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

A

Permit Number: HSOU2129

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* 6200 Rebel Drive City Lincoln, NE Zip 68516
(no rural route)

Legal Description S 28 T 9 R 7 Yankee Ridge 1 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 16-28-101-005-000 *Approx. Address (if to be determined)

B. Owner

Name Shelly Madison Signature

Address 6200 Rebel Drive City/State/Zip Lincoln NE 68516

Home Phone Work Phone 402-770-3201

C. Certified Installer

Name: Brandon Sedlacek Signature

Address 11185 E St Hwy 41 # City/State/Zip Adams NE 68301

Work Phone 402-988-8425

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 3
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 11-30-20 Amount Paid $420.00
Received By JAO Cash/Check No: 2025

PLUS $20.00 to Bldg & Safety VISA CC 2070 TOTAL $440

White - Health Department Yellow - Engineer

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 6200 Rebel Drive City Lincoln NE. Zip 68516
(no rural route)

Owner Shelly Madison Address 6200 Rebel Drive

Date of Tests 9-21 to 9-22 Weather: Precipitation Dry Temperature 85°

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	9-21	1pm	9-22	2pm	9-22	2pm	6	9-22	2:30pm	30	1/2	60 mpi
2	"	"	"	"	"	"	"	6	"	"	"	5/8	48 mpi
3	"	"	"	"	"	"	"	6	"	"	"	1/2	60 mpi
4	"	"	"	"	"	"	"	6	"	"	"	5/8	48 mpi
5	"	"	"	"	"	"	"	6	"	"	"	1/2	60 mpi
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-988-8425
Address 11185 E St Hwy 41
Adams, NE 68301
Soil type (NRCS Maps/Other) Wymore Silt Clay Loam
Groundwater Depth 8+

Sum of Percolation Rates: 276
Average of Rates: 55 mpi
Rate Used for Calculation: 51-60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

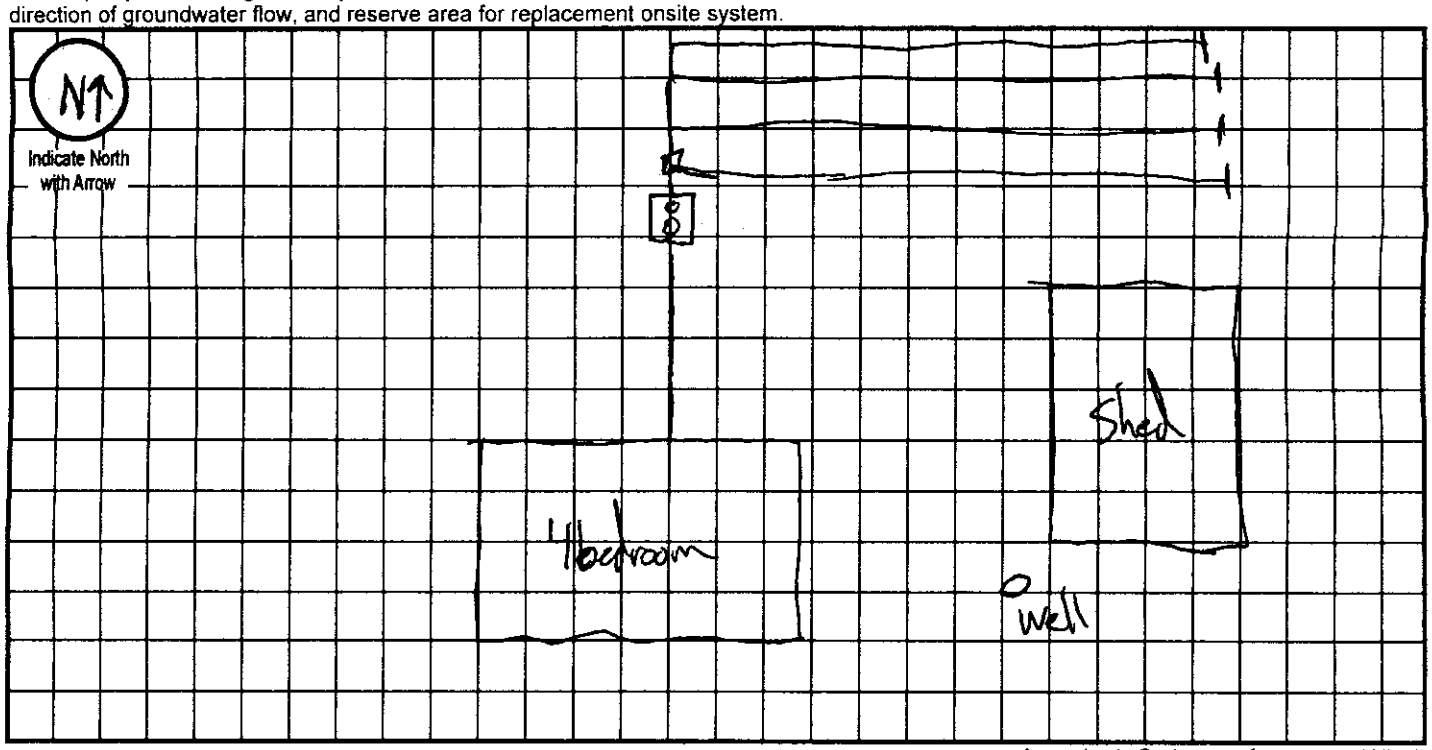
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 6200 Rebel Drive City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s
Septic Tank Cap. 1500 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 51-60 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore silt clay loam Land Slope 1 %
☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,413 Sq. Ft.
Total length of laterals 390 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☒ Chambers ☐ Other _____
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 Branton Sedlacek Date: 10-26-20

