Oct. 1. 2021 4:16PM

RECEIVED 10/01/2021 04:17PM

No. 2060 P. 1

A

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

Permit Number
HS002298

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* 22600 NW 12th St. City Raymond, NE Zip 68428
(no rural route)

Legal Description Qtr. SW Sec 03 Town 12 Range 06 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID _____ *Approx. Address (if to be determined) _____

B. Owner

Name Travis Hartshorn Signature _____

Address 22600 NW 12th St. City/State/Zip Raymond NE 68428

Home Phone N/A Work Phone 402-499-0271

C. Certified Installer

Name: Scott Subbet Signature _____

Address 1012 County Rd M City/State/Zip Mead NE 68041

Work Phone 402 443 6541

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 3 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 23
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 _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date fwd _____ Signature _____
Comments _____

2. **Supt. Bldg. Insp. or Village Clerk**
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date fwd _____ Signature _____

3. **City or County Engineer**
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date fwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 10-6-21 Amount Paid 450.00
Received By LC Cash/Check No. CC11957

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 22600 NW 12th St (no rural route) City Raymond NE, Zip 68428

Owner Travis Hartshorn Address 22600 NW 12th St.

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)
								6					
								6					
								6					
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

_____

_____

_____

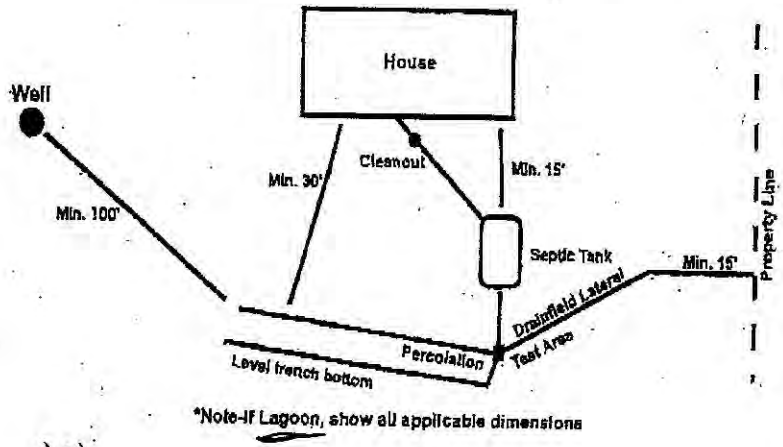
_____

Signature of Reviewing Official _____ Date _____

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)

C



*Note-If Lagoon, show all applicable dimensions

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. HS002298

System Type: Lagoon

Situs: No Site Address Specified

Issued: 10/6/2021

Expires: 10/6/2022

Description: S3, T12, R6, 6th Principal Meridian, LOT 4 SW

Owner: HARTSHORN, TRAVIS
22600 NW 13 ST
RAYMOND, NE 68428

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

TRAVIS HARTSHORN
22600 NW 12 ST
RAYMOND, NE 68428