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

REC'D NOV 18 2021

A

Permit Number HS002333

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* 3737 Little Salt Rd (no rural route) City Ceresco, NE Zip 68017

Legal Description 07 12 07

1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 190720100 1000 *Approx. Address (If to be determined)

B. Owner

Name Jeff Norris Signature

Address 4119 N 18 St City/State/Zip Lincoln, NE 68521

Home Phone Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek

Address 11185 E State Hwy 41 City/State/Zip Adams, NE 68301

Work Phone 402-988-8425

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 5.19

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 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 Amount Paid

Received By Cash/Check No.

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

Form A Updated: 4/15

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. HS002333

System Type: Lagoon

Situs: 3737 LITTLE SALT RD

Issued: 11/22/2021

Expires: 11/22/2022

Description: OLSON ADDITION, Lot 1

Owner: NORRIS, JEFFREY & BROOKLEY
4119 N 18 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

JEFF NORRIS
4119 N 18TH ST
LINCOLN, NE 68521

SCANNED

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

REC'D NOV 18 2021

A

Permit Number HS002333

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* 3737 Little Salt Rd City Ceresco NE Zip 68017
(no rural route)

Legal Description 07 12 07 Dean Add Lot 1 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 1907201001006 *Approx. Address (If to be determined)

B. Owner

Name Jeff Norris Signature

Address 4119 N 18 St City/State/Zip Lincoln, NE 68521

Home Phone Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek

Address 11185 E State Hwy 41 City/State/Zip Adams, NE 68301

Work Phone 402-988-8425

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 5.19
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
Comments
Date rec'd 11/22/21
Date frwd 11/22/21
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 5/12/22

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

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 3737 Little Salt Rd (no rural route) City Ceresco NE Zip 68017

Owner Jeff Norris Address 4119 N 18th St

Date of Tests 12-3-21 to 12-4-21 Weather: Precipitation 0" Temperature 50°

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"	12-3	4pm	12-4	8:30am	12-4	8:30 am	6	12-4	9am	30	5/8"	48 mpi
2	"	"	"	"	"	"	8:30	6	"	9:00	30	1/2"	60 mpi
3	"	"	"	"	"	"	8:31	6	"	9:01	30	5/8"	48 mpi
4	"	"	"	"	"	"	8:31	6	"	9:01	30	5/8"	48 mpi
5	"	"	"	"	"	"	8:32	6	"	9:02	30	1/2"	60 mpi
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-988-8425
Address 11185 E State Hwy 41

Sum of Percolation Rates: 264
Average of Rates: 52.8 mpi
Rate Used for Calculation: 51-60 mpi

Soil type (NRCS Maps/Other)
Groundwater Depth 9'+

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
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS002333

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/13/22 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3737 Cattle Scott 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 1755 Sq. ft. 750 Reg'd Tank Size 2000 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) 22-1 Flow

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 2 Distribution Box 0

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_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial NH Date 5/12/22

