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

A

Permit Number H5002175

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 780 W. Branched Oak Rd. (no rural route) City Davey NE Zip 68366

Legal Description S21 T12 R6 — 1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot: 28

PID 13-27-300-008-000

B. Owner

Name Sonja Torsiello Signature

Address City/State/Zip

Home Phone 402 309 3119 Work Phone

C. Certified Installer

Name: Steven C 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 2 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres ~1/4

Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

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 2-26-21 Amount Paid $440.00

Received By JAO Cash/Check No. 059104

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 780 W. Branched Oak Rd. (no rural route) City Davey NE NE, Zip 68366

Owner Sonja Torsiello Address 4144 W Thatcher Cir. Lincoln NE 68528

Date of Tests 10-23 to 10-24 Weather: Precipitation Ø Temperature 37°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	10-23	15:00	10/24	15:05	10/24	15:00	6	10/24	15:30	30	3/4	40
2	36	"	15:00	"	"	"	"	6	"	"	"	6/4	48
3	36	"	15:00	"	"	"	"	6	"	"	"	3/4	40
4	36	"	15:00	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

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

Sum of Percolation Rates: 168
Average of Rates: 42
Rate Used for Calculation: 40-50

Soil type (NRCS Maps/Other) Crete Variant Silty Clay loam
Groundwater Depth Over 10'

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. HS002175

System Type: Standard

Situs: No Site Address Specified

Issued: 3/1/2021

Expires: 3/1/2022

Description: S27, T12, R6, Acres 6th Principal Meridian, LOT 28 SW

Owner: TORSIELLO, PATRICK A & SONJA M
4144 W THATCHER CIR
LINCOLN, NE 68528

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

STEVEN LEWIS
3300 N 71ST ST
LINCOLN, NE 68507

SCANNED

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

A

Permit Number HS002175

Onsite Wastewater Treatment System
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Legal Description ____ ____ S21 T12 R6 ____ ____ 28
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 13-27-300-008-000

B. Owner

Name Sonja Torsiello Signature ____

Address ____ City/State/Zip ____

Home Phone 402 309 3119 Work Phone ____

C. Certified Installer

Name: Steven C 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 2 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres ~19
Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day 300

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 3/1/21 Date frwd 3/1/21
Comments ____
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 ____

*NOTE

Installation Final Written Approval
By PERMIT EXPIRED
Date ____

Business Office Use Only
Date Received 2-26-21 Amount Paid $140.00
Received By ____ Cash/Check No. CC 5901

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

* let permit expire

Form A Updated: 1/13