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

A

Permit Number #S002160

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

shop

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 12275 West Saltillo Rd (no rural route) City Denton NE Zip 68339

Legal Description 55 T8 R5 21 pad

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

Geographical Location (if known): Lat/Long: PID 02051060009000

B. Owner

Name J.m Springer Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Blain Johnson Signature Blain

Address 8533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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~~ Shop Number of Bedrooms Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 12-17-20 Amount Paid $440.00
Received By JAD Cash/Check No 62151

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

Form A Updated 8/15

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 Shap

PLEASE PRINT OR TYPE

Onsite System Location

Address 12275 west Saltillo (no rural route) City Denton NE Zip 68339

Owner Jim Springer Address 9120 Heritage Woods Drive Apt 20 Lincoln NE 68526

Date of Tests 6/30/20 to 7/1/20 Weather: Precipitation ∅ Temperature 80's

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		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	42	6/30	10A	7/1	8A	7/1	11:30A	6	7/1	12P	30	34	40
2	48	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1	30
3	48	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1	30
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blain Johnson
Phone: 402 416 2270
Address 8533 E State Hwy 41
Adams NE 68301

Soil type (NRCS Maps/Other) Wyoming
Groundwater Depth 320

Sum of Percolation Rates: 100
Average of Rates: 34
Rate Used for Calculation: 59

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
3140 "N" Street • Lincoln, NE 68510-1514
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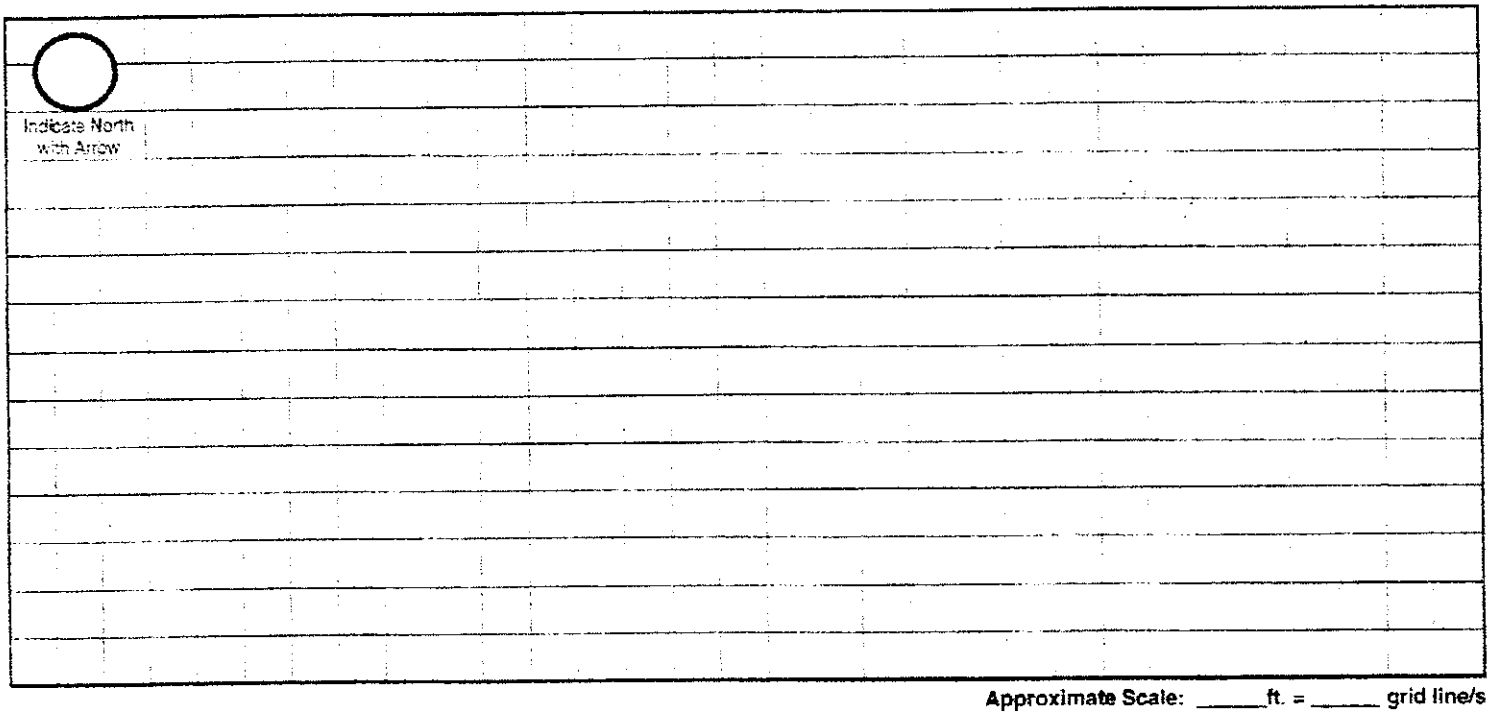
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications Shop Septic

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



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 12275 west Saltillo Rd City Denton NE. Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1.8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms Shop Soil Type_____ Land Slope_____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 350 sq.ft.

Total length of laterals 80 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other E Z Flow

No. of absorption trenches 1 Width 36 No. of drop boxes_____ Distrubtion Box_____

*No. of absorption beds*_____ *Width*_____ *No of Distribution lines per bed*_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☐	50 ☐	NA ☐	25 ☐	20 ☑	15 ☑	25 ☐	☑
Field (ft)	100 ☑	500 ☐	50 ☐	4 ☐	30 ☐	20 ☑	30 ☑	40 ☐	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N.A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor_____ Date_____

Installer [signature] Date 12/10/2020

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. HS002160

System Type: Standard

Situs: No Site Address Specified

Issued: 12/21/2020

Expires: 12/21/2021

Description: S5, T8, R5, 6th Principal Meridian, LOT 21 NW

Owner: SPRINGER, JAMES E
9120 HERITAGE LAKES DR APT 20
LINCOLN, NE 68526

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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301