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. HS002129

System Type: Standard

Situs: No Site Address Specified

Issued: 11/3/2020

Expires: 11/3/2021

Description: YANKEE RIDGE, BLOCK 1, Lot 5

Owner: MADISON, SCOTT L & MICHELLE R
6200 REBEL DR
LINCOLN, NE 68516

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
Health Director

BRANDON SEDLACEK
11185 E STATE HWY 41
ADAMS, NE 68301

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

SCANNED

A

Permit Number: HSOU 2129

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* 6200 Rebel Drive (no rural route) City Lincoln NE Zip 68516

Legal Description S 28 T 9 R 7 Yankee Ridge 1 5
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 16-28-101-005-000 *Approx. Address (If to be determined)

B. Owner

Name Shelly Madison Signature

Address 6200 Rebel Drive City/State/Zip Lincoln NE 68516

Home Phone Work Phone 402-770-3201

C. Certified Installer

Name: Brandon Sedlacek Signature

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Work Phone 402-988-8425

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Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3
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 12/8/20
Comments
Date rec'd 11/3/20
Date frwd 11/3/20
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 Doug Anders
Date 12/11/20

Business Office Use Only
Date Received 11-30-20 Amount Paid $420.00
Received By JAO Cash/Check No: 2025

PLUS $20.00 to Building & Safety VISA CC 2070

White - Health Department Yellow - Engineer Form A Updated 7/15 TOTAL $440

System Replacement

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

Exhibit 5

Permit Number: HS002129

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/11/20

Legal Description ____ ¼ ____ ¼ ____ Section/Township/Range

Onsite System Location

Address (no rural route) 6200 [redacted] Rebel Dr 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 1,440 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 320 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 4 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: NA

Tank ____

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DJ Date 12/8/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Jarvis

Date 12/11/20

Field Note Drawing (See Reverse Side):

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) 16-28-101-005-000

Owner: Michelle Madison Address 6200 Rebel Drive Lincoln NE 68516

A. Wastewater Piping

1. Material: Sch 40 pvc Diameter: 4 in.
2. Distance between dwelling and septic tank: 75 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100 ft.
   Pressure line NA ft
   Property Line over 10ft. ft.
   Foundation 75 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 47 ft. NNE

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ Flow 3x12
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 100 ft. 120 ft. 60 ft. 40
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well 103 ft.
   Pressure line NA 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:

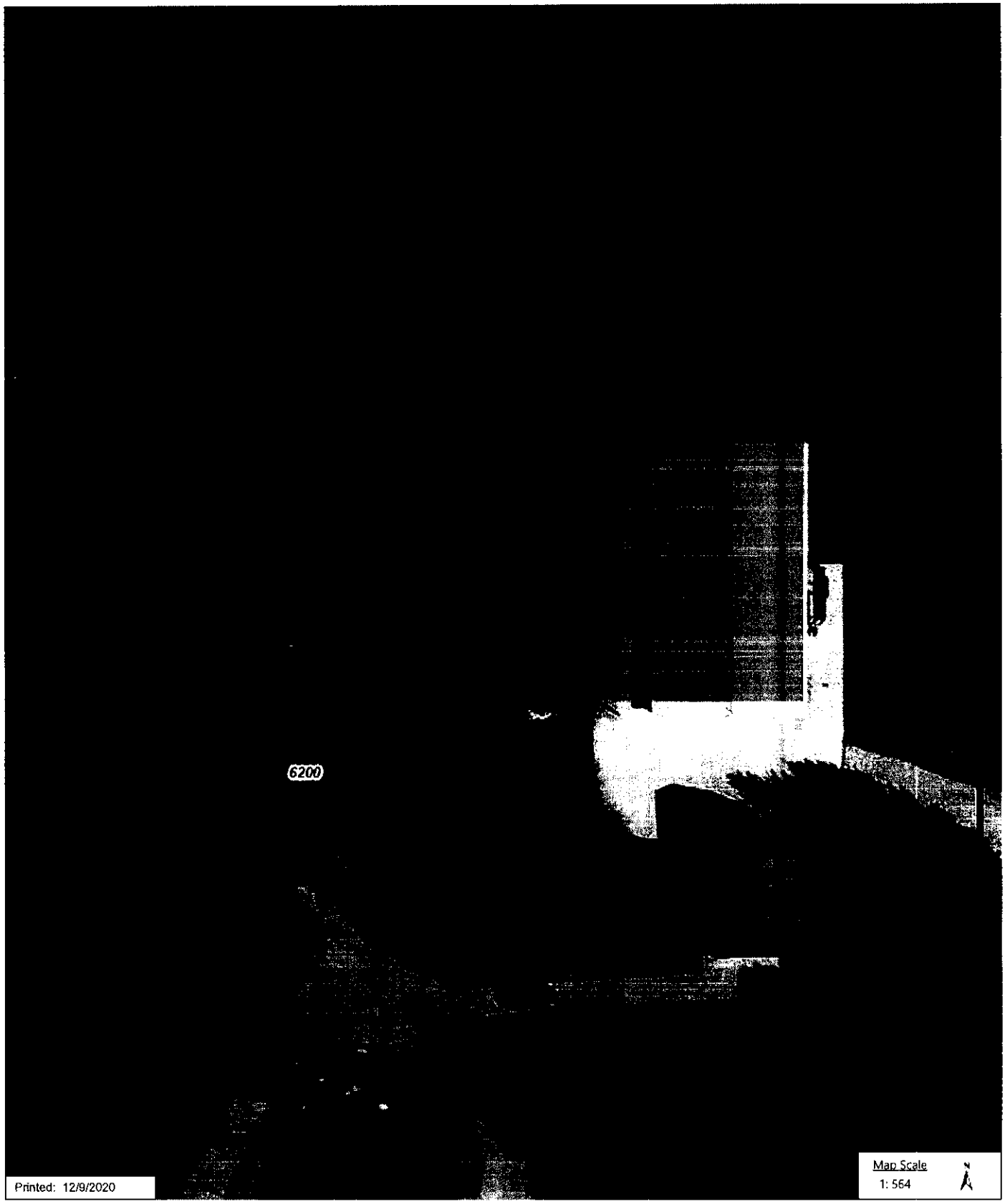
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 12-9-2020

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

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

200710



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.

