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

A

Permit Number
HSDD2297

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* 12550 NW 112th (no rural route) City Malcolm, NE Zip 68402

Legal Description 9 11 5 CS Everett 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0509301002000 *Approx. Address (If to be determined)

B. Owner

Name Tad Harden Signature

Address 5720 S. 50 ST City/State/Zip Lincoln, NE 68516

Home Phone 402-890-0508 Work Phone same

C. Certified Installer

Name: Justen Peterson Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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 23.40
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 4/15

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____ **Owner:** Harden Project

Township _____ Range _____ Address: 12550 NW 112

1/4 Section _____

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 9/11/21 to 9/12/21 **Weather:** Precip. Trace Temp. 80's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	9/11	11:00am	9/11	3:00pm	9/12	10:05am	6	10:35am	5	30	1
2	36	9/11	11:00am	9/11	3:00pm	9/12	10:05am	6	10:35am	5¼	30	¾
3	36	9/11	11:00am	9/11	3:00pm	9/12	10:05am	6	10:35am	5¼	30	¾

Sum of Water Level Drops (in.) [Column m]: 2.5

Average of Water Level Drops (in.) [Column m]: .83

~~Inches per Minute:~~ 36.14 MPI

PERSON CONDUCTING TEST:

Name: Justyn Peterson

Address: 322 238th

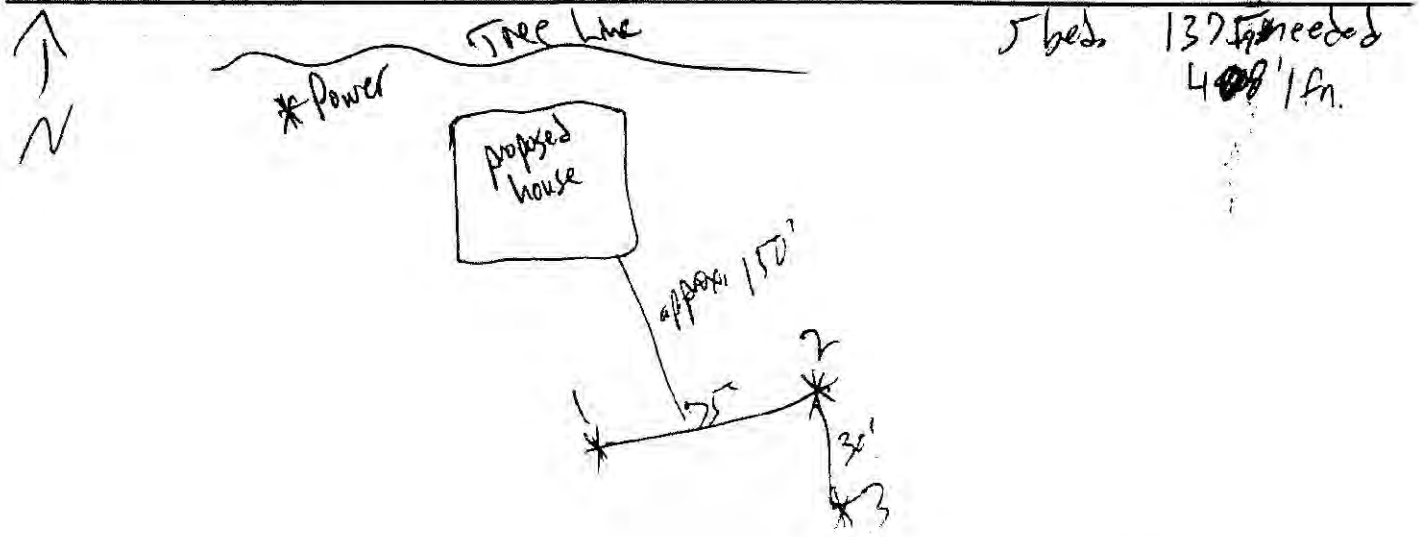
Milford, NE 68405

Phone: 402-641-6174

Signature: _____

Square Feet of Lateral per Bedroom: 275

SKETCH SHOWING HOLE LOCATION:



5 bed. 1375 sq ft needed

400' lin.

