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

A

Permit Number
HSDD 2303

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 copies 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 4025 NW 126th (no rural route) City Malcolm, NE Zip 68524

Legal Description 7 10 5 1 45
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-07-200-006-000

B. Owner

Name Jim Schrier Signature

Address City/State/Zip

Home Phone 402 432 8173 Work Phone

C. Certified Installer

Name: Steven C Lewis Signature

Address 3300 N 71st. St. City/State/Zip Lincoln NE 68507

Work Phone 402 432 1082

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres
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
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 10-12-21 Amount Paid 450.00
Received By LC Cash/Check No. CC5909

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 4025 NW 126th St. (no rural routes) City Malcom NE, Zip 68524

Owner Jim Schrier Address

Date of Tests 10-5 to 10-6 Weather: Precipitation Ø Temperature 72°

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		Initial Water Lev. (in.)	End		Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)			
1	36	10 5	1200	10 6	1200	10 6	1200	8	10 6	1230	30	1/2"	60
2								8				1"	30
3								8				1"	30
4								8				1"	30
								8					
								8					
								8					
								8					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address: Nebraska Septic, 3300 N. 71st Street, Lincoln, NE 68507

Sum of Percolation Rates: 150
Average of Rates: 30
Rate Used for Calculation: 30-40

Soil type (NRCS Maps/Other) Sandy loam on North part of property. Overflow into Silty Clay.
Groundwater Depth 710

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. HS002303

System Type: Standard

Situs: No Site Address Specified

Issued: 10/12/2021

Expires: 10/12/2022

Description: S7, T10, R5, 6th Principal Meridian, LOT 45 NE

Owner: SCHRIER, PATRICIA L TRUST
1721 FAIRFIELD ST
LINCOLN, NE 68521

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

STEVEN C LEWIS
3300 N 71 ST
LINCOLN, NE 68507

SCANNED

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

A

Permit Number
HSDD 2303

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

2 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 4025 NW 126th (no rural route) City Malcolm, NE Zip 68524

Legal Description 7 10 5 T 45
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-07-200-006-000

B. Owner

Name Jim Schrier Signature

Address City/State/Zip

Home Phone 402 432 8173 Work Phone

C. Certified Installer

Name: Steven C Lewis Signature

Address 3300 N 71st. St. City/State/Zip Lincoln NE, 68507

Work Phone 402 432 1082

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 2 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 7.53
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 11/9/21 Date rec'd 10/12/21 Date frwd 10/12/21
ACTION ☑ Approved ☐ Disapproved Signature
Comments

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 11/16/21

Business Office Use Only
Date Received 10-12-21 Amount Paid 450.00
Received By LC Cash/Check No. CC 5909

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: HS002703

Onsite Wastewater Treatment System

Inspection Sheet

08

Date 11/16/21 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4025 NW 126th 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 945 Sq. Ft. Tank Size 1500 gals

Total length of laterals 210' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 9 Width 4.5 factor No. of Drop Boxes ____ Distribution Box X

