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

A

Permit Number
#S002118

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 805 S 162nd St City Lincoln, NE Zip 68520
(no rural route)

Legal Description S27 T10 R8 27
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-27-400-007-000

B. Owner

Name Rose Billing Signature

Address City/State/Zip

Home Phone 402 606 8731 Work Phone

C. Certified Installer

Name: Steven Lewis Signature

Address 3300 N 71st Street City/State/Zip Lincoln NE, 68507

Work Phone 402 432 1082

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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 2
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 Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 10-19-20 Amount Paid $440.00
Received By JRD Cash/Check No. 1013

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 805 S 162nd Street (no rural route) City Lincoln NE, Zip 68520

Owner Rose Billing Address

Date of Tests 10-18 to 10-19 Weather: Precipitation ~ 0 Temperature 33°

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	10/18	11:00	10/19	11:30	10/19	11:00	8	10/19	11:30	30	1½	20
2	"	"	"	"	"	"	"	8	"	"	"	"	30
3	"	"	"	"	"	"	"	8	"	"	"	1½	20
								8					
								8					
								8					
								8					
								8					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address 3300 N 71st Street
Lincoln NE, 68507

Soil type (NRCS Maps/Other) 7207 Aksarben Silty Clay Loam
Groundwater Depth over 10 ft

Sum of Percolation Rates: 70
Average of Rates: 23.33
Rate Used for Calculation: 20-30

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. HS002118

System Type: Standard

Situs: No Site Address Specified

Issued: 10/20/2020

Expires: 10/20/2021

Description: S27, T10, R8, 6th Principal Meridian, LOT 27 SE

Owner: BELLING, ROSELYN J
PO BOX 57164
LINCOLN, NE 68505

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

STEVEN LEWIS
3300 N 71ST ST
LINCOLN, NE 68507

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

A

Permit Number
#S002118

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 805 S 162nd St (no rural route) City Lincoln, NE Zip 68520

Legal Description S27 T10 R8 27

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

PID 23-27-400-007-000

B. Owner

Name Rose Billing Signature

Address City/State/Zip

Home Phone 402 606 8731 Work Phone

C. Certified Installer

Name: Steven Lewis Signature

Address 3300 N 71st Street City/State/Zip Lincoln NE, 68507

Work Phone 402 432 1082

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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 2

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 10/20/20 RE Date rec'd 10/20/20 Date frwd 10/22/20
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 Lee
Date 10/22/20

Business Office Use Only
Date Received 10-19-20 Amount Paid $440.00
Received By JRO Cash/Check No. 1013

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

Form A Updated: 1/13

Failed system replacement

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS002118

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/22/20 Legal Description ¼ ¼ S 27 / 10 / 8 Lot 27
Section/Township/Range

Onsite System Location

Address (no rural route) 805 S 162nd 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 1,035 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 230' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 3 Width 4.5 factor No. of Drop Boxes 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 NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 10/20/20

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Annis

Date 10/22/20

Field Note Drawing (See Reverse Side):

Updated 4/15

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

D Exhibit 4

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 23-27-400-007-000

Owner: Rose Billing Address 805 S 162nd Street Lincoln

A. Wastewater Piping

1. Material: SCH40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 25 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1500 gal
3. Depth to top of tank, below unfinished grade: 20 in.
4. Distance to:
   Well NA ft.
   Pressure line 300 ft
   Property Line over 50 ft.
   Foundation 25 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 13 ft. E

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ Flow
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 100 ft. 70 ft. 60 ft.
4. Drainfield size: 1035 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line over 200 ft.
   Property line over 50 ft.
   Depth of Groundwater over 10

