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

A

Permit Number
HS002325

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

Legal Description 15 8 7 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15154020020000 *Approx. Address (If to be determined) _____

B. Owner

Name 51 Holdings LLC Signature _____
Address 7345 Dempster Dr City/State/Zip Lincoln, Ne 68516
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Trevor McDonald Signature Trevor McDonald
Address 2234 Holdrege St City/State/Zip Lincoln, NE 68503
Work Phone 402-770-9397

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 3
Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 450

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 11-5-21 Amount Paid 450.00
Received By FC Cash/Check No. 1545

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

LANCASTER COUNTY ASSESSOR / REGISTER OF DEEDS

QuickRef ID	Owner	Property Address	2021 Assessed Value
R407231	51 HOLDINGS LLC	-	$120,000

2021 GENERAL INFORMATION

Property Status	A-Active
Property Type	Real Property
Property Class	Residential Unimproved
Zoning	AGR - AGR-Agricultural Residential District
Legal Description	SOUTH RIDGE ACRES ADDITION, BLOCK 2, Lot 2
Neighborhood	South Ridge Acres
Property ID	1S-15-402-002-000
Taxing Unit Group	0068

2021 VALUE INFORMATION

Total Non-Ag Assessed	$120,000
Total Ag Sp Assessed	$0

2021 OWNER INFORMATION

Owner Name	51 HOLDINGS LLC
Mailing Address	7345 DEMPSTER DR LINCOLN, NE 68516
Exemptions	-
Percent Ownership	100%

MARKET LAND SEGMENTS

LAND TYPE	ZONING	METHOD	ACRES	SQFT	LAND VALUE
RHS-Home Site	-	Site Method of Valuation	3	-	$120,000

ASSESSED VALUE HISTORY

YEAR	LAND	BUILDING	TOTAL
2020	$12,700	$0	$12,700
2019	$13,700	$0	$13,700
2018	$15,200	$0	$15,200
2017	$16,900	$0	$16,900

SALES HISTORY

SALE DATE	SELLER	BUYER	INSTR #	Sale Price
3/15/2021	BAADE PROPERTY LLC	51 HOLDINGS LLC	2021016668	$102,500

DISCLAIMER

TO ACCESS the ASSESSOR/REGISTER of DEEDS GENERAL INFORMATION PAGE, click on the Lancaster County logo. DISCLAIMER Every effort has been made to offer the most current and correct information possible on these pages. The information included on these pages has been compiled by County staff from a variety of sources, and is subject to change without notice. The County Assessor makes no warranties or representations whatsoever regarding the quality, content, completeness, accuracy or adequacy of such information and data. The County Assessor reserves the right to make changes at any time without notice. By using this application, you assume all risks arising out of or associated with access to these pages, including but not limited to risks of damage to your computer, peripherals, software and data from any virus, software, file or other cause associated with access to this application. The County Assessor shall not be liable for any damages whatsoever arising out of any cause relating to use of this application, including but not limited to mistakes, omissions, deletions, errors, or defects in any information contained in these pages, or any failure to receive or delay in receiving information.

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. HS002325

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/9/2021

Expires: 11/9/2022

Description: SOUTH RIDGE ACRES ADDITION, BLOCK 2, Lot 2

Owner: 51 HOLDINGS LLC
7345 DEMPSTER DR
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

TREVOR MCDONALD
2234 HOLDREGE ST
LINCOLN, NE 68503

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

SCANNED

A

Permit Number
HS002325

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* 7821 Arthur Dr City _____, NE Zip _____
(no rural route)

Legal Description 15 8 7 South Ridge Acres 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15154020002000 *Approx. Address (If to be determined) _____

B. Owner

Name SI Holdings LLC Signature _____
Address 7345 Dempster Dr City/State/Zip Lincoln, Ne 68516
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Trevor McDonald Signature Trevor McDonald
Address 2234 Holdrege St City/State/Zip Lincoln, NE 68503
Work Phone 402-770-9397

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 per contract 10/10/22 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.35
Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 450
Type of Wastewater ☑ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits _____
Comments _____
Date rec'd 11/9/21
Date frwd 11/9/21
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 _____
Date 10/10/22

Tried calling Mr. Bell, VM is full

Business Office Use Only
Date Received 11-5-21 Amount Paid 450.00
Received By EC Cash/Check No. 1545

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

Form A Updated: 4/15

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) 7821 ARTHER DR.

Owner: TRUE NORTH HOMES Address

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 165 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1500 gal ✓
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well NA ft.
   Pressure line 150 ft
   Property Line 60 ft.
   Foundation 65 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 50 ft. S

D. Drainfield/Absorption Field

☐ Trench ☒ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ-Flow
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 110 ft. 110 ft. 100 ft.
4. Drainfield size: 1440 sq. ft. (1400 sq ft)
5. Distance to:
   Well NA ft.
   Pressure line 250 ft.
   Property line 40 ft.
   Depth of Groundwater. 12+