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 DS Date 11/8/21

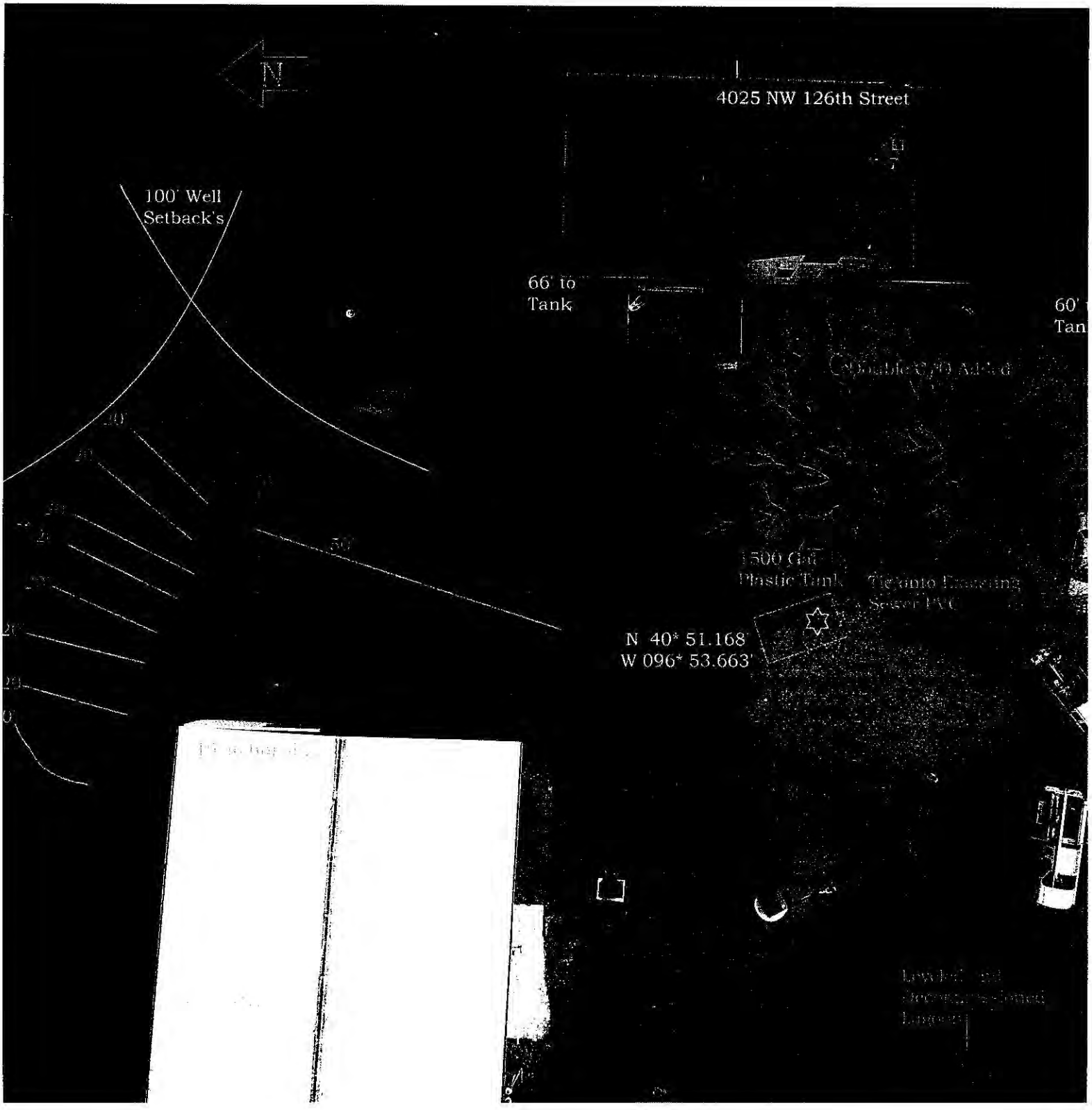
Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Shanks

Date 11/16/21

Field Note Drawing (See Reverse Side):


N
4025 NW 126th Street
100' Well
Setback's
66' to
Tank
60'
Tan
1500 Gal
Plastic Tank
N 40* 51.168'
W 096* 53.663'

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: HS002303

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) 04-07-200-006-000

Owner: Jim Schrier Address 4025 NW 126th St. Malcolm NE

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 48 ft.

B. Septic Tank

1. Material Poly
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well >100 ft.
   Pressure line NA ft
   Property Line 150 ft.
   Foundation 41 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 130 ft. N

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ Flow laterals
2. Number of Laterals: 9
3. Length of each lateral (linear): ft. 50 ft 8x20 ft. ____ ft. ____
4. Drainfield size: 945 sq. ft.
5. Distance to:
   Well 107 ft.
   Pressure line NA ft.
   Property line 3 ft.
   Depth of Groundwater 210

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: 1/10/21

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

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 4025 NW 126th St (no rural route) City Malcolm NE, Zip 68524

Owner Jim Schrier Address

Date of Tests 10-5 to 10-6 Weather: Precipitation Ø Temperature 72°

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1	36	10/5	12/00	10/6	12/00	10/6	12/00	8	10/6	12/30	30	1	30
2	"	"	"	"	"	"	"	8	"	"	"	1	30
3	"	"	"	"	"	"	"	8	"	"	"	1	30
								8					
								8					
								8					
								8					
								8					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address: Nebraska Septic, 3300 N. 71st Street, Lincoln, NE 68507

Sum of Percolation Rates: 90
Average of Rates: 30
Rate Used for Calculation: 20-30

Soil type (NRCS Maps/Other) Sandy loam
Groundwater Depth > 10'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Nate C. Hartman

From: Todd A. Stutzman
Sent: Tuesday, October 12, 2021 2:53 PM
To: Nate C. Hartman
Subject: Buildable lots

Nate,

4510 NW 84th St located in S11, T10, R5 lot 31 NW, is buildable.

3640 W Branched Oak Rd located in S29, T12, R6 lot 30 SW, is buildable.

Todd Stutzman
Plans Examiner II
402-441-7097
tstutzman@lincoln.ne.gov

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