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

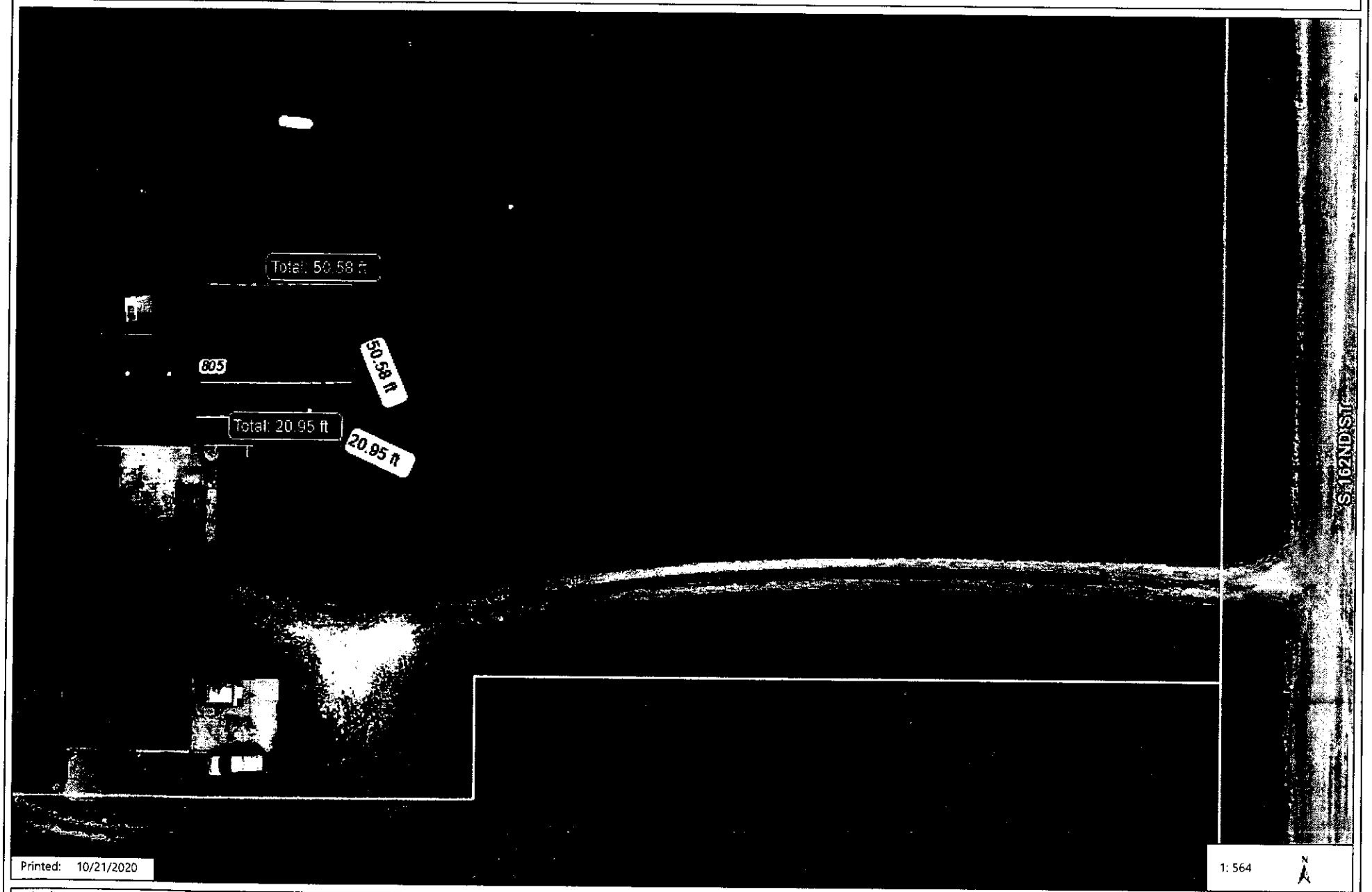
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 20 oct 2020

Complete As-Built drawing on the back of this form.

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

201003 As Built



Printed: 10/21/2020

1: 564

N

Disclaimer: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2573-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

APRIL 6, 1988 — THIS PERMIT EXPIRES

RAYMOND HAACK — ISSUED TO

7410 ENGLEWOOD DR. LINCOLN, NE 68510 — ADDRESS

T10N; R8E; Sec 27 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MG	10-7-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [redacted]
County Resolution No. 2832 [redacted] X

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2573-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 10-5-87

The undersigned hereby applies for a permit to ALTER [X], EXTEND [ ], or REPAIR [ ] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10 NORTH Range 8 EAST Section 27;
Block ____; Lot ____; Addition ____
Street Address ____

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. Bedrooms 2
Describe ____
Other Use [ ]
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank [ ]; Other [X]

4. Description of proposed alteration, extension or repair: SEPTIC TANK
100 ft 4 ft CONCRETE LATERAL

5. Work to be done by: Owner [ ]; or Contractor [X], B&R PUMP SERVICE
Contractor's Name

6. Estimated cost of project:

a. Materials	$	1150.00
b. Labor	$	550
c. Other	$	400.00
TOTAL	$	2100.00

Raymond Hauck
Signature of Applicant (owner or lessee)

7410 Englewood Dr. Lincoln NE 68510
Address

(Do not write below this line)

