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

A

Permit Number HS002149

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* 10960 NW 126th St City Malcolm, NE Zip 68402
(no rural route)

Legal Description S17 T11 R5 37 JAO
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0517300027000 *Approx. Address (If to be determined)

B. Owner

Name David Dickinson Signature
Address 1458 W Lander Dr City/State/Zip Lincoln, NE 68521
Home Phone Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature
Address 11185 E State 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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 28.17
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
Date frwd
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
Date

Business Office Use Only
Date Received 11-30-20 Amount Paid $440.00
Received By JAO Cash/Check No. 2039

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 10960 NW 126th Street (no rural route) City Malcolm NE, Zip 68402

Owner Dickinson Address 1458 W Lander Dr. Lincoln, NE 68521

Date of Tests 11-17-20 to 11-18-20 Weather: Precipitation 0" Temperature 55°

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	11-17	8am	11-18	8am	11-18	8am	6	11-18	8:32am	30	1/2"	60 mpi
2	36	"	"	"	"	"	"	6	"	"	30	1/2"	60 mpi
3	36	"	"	"	"	"	"	6	"	"	30	1/2"	60 mpi
4	36	"	"	"	"	"	"	6	"	"	30	1/2"	60 mpi
5	36	"	"	"	"	"	"	6	"	"	30	5/8"	48 mpi
6	36	"	"	"	"	"	"	6	"	"	30	5/8"	48 mpi
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-988-8425
Address 11185 E State Hwy 41
Adams, NE 68301

Sum of Percolation Rates: 336
Average of Rates: 56 mpi
Rate Used for Calculation: 51-60 mpi

Soil type (NRCS Maps/Other)
Groundwater Depth 8'+

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

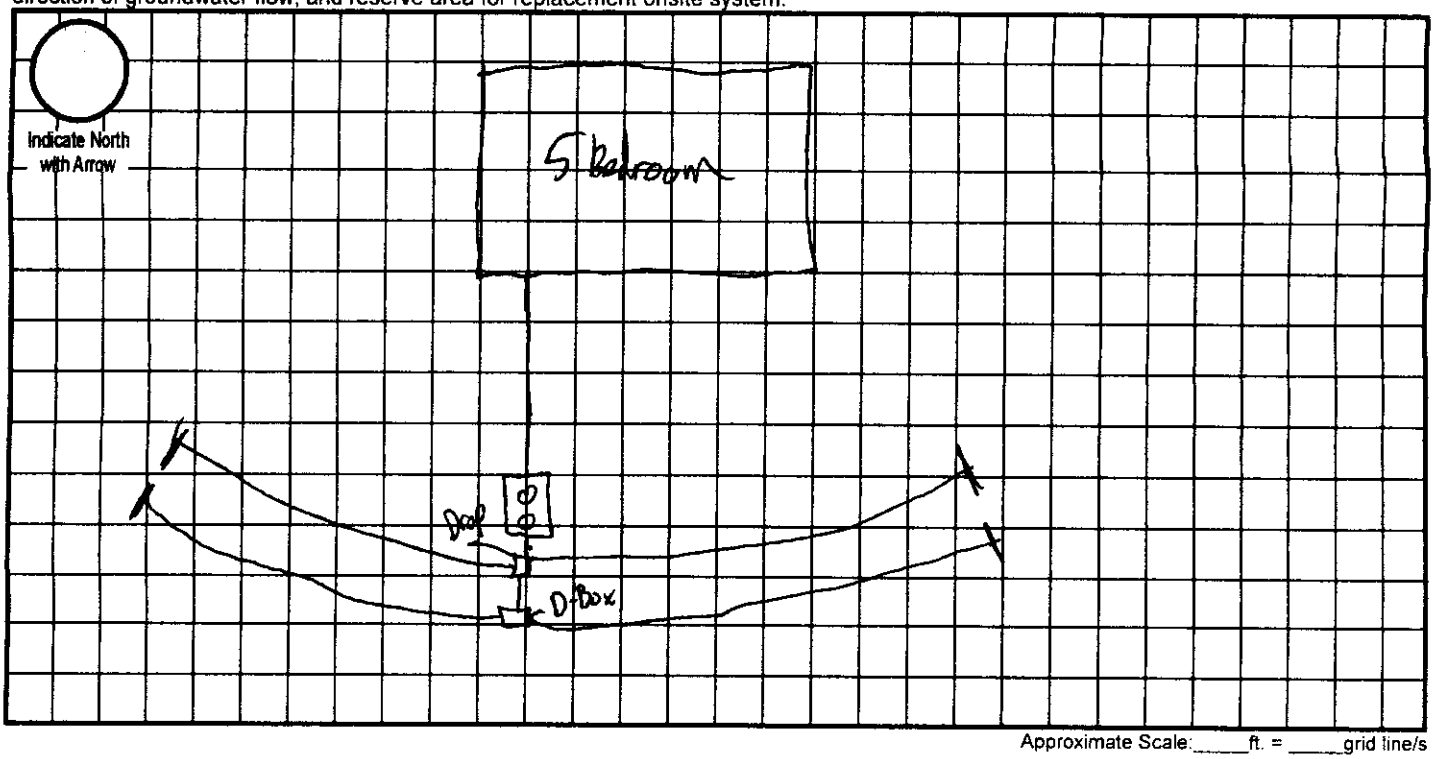
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 10960 NW 126th St City Malcom NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 5 Soil Type Silty clay loam Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1755 Sq. Ft.

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

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

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

Installer Brandon Sedlacek Date: 11-24-20

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. HS002149

System Type: Standard

Situs: No Site Address Specified

Issued: 12/3/2020

Expires: 12/3/2021

Description: S17, T11, R5, 6th Principal Meridian, LOT 37 SW

Owner: DICKINSON, DAVID A REVOCABLE
LIVING TRUST
1458 W LANDER DR
LINCOLN, NE 68521

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