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

A

Permit Number HS002251

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 13207 W O St (no rural route) City Emerald, NE Zip

Legal Description 30 (1/4) 10 (1/4) 5 (Section) 6th principal meridian (Township) (Range) 26 NE (Subdivison) (Addition) (Block) (Lot)

PID 04-30-200-002-000

B. Owner

Name Bobby & Christine Trohe Signature

Address MK Builders City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 N 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

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 77.88

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department

Site visits Date rec'd Date frwd

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

Installation Final Written Approval

By

Date

Business Office Use Only

Date Received 10-9-21 Amount Paid $440.00

Received By JMC Cash/Check No. cc 7194

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

Form A Updated: 1

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 _____ City Emerald NE, Zip _____
(no rural route)

Owner Bobby & Chaistine Tauhe Address _____

Date of Tests 7-2 to 7-3 Weather: Precipitation N/A 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			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	7-2	7:30	7-3	9:00	7-3	9:00	6	7-3	9:30	30	3/4	45
2								6				3/4	45
3								6				5/8	52.5
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Chris Mueller
Phone: 402-432-2946
Address Syracuse NE 68446

Sum of Percolation Rates: 142.50
Average of Rates: 47.5
Rate Used for Calculation: 50-60 mpi

Soil type (NRCS Maps/Other) _____
Groundwater Depth 12+

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. HS002251

System Type: Standard

Situs: No Site Address Specified

Issued: 7/6/2021

Expires: 7/6/2022

Description:

Owner: TRUHE, ROBERT & CHRISTINE &
PIENING, KENDRA & JONATHAN
305 SW 112 ST
LINCOLN, NE 68532

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

SCOTT MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446

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. HS002251

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1345 N 26TH RD
SYRACUSE, NE 68446

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. HS002251

System Type: Standard

Situs: 13207 WEST O STREET

Issued: 7/6/2021

Expires: 7/6/2022

Description: S30, T10, R5, 6th Principal Meridian, LOT 26 NE

Owner: TRUHE, ROBERT & CHRISTINE &
PIENING, KENDRA & JONATHAN
305 SW 112 ST
LINCOLN, NE 68532

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Health Director

SCOTT MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: NS002251

Onsite Wastewater Treatment System

Inspection Sheet

Date 2/16/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13201 W "O" St City _____

Owner _____ Address _____

Mark One: ☑ Dwelling ☐ Non-dwelling

☑ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

☑ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1755 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☑ Other (describe) E-Z Flow

No. of Absorption Laterals 3 Width 4.5 Facter No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DI Date 2/16/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Corey Judd

Date 2/16/22

Id Note Drawing (See Reverse Side):

Updated 4/15

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

SCANNED

A

Permit Number
HS002251

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Site visits 2/16/22
Comments
Date rec'd 7/6/21
Date frwd 7/6/21
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 Doug Rhodes
Date 2/16/22

Business Office Use Only
Date Received 7/9/21 Amount Paid $440.00
Received By JAC Cash/Check No. cc 7194

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

Form A Updated 1

* Existing home

2/16/22

2,000

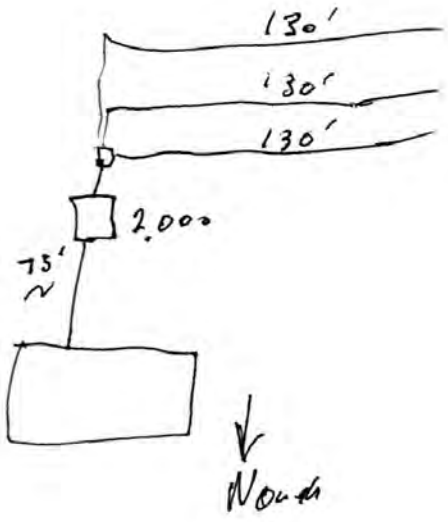
3 - 130 cable

= 1,750

tank 1,750

1,400 ft. needed

311 ft.



T10N R5E SEC 30 LOT 26
13207 W O ST
HS002251

SEPTIC