Officials Signature

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

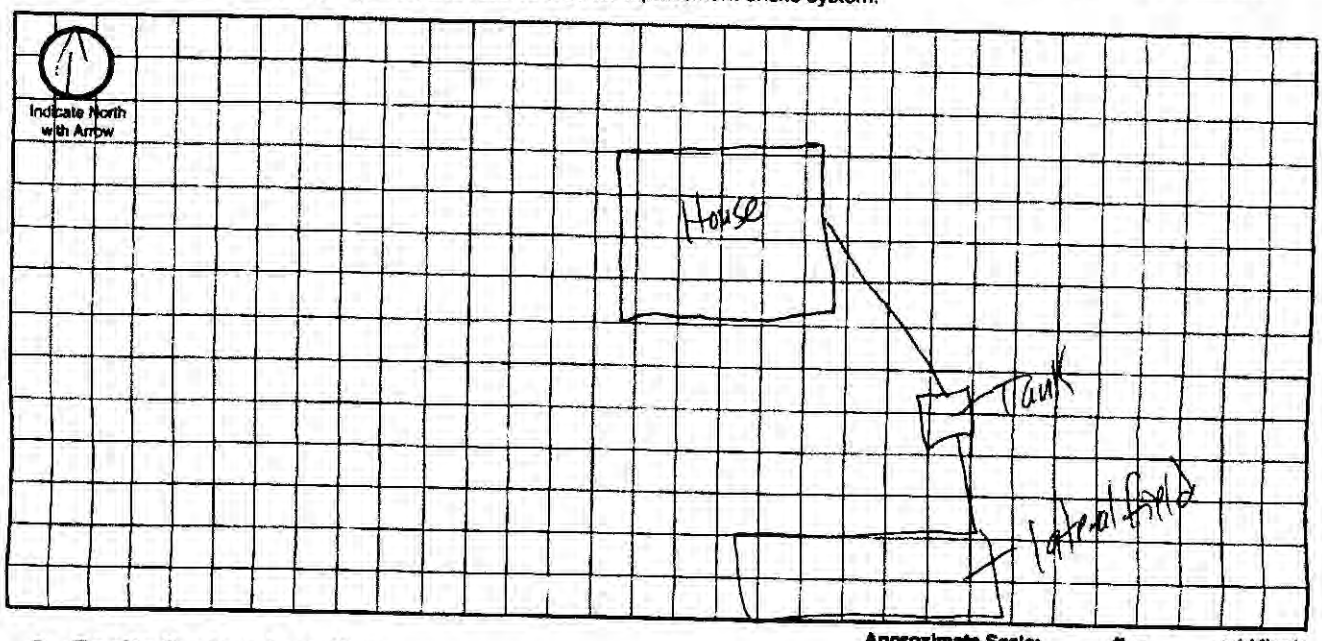
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

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) 12550 NW 112th City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 3&14 (min/inch = mpi) No. of Bedrooms 5 Soil Type Clay Loam Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1377 sq.ft.

Total length of laterals 4081 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 36 No. of drop boxes 0 Distrubtion Box 0

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 Signature

Home Building Contractor Mike Bush Date 10/5/21

Installer _____ Date 10/5/21

Onsite Form C 12_06

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. HS002297

System Type: Standard

Situs: No Site Address Specified

Issued: 10/6/2021

Expires: 10/6/2022

Description: CS EVERETT ADDITION, Lot 2

Owner: HARDEN, TAD B & VIFQUAIN,
CONNIE A KINGHAM
5720 S 50 ST
LINCOLN, NE 68516

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

TAD HARDEN
5720 S 50 ST
LINCOLN, NE 68516

SCANNED

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

A

Permit Number
HSDD2297

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)

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Name Ted Harden Signature

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Home Phone 402-890-0508 Work Phone same

C. Certified Installer

Name: Justyn Peterson Signature

Address P.O. Box 11 City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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 23.40

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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Comments
Date rec'd 10/5/21
Date frwd 10/5/21
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 Welding Approval
By
Date 4/12/22