Follow-Up_____ Date _____

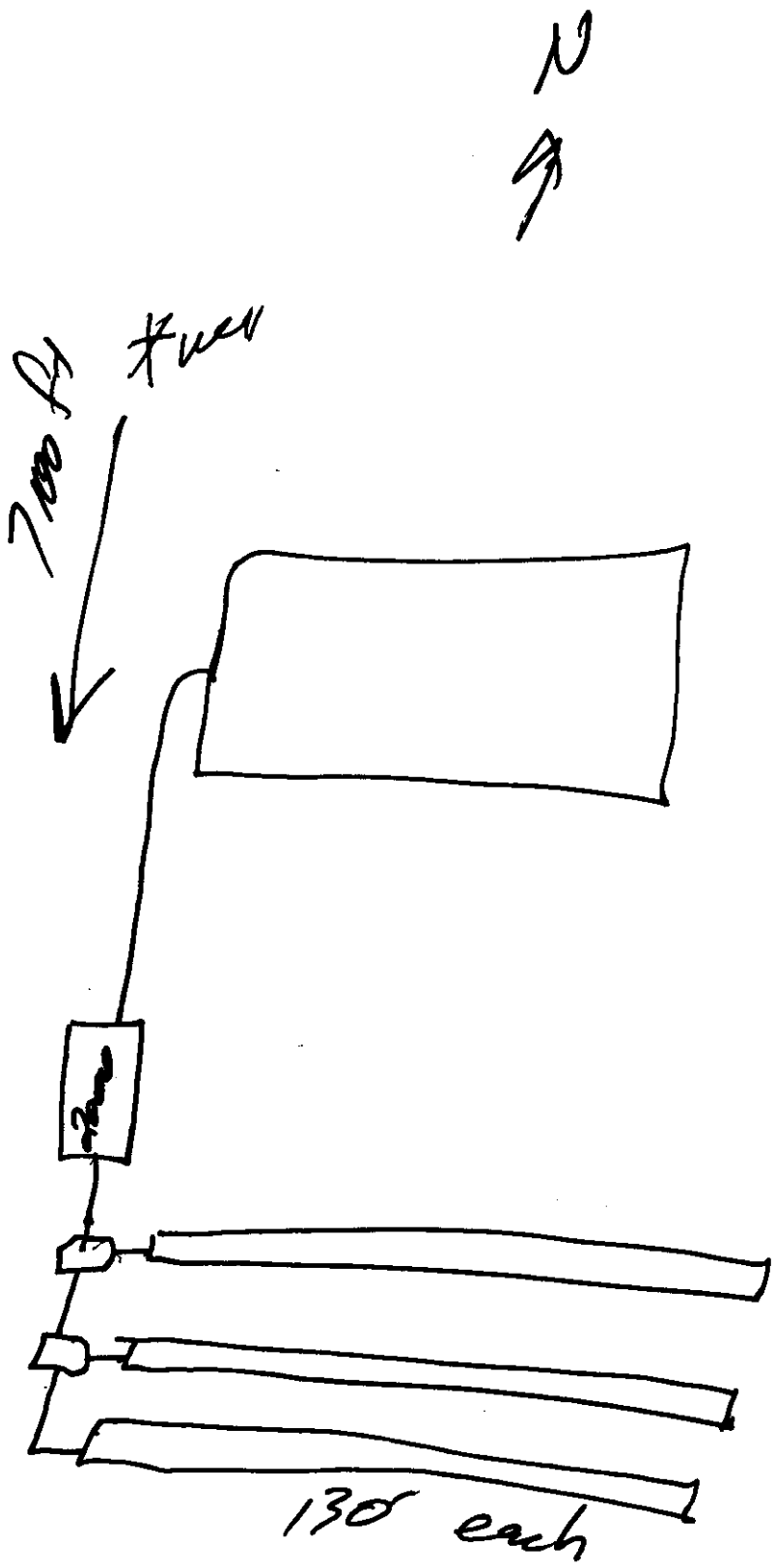
Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 5/13/22

Field Note Drawing (See Reverse Side):

Updated 5/18


N
700 ft river
130' each

12-7-7

Lots 4 + 7

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

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) 3737 Little Salt Rd Ceresco, NE 68017

Owner: Murray Custom Homes Address 1631 Cushman DR Ste 2 Lincoln, NE 68512

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 65 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 180 ft.
   Pressure line 75 ft
   Property Line 350 ft.
   Foundation 60' ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 5 ft. South

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other EZ-Flow

   Material brand and inside width of Chamberless:
   JetHector EZ-Flow 36"
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 130 ft. 130 ft. 130 ft. _____
4. Drainfield size: 1755 sq. ft.
5. Distance to:
   Well 195' ft.
   Pressure line 90 ft.
   Property line 75' ft.
   Depth of Groundwater 110'

