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

A

Permit Number #S002134

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* 22430 NW 98th St City Valparaiso, NE Zip 68065
(no rural route)

Legal Description S/O T12 R5 Little Flower Acre 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 06-10-101-002-000 *Approx. Address (If to be determined)

B. Owner

Name John & Deanna Swenson Signature

Address 22450 NW 98th St City/State/Zip Valparaiso, NE 68065

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hachtman 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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.92
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 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 11-09-20 Amount Paid $440.00
Received By JAO Cash/Check No CC5792

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 22430 NW 98th St (no rural route) City Valparaiso NE, Zip 68065

Owner Janet Dennis Swanson Address 22450 NW 98th St. Valparaiso

Date of Tests 7-24-20 to 7-24-20 Weather: Precipitation 0 Temperature 91°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	7-24	10:00	7-24	2:00	7-24	5:30	6	7-24	6:00	30 m	5/8	48
2	36	7-24	10:00	7-24	2:00	7-24	5:30	6	7-24	6:00	30 m	3/4	40
3	42	7-24	10:00	7-24	2:00	7-24	5:30	6	7-24	6:00	30 m	5/8	48
4	42	7-24	10:00	7-24	2:00	7-24	5:30	6	7-24	6:00	30 m	5/8	48
5	42	7-24	10:00	7-24	2:00	7-24	5:30	6	7-24	6:00	30 m	1/2	60
								6					
								6					
								6					

Person Conducting Percolation Test

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

Soil type (NRCS Maps/Other) Pawnee clay loam
Groundwater Depth 20+

Sum of Percolation Rates: 244
Average of Rates: 48.8
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

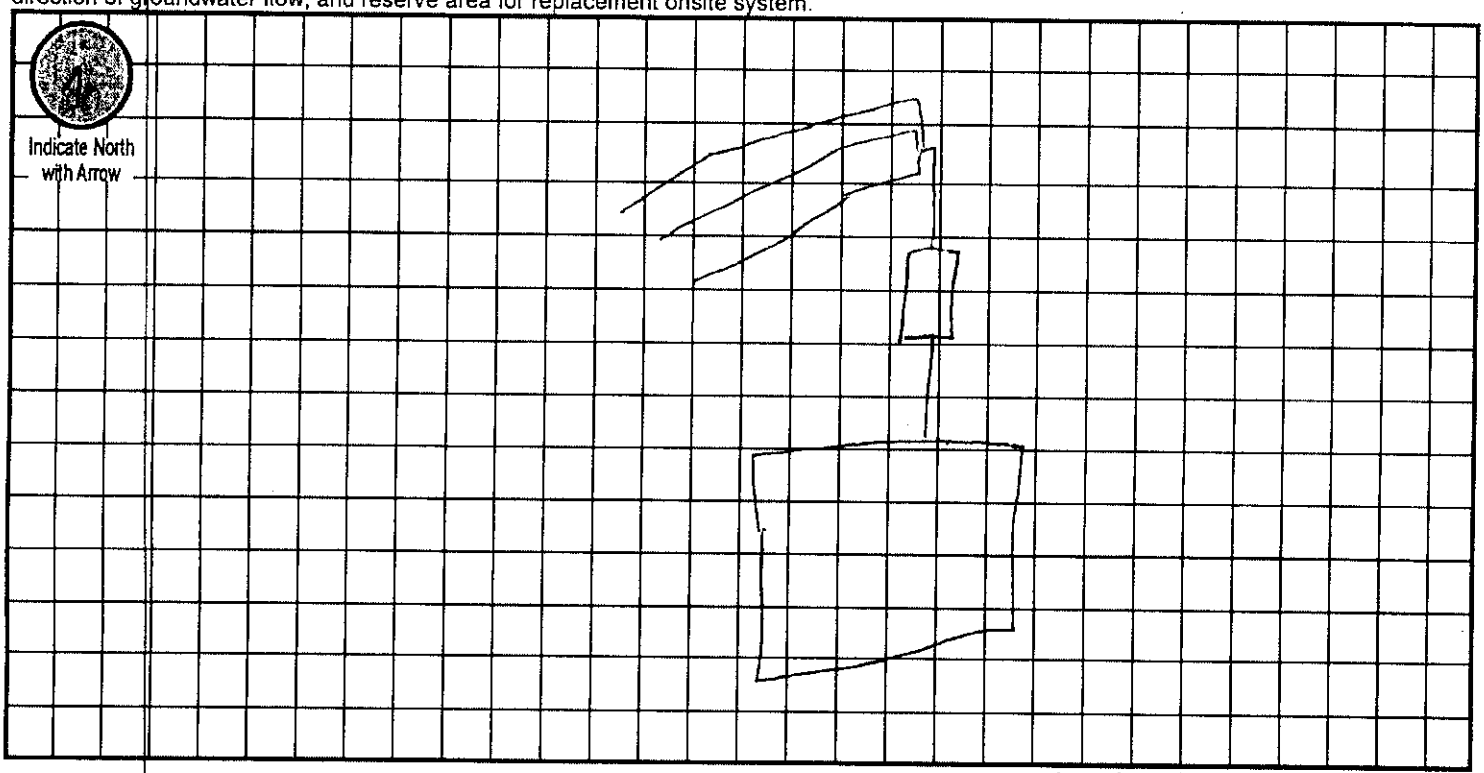
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 22430 Nw 98th St City Valparaise NE, Zip 68065

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 60 (min/inch = mpi) No. of Bedrooms 4 Soil Type Pawnee clay loam Land Slope 9 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1485 Sq. Ft.

Total length of laterals 330 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZ Flow

No. of Absorption Trenches 3 Width 36 No. of Drop Boxes 0 Distribution Box 1

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

Installer Marcus Hochstein Date: 7-26-20

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. HS002134

System Type: Standard

Situs: No Site Address Specified

Issued: 11/9/2020

Expires: 11/9/2021

Description: LITTLE FLOWER ACRE, Lot 2

Owner: SWANSON, JOHN H & DEANNA J
22450 NW 98 ST
VALPARAISO, NE 68065

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

MARCUS HOCHSTEIN
PO BOX 142
EAGLE, NE 68347

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

SCANNED

A

Permit Number #S002134

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* 22430 NW 98th St City Valparaiso, NE Zip 68065
(no rural route)

Legal Description S/O T12 R5 Little Flower Acre 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 06-10-101-002-000 *Approx. Address (If to be determined)

B. Owner

Name John & Deanna Swanson Signature

Address 22450 NW 98th St City/State/Zip Valparaiso, NE 68065

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hachiya 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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.92
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 4/30/21 & Needs fence
Comments
Date rec'd 11/9/20
Date frwd 11/9/20
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 10/29/21

Jesse Inspected 10/29/21

Business Office Use Only
Date Received 11-09-20 Amount Paid $440.00
Received By JAO Cash/Check No cc5792

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

Form A Updated: 4/15