Business Office Use Only
Date Received 10-6-21 Amount Paid 450
Received By LC Cash/Check No. CC8729

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

Form A Updated: 4/15

SOIL ABSORPTION TEST DATA REPORT

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

Owner: Harden Project
Address: 12550 NW 112

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 9/11/21 to 9/12/21. **Weather:** Precip. Trace Temp. 80's

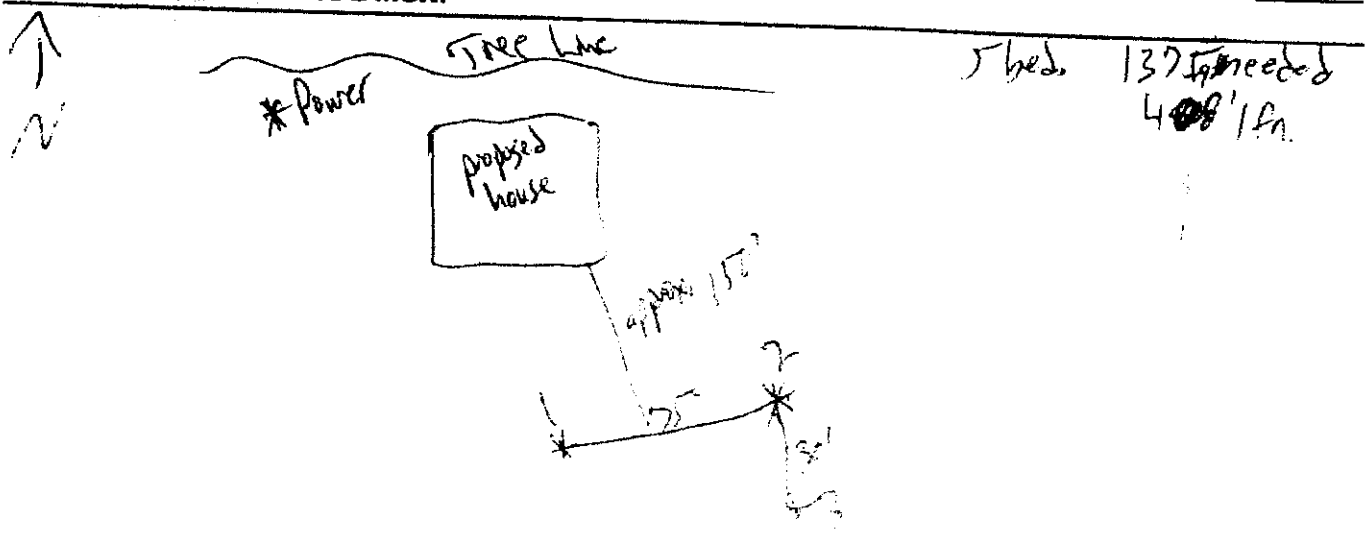
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)
1	36	9/11	11:00am	9/11	3:00pm	9/12	10:05am	6	10:35am	5	30	1
2	36	9/11	11:00am	9/11	3:00pm	9/12	10:05am	6	10:35am	5¼	30	¾
3	36	9/11	11:00am	9/11	3:00pm	9/12	10:05am	6	10:35am	5¼	30	¾

PERSON CONDUCTING TEST:
Name: Johnson Peterson
Address: 322 238th
Milford, NE 68405
Phone: 402-641-6174
Signature: _____

Sum of Water Level Drops (in.) [Column m]: 2.5
Average of Water Level Drops (in.) [Column m]: .83
Inches per Minute: 36.14 MI

SKETCH SHOWING HOLE LOCATION:

Square Feet of Lateral per Bedroom: 275

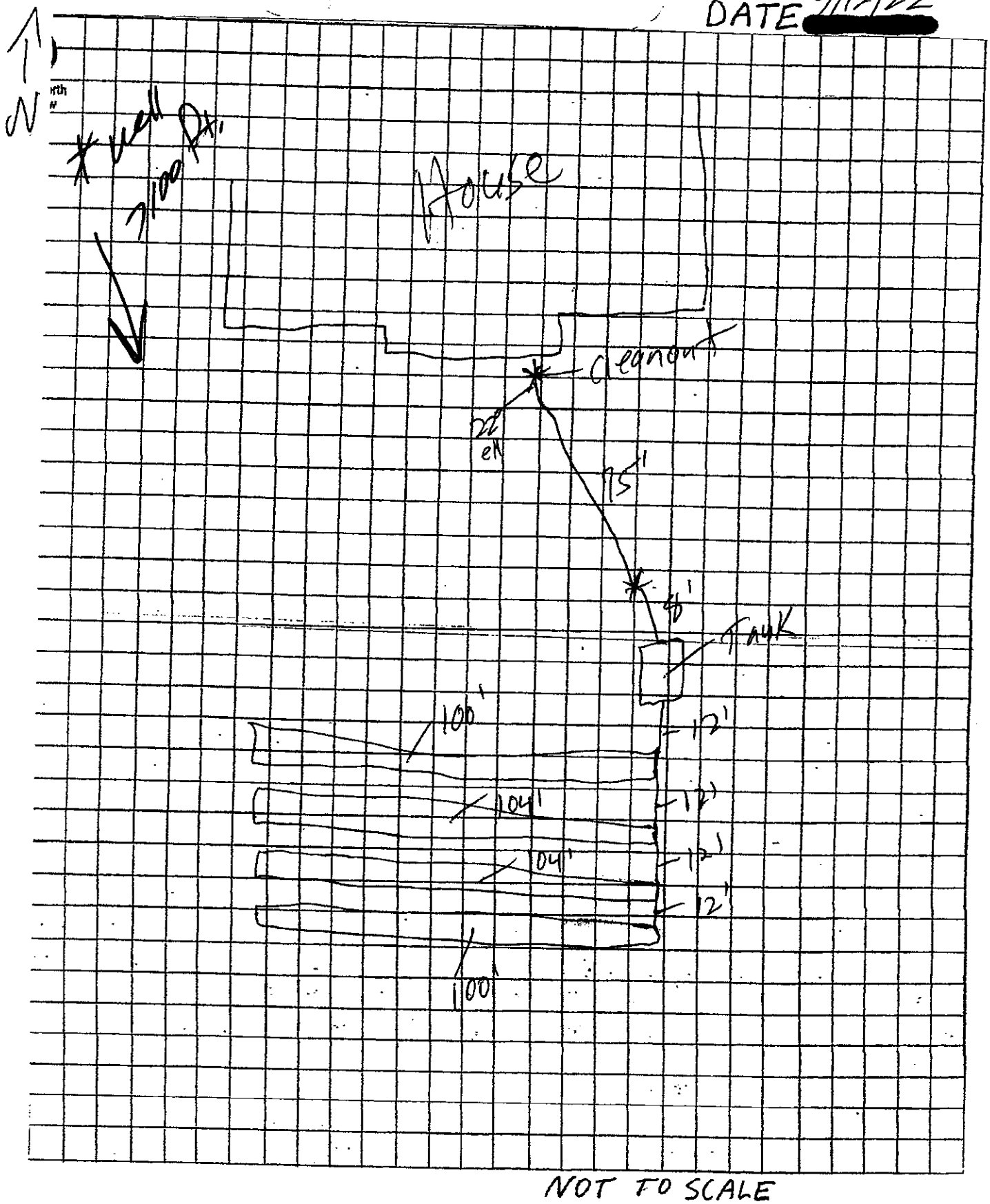


Official Signature

Owner
Harden

EARNEST WELL DRILLING INC.
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 4/12/22



NOT TO SCALE

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

D Exhibit 4

Permit Number:

Onsite Wastewater Treatment System
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) _____

Owner: Tad Harden Address 12550 NW 112th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 82 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 80 ft
   Property Line 100+ ft.
   Foundation 82 ft.

C Distribution Box or Drop Box NA

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 100 ft. ~~100~~ 104'
   ft. ~~100~~ 104' ft. 100
4. Drainfield size: 1377 ✓ sq. ft (1375 Req'd)
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   Depth of Groundwater 124'

NA ✓

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: 4/12/22

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