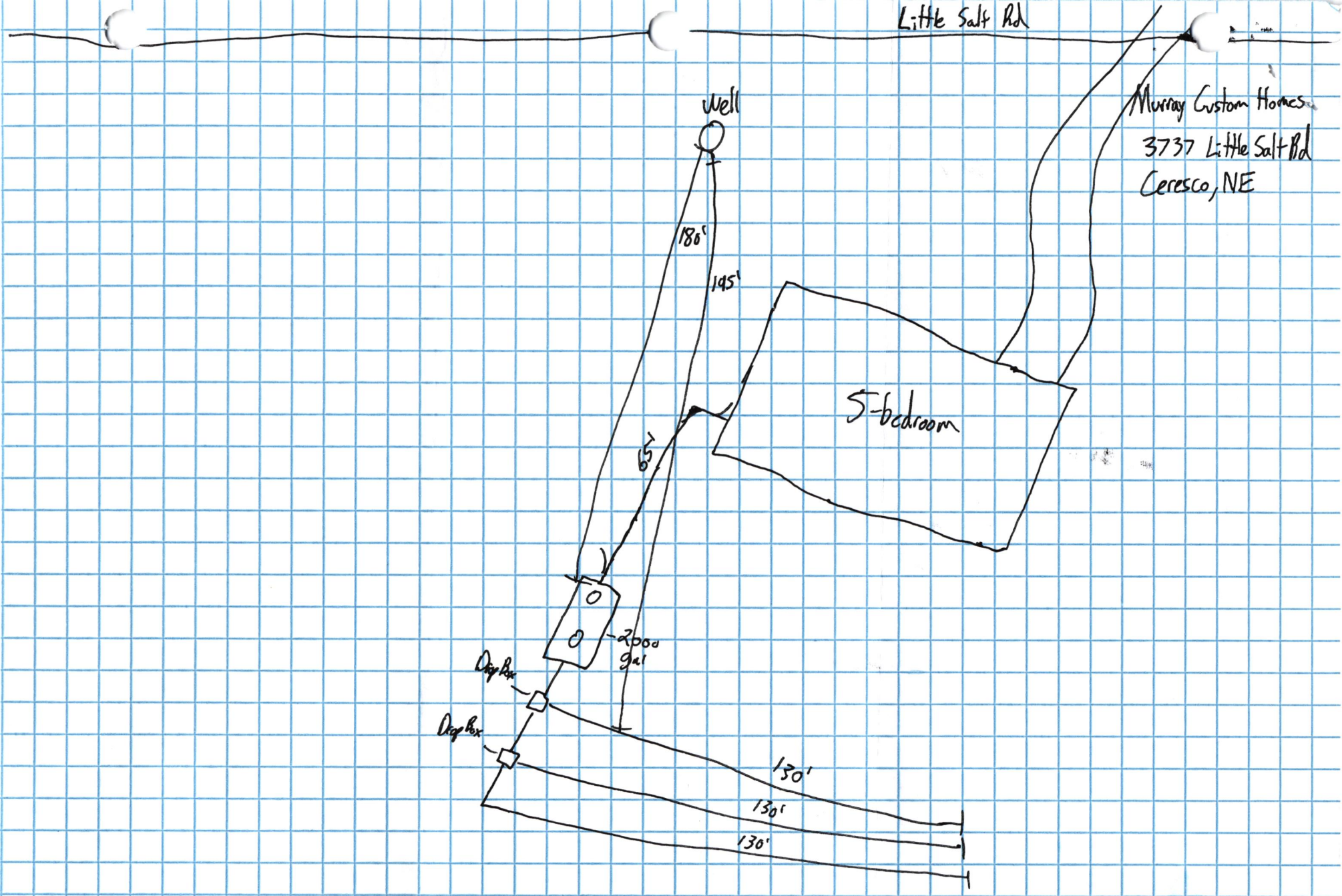
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: [signature] Date: 5-26-22

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


Little Salt Rd
Well
Murray Custom Homes
3737 Little Salt Rd
Ceresco, NE
180'
195'
5-bedroom
65'
2000 gal
Drop Box
Drop Box
130'
130'
130'