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

A

Permit Number
HS002273

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 17060 NW 12th (no rural route) City Davey, NE Zip 68336

Legal Description S 27 T 12 R 6 Brown Dog Prairie Addition, Outlot A
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 13-27-301-002-000

B. Owner

Name Kinning Design Build Signature

Address Karen Hasse & David Weber 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 33.22
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 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 9-10-21 Amount Paid $440.00
Received By JAD Cash/Check No. CC7194

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

Form A Updated 1-13

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. HS002273

System Type: Lagoon

Situs: No Site Address Specified

Issued: 8/10/2021

Expires: 8/10/2022

Description: BROWN DOG PRAIRIE ADDITION, OUTLOT A

Owner: HAASE, KAREN A & WEBER, DAVID A
ATTN: KAREN A HAASE - KSB
SCHOOL LAW PC LLO 301 S 13TH ST STE 210

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED
SCANNED

A

Permit Number
HS002273

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 17060 NW 12th (no rural route) City Davey, NE Zip 68336

Legal Description S 27 T 12 R 6 Brown Dog Prairie Addition, Dutton Addition, Block 4, Lot 1 as per contractor
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 13-27-301-002-000

B. Owner

Name Winning Design Build Signature

Address Karen Hasse & David Weber 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 33.22 MOL
Garbage Grinder? ☒ Yes ☒ No DS

☐ 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. 02-38

1. Health Department
Site visits 6/7/21
Comments
Date rec'd 8/10/21
Date frwd 8/10/21
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 Rugel
Date 6/10/21

Business Office Use Only
Date Received 9-10-21 Amount Paid $440.00
Received By JAD Cash/Check No. CC 7194

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

SCANNED

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 19060 NW 12th (no rural route) City Davey NE, Zip 68336

Owner _____ Address _____

Date of Tests 6-3 to 6-4 Weather: Precipitation NA Temperature 70's

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	6-3	18:00	6-4	15:00	6-4	15:00	6	6-4	15:30	30	3/4	45
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1	30
4	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Murray

Phone: 402-430-2946

Address Syracuse NE

Sum of Percolation Rates: 165

Average of Rates: 41.25

Rate Used for Calculation: 40-50 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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

Exhibit 5

Permit Number: HS002273

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/10/22 Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 17060 NW 12th 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 1,404 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 312' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 2 Width 4.5 factor No. of Drop Boxes _____ Distribution Box _____

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 _____ Date 6/7/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mull
Date 6/10/22

Field Note Drawing (See Reverse Side):

Updated 4/15