REVIEWING ACTION

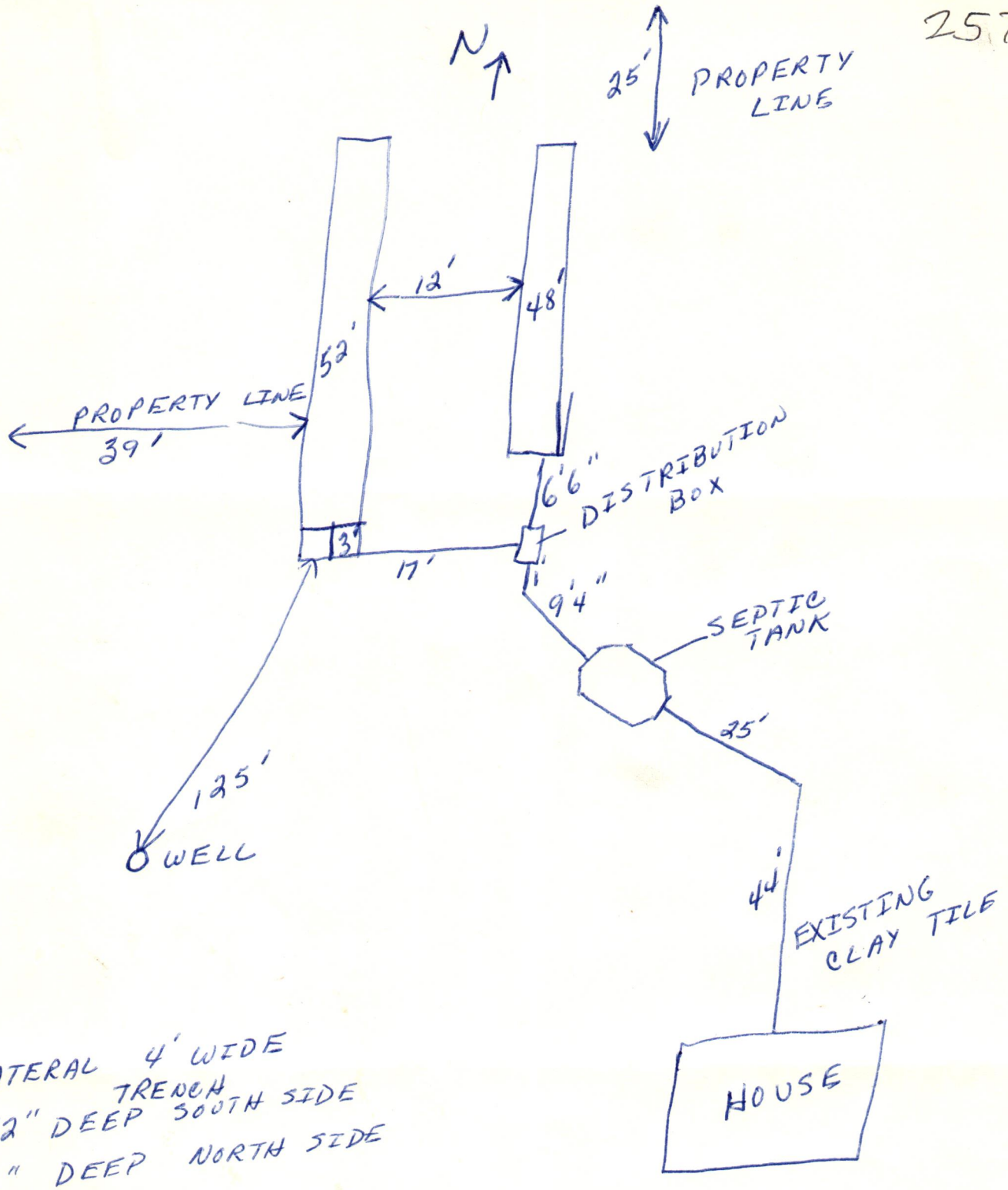
1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 10/2/87 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/7/87 by: L. C. Hood

2573-C



LATERAL 4' WIDE TRENCH
42" DEEP SOUTH SIDE
26" DEEP NORTH SIDE

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 805 South 162nd Lincoln NE

Twp 10N Range 8E Section 27 1/4 SE 1/4 Block ___ Lot ___ Addition ___

Directions to Property Hiway 34 to 162nd then South to 805 - West side of road

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Wayne Haack	805 South 162nd	
Tenant/Buyer:	Jeff Buel		432-3813
Return to:	Jeff Buel		

Signature of Applicant Jeff Buel Address 2409 So 214th Eagle NE 68347 Date 7/26/00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 07/26/00
Initials mo
Amount 150.00
Check No. 7818

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/27/00
RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☐	☒ OLD WELL	Approved	☐	Date___/___/___by___
Bacteria	☐ ___/ml	☐ ___/ml	Provisional	☒	Date___/___/___by___
Nitrate	☐ ___ppm	☐ ___ppm	Disapproved	☐	Date___/___/___by___

Comments: SEPTIC SYSTEM WAS DONE OVER 10/2/87. SOME COMPONENTS OF OLD SYSTEM REMAIN IN USE AND PREDATES REGULATIONS HENCE APPROVAL IS PROVISIONAL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. UNUSED WELL MUST BE PROPERLY ABANDONED See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by ___ Date___/___/___

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95