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

A

Permit Number #-007230

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* 12600 W Denton Rd (no rural route) City Denton, NE Zip 68339

Legal Description 18 9 5 Acres 6th Principal Meridian 5

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

PID 0318400002000 *Approx. Address (If to be determined) SW 126 & W Denton Rd

B. Owner

Name Kent Zoz Signature

Address 3240 Potter ST City/State/Zip Lincoln NE 68503

Home Phone 402 601 3458 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln Ne 68523

Work Phone 402 310 9160

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 10.65

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 6-04-21 Amount Paid $440.00
Received By TK Cash/Check No. 2541

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

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
Address _____

Owner: Kent [illegible]
Address 12600 W. Denton Rd

Property Dimensions: _____ ft. x _____ ft.

Soil Type: [illegible]

Dates of Tests: 11-21-15 to 11-22-15 **Weather:** [illegible] 36's to 40's

Hole No.	Pre-Saturation Period: Depth	Pre-Saturation Period: Date Filled	Pre-Saturation Period: Time Filled	Pre-Saturation Period: Date Measured	Pre-Saturation Period: Time Measured	Percolation Readings: Date Measured	Percolation Readings: Time Measured	Percolation Readings: Elapsed Time	Percolation Readings: Water Level	Result: Drop in Inches	Result: Percolation Rate (Minutes per Inch)
1	36	11-21	1:30pm	11-21	5:30pm	11-22	1:15pm	2	1:45pm	5¼	30	¾
2	36	11-21	1:30pm	11-21	5:30pm	11-22	1:15pm	6	1:45pm	5¾	30	¾
3	36	11-21	1:30pm	11-21	5:30pm	11-22	1:15pm	6	1:45pm	5½	30	½
4	36	11-21	1:30pm	11-21	5:30pm	11-22	1:15pm	6	1:45pm	5½	30	½

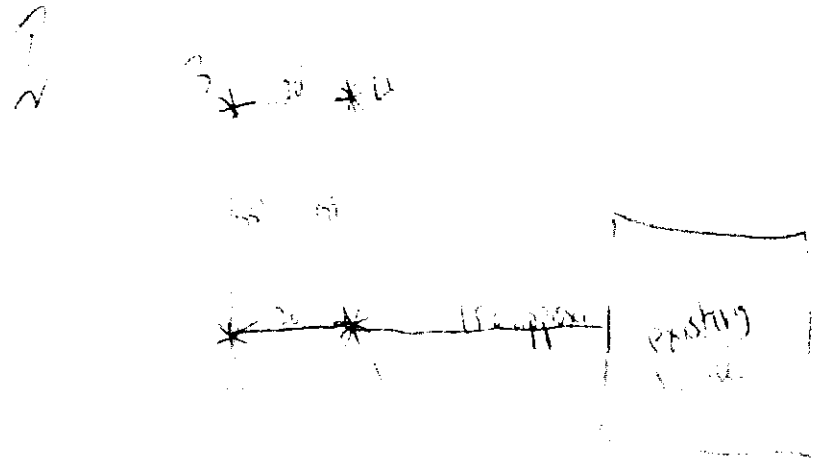
Sum of Water Level Drops in 60 Minutes: 2.5
Average of Water Level Drops in 60 Minutes: .625

48 MPI

PERSON CONDUCTING TEST:
Name Justin Peterson
Address 322-238th Rd
Wilton, WI 54665
Phone 402-641-6174
Signature [signature]

Square Feet of Absorption per Bedroom: 336

SKETCH SHOWING HOLE LOCATION:



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. HS002230

System Type: Standard

Situs: No Site Address Specified

Issued: 6/7/2021

Expires: 6/7/2022

Description: S18, T9, R5, Acres 6th Principal Meridian, LOT 5 SE

Owner: ANDERSON, VALERIE
3800 X ST
LINCOLN, NE 68503

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

KENT ZOZ
3240 POTTER ST
LINCOLN, NE 68503

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

SCANNED

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Permit Number #-007230

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

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Home Phone 402 601 3458 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

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Work Phone 402 310 9160

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 10.89
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 6/7/21
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 6/13/22

Construction Inspection 5/2/22 OK

Business Office Use Only
Date Received 6-04-21 Amount Paid $410.00
Received By MH Cash/Check No. 7544

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

Form A Updated: 4/15

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) 0318400002000

Owner Kent Zorz Address 12600 W Denton Rd.

