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

A

Permit Number
HS002363

Onsite Wastewater Treatment System Permit Application

☒ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 8155 NW 84th City Malcolm NE Zip 68402
(no rural route)

Legal Description 27 11 North 6 East 6th Principal 47
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID *Approx. Address (If to be determined)

B. Owner

Name Roger & Aylssa Cattle Signature Alyssa Cattle

Address 8155 NW 84th Malcolm NE City/State/Zip Malcolm, NE 68402

Home Phone 402-641-5493 Work Phone

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature

Address P.O. Box 14 City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

D. Engineer ☐ Check and complete if engineer designed system

Designer Name Firm P.E. License Number: Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

☐ Commercial Establishment/Other Facility Specify Garbage Grinder? ☐ Yes ☐ No

Type of Wastewater ☒ Domestic ☐ Non-Domestic Design flow in gallons per day 600

DO NOT WRITE BELOW THIS LINE

pproval Process

Health Department
ite visits
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature
omments

Supt. Bldg. Insp. or Village Clerk
omments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

City or County Engineer
mments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

tallation Final Written Approval

e

Business Office Use Only
Date Received 2-24-22 Amount Paid 450.00
Received By LC Cash/Check No. CC 7472

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

Form A Updated: 4/15