NA

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

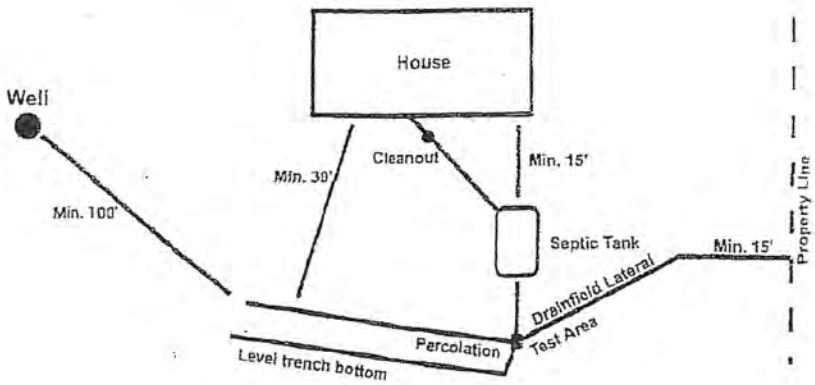
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jason Mundy Date: 10-10-2012

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

Indicate North
w/ Arrow Here:

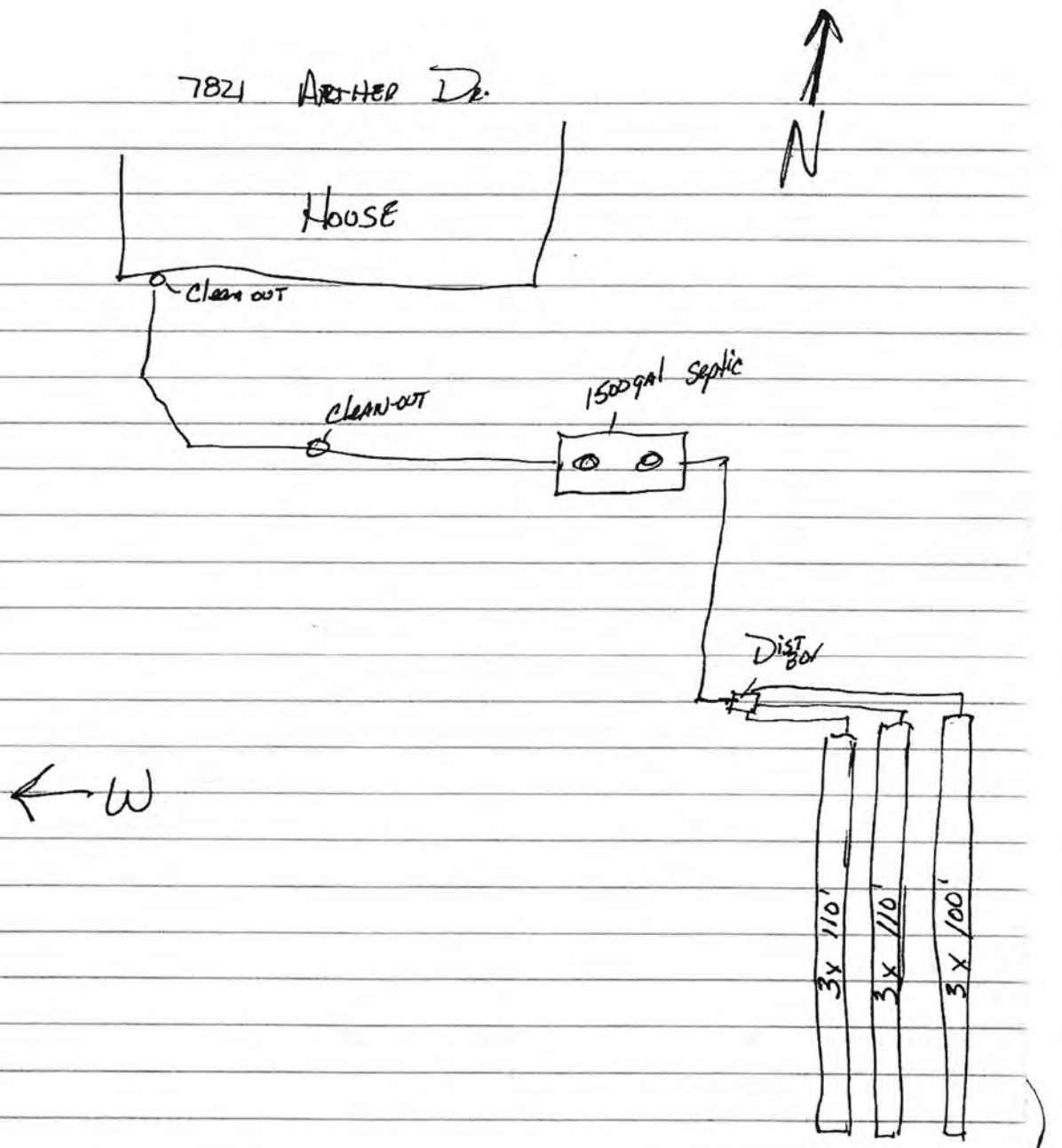
Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

House
clean out
clean out
1500 gal
Dist Box
110' x 3
110' x 3
100' x 3

7821 ARCHER Dr.



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 7821 Aether Dr (no rural route) City Rock NE, Zip

Owner Jane North Homes Address

Date of Tests 7-22 to 7-23 Weather: Precipitation N/A Temperature 90'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		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	7-22	17:00	7-23	9:00	7-23	9:00	6	7-23	9:30	30	5/8	53
2								6				5/8	53
3								6				3/4	45
4								6				5/8	53
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mueller

Phone: 402-430-2946

Address Syracuse NE

Sum of Percolation Rates: 204

Average of Rates: 51

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