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 140 ft.

B. Septic Tank

1. Material Poly
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well Over 200 ft.
   Pressure line " ft
   Property Line " ft.
   Foundation 140 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6' ft. 8"

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Infiltrator EZ Flow
2. Number of Laterals: 3
3. Length of each lateral (linear): 150 ft. 150 ft. 70 ft.
4. Drainfield size: 1665 sq. ft. (1650 Req'd)
5. Distance to:
   Well Over 200 ft.
   Pressure line " ft.
   Property line " ft.
   Depth of Groundwater Over 12

weekend pre-approval granted ✓ 12 ft

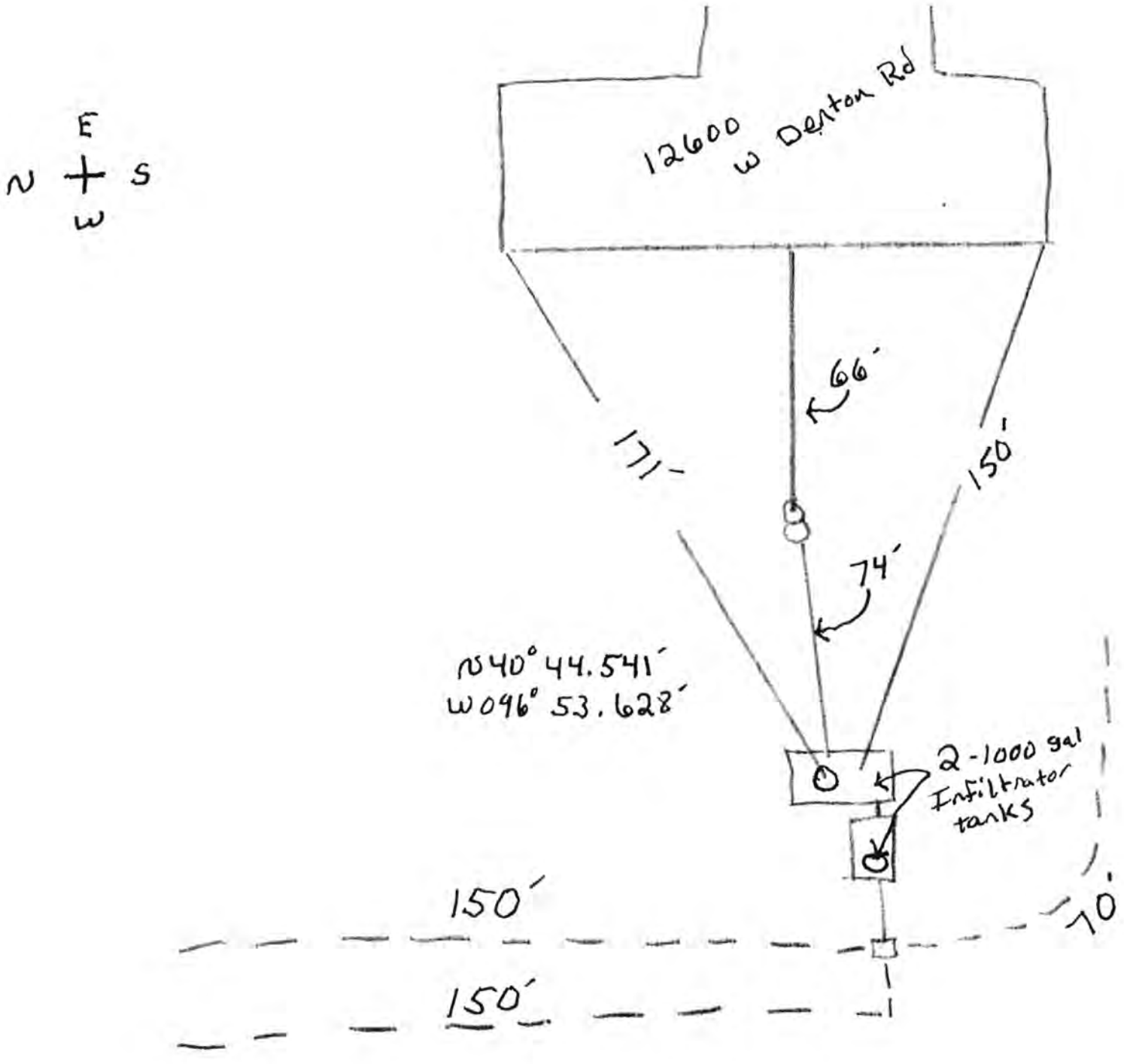
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: _____ Date: 6-5-22

