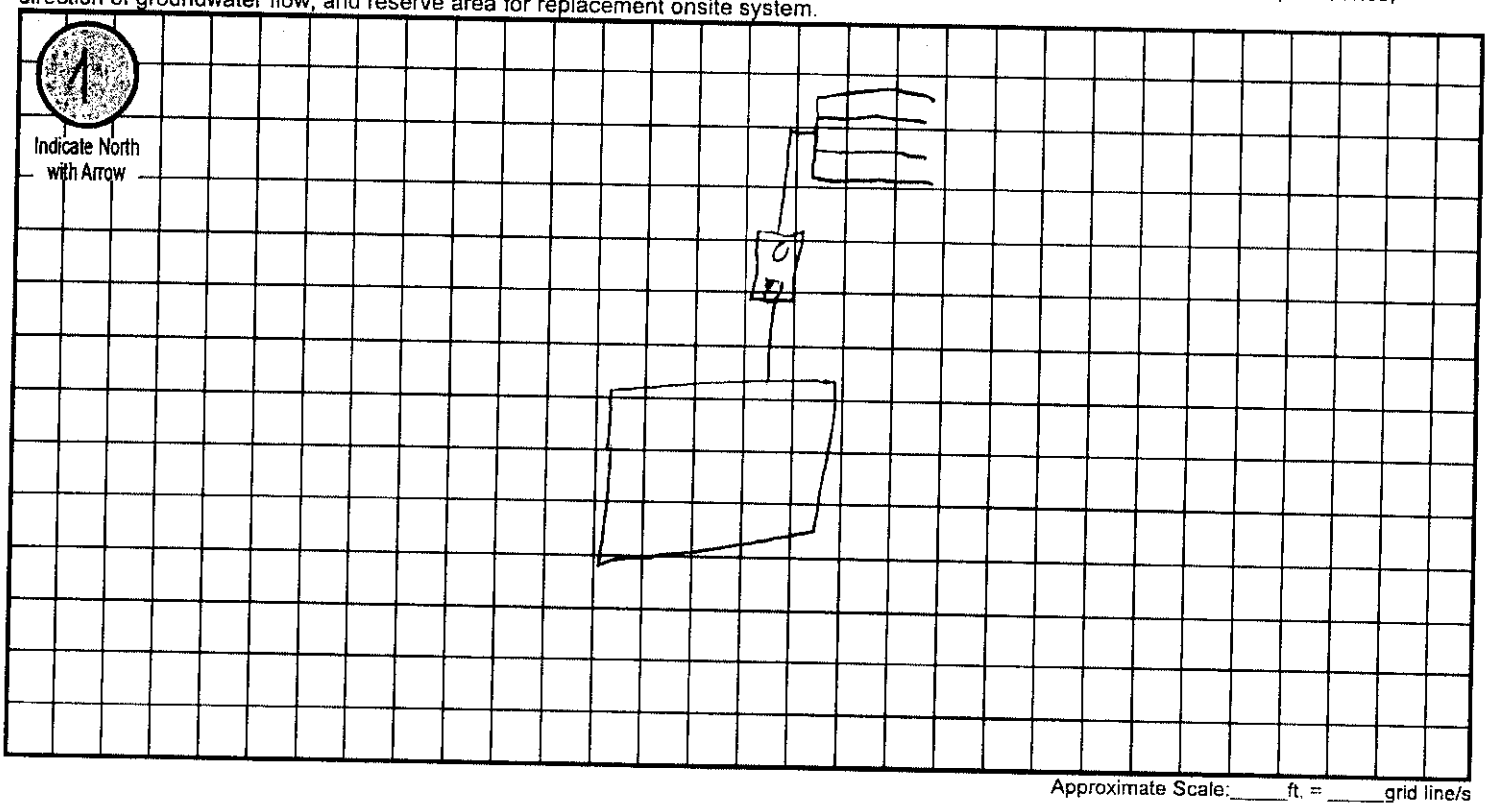
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

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



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 1605 NW 126th St City Lincoln NE, Zip 68528

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type Yutan S.I.ty Clay Loam Land Slope 0-3 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1080 Sq. Ft.

Total length of laterals 240 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZ Flow

No. of Absorption Trenches 4 Width 36 No. of Drop Boxes 0 Distribution Box 1

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Marcus Hutchison Date: 10-10-20

Updated 2/18

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. HS002117

System Type: Standard

Situs: No Site Address Specified

Issued: 10/19/2020

Expires: 10/19/2021

Description: S18, T10, R5, 6th Principal Meridian, LOT 29 SE

Owner: MILLER, GALEN E
1605 NW 126 ST
LINCOLN, NE 68528

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

MARCUS HOCHSTEIN
PO BOX 142
EAGLE, NE 68347

SCANNED

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

A

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HS002117

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)

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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

1. Health Department
Site visits *Complaint 07/15 Reb
Comments to Cert-DH
Date rec'd 10/19/20
Date frwd 10/19/20
ACTION ☒ Approved ☐ Disapproved
Signature

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

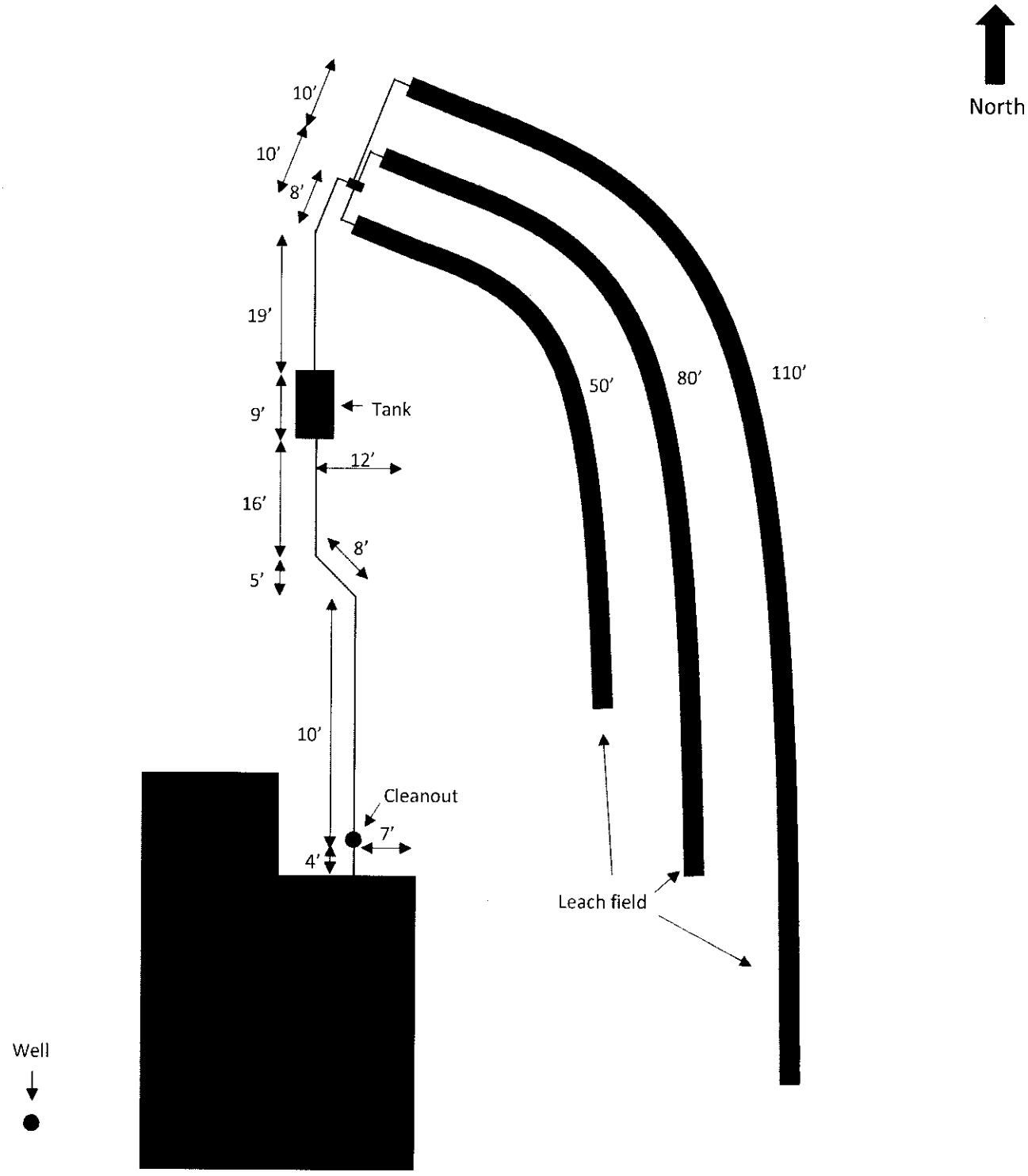
3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 11/5/20

Business Office Use Only
Date Received 10-19-20 Amount Paid $440.00
Received By JAO Cash/Check No 025192

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

Form A Updated: 4/15



95' from well to tank

104' from well to leach field

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: H500 2117

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/3/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1605 NW 12th 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 1080 Sq. Ft. Tank Size 1000 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) 22 - flow

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Laser

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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments: 2-Day Project

Inspections prior to Final Approval
Initial DH Date 10/29/20

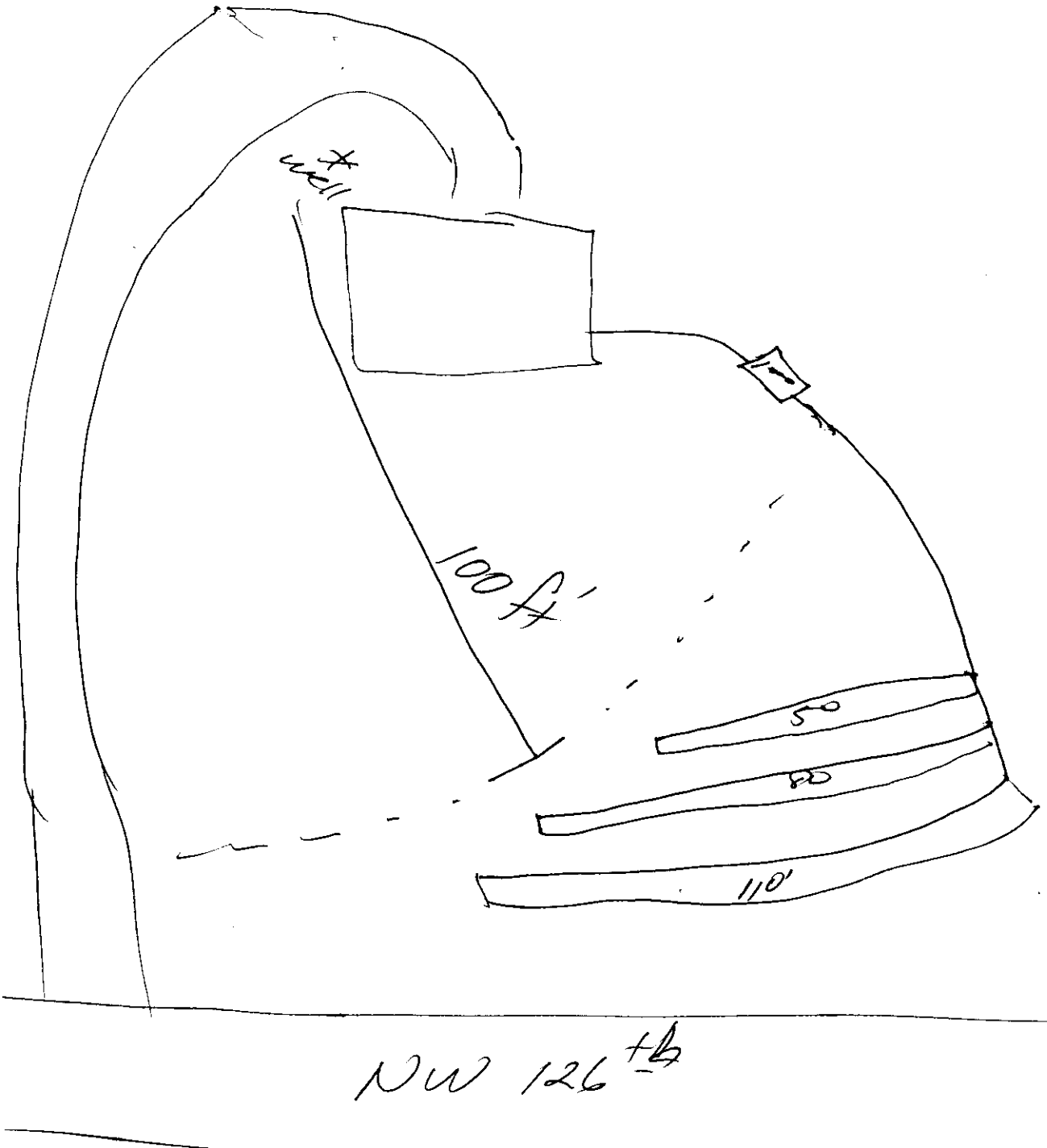
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/9/20

Field Note Drawing (See Reverse Side):


well
100 ft
50
80
110'
NW 126 +/-