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


N
E
S
W
12600 W Denton Rd
66'
171'
150'
74'
N40° 44.541'
W096° 53.628'
2-1000 gal Infiltrator tanks
150'
70'
150'

SCANNED

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Kent Zoz
Address 12600 W Denton Rd

Property Dimensions: _____ acres

Soil Type: Silty Clay _____ Silty Clay Loam _____ Silt Loam _____ Silty Loam _____ Clay Loam X _____ Sandy Clay _____

Dates of Tests: 11-21-15 to 11-22-15 **Weather:** Precip Ø Temp. 30's+40's

a	b	c	d	e	f	g	h	i	j	k	l	m
		Pre-Saturation Period				Percolation Readings						Results
		Start		End		Start		End				
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	
Hole No.	Depth (in.)	(Mo. Day)	(Hr. Min.)	(Mo. Day)	(Hr. Min.)	(Mo. Day)	(Hr. Min.)	Level (in.)	(Hr. Min.)	Level (in.)	Time (Min.)	
1	36	11-21	1:30pm	11-21	5:30pm	11-22	1:15pm	6	1:45pm	5¼	30	¾
2	36	11-21	1:30pm	11-21	5:30pm	11-22	1:15pm	6	1:45pm	5¼	30	¾
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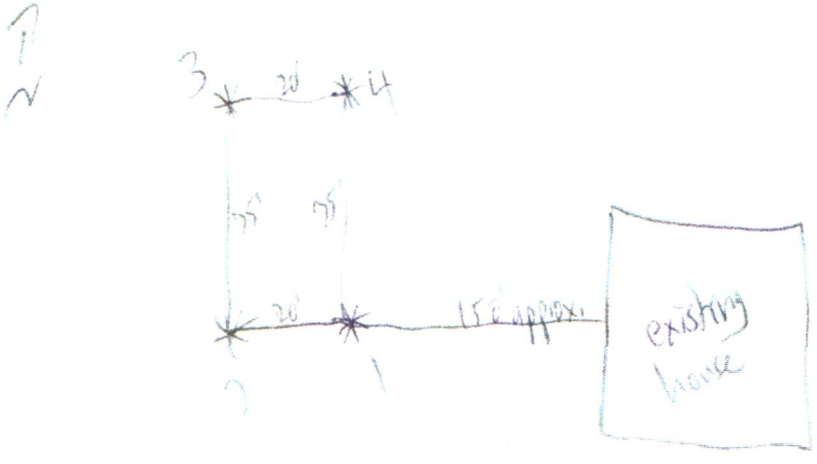
Sum of Water Level Drops (in.) (Column m): 2.5
Average of Water Level Drops (in.) (Column m): .625
~~Inches per Minute~~

48 MPI

Square Feet of Lateral per Bedroom: 330

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address 322-235th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature _____

SKETCH SHOWING HOLE LOCATION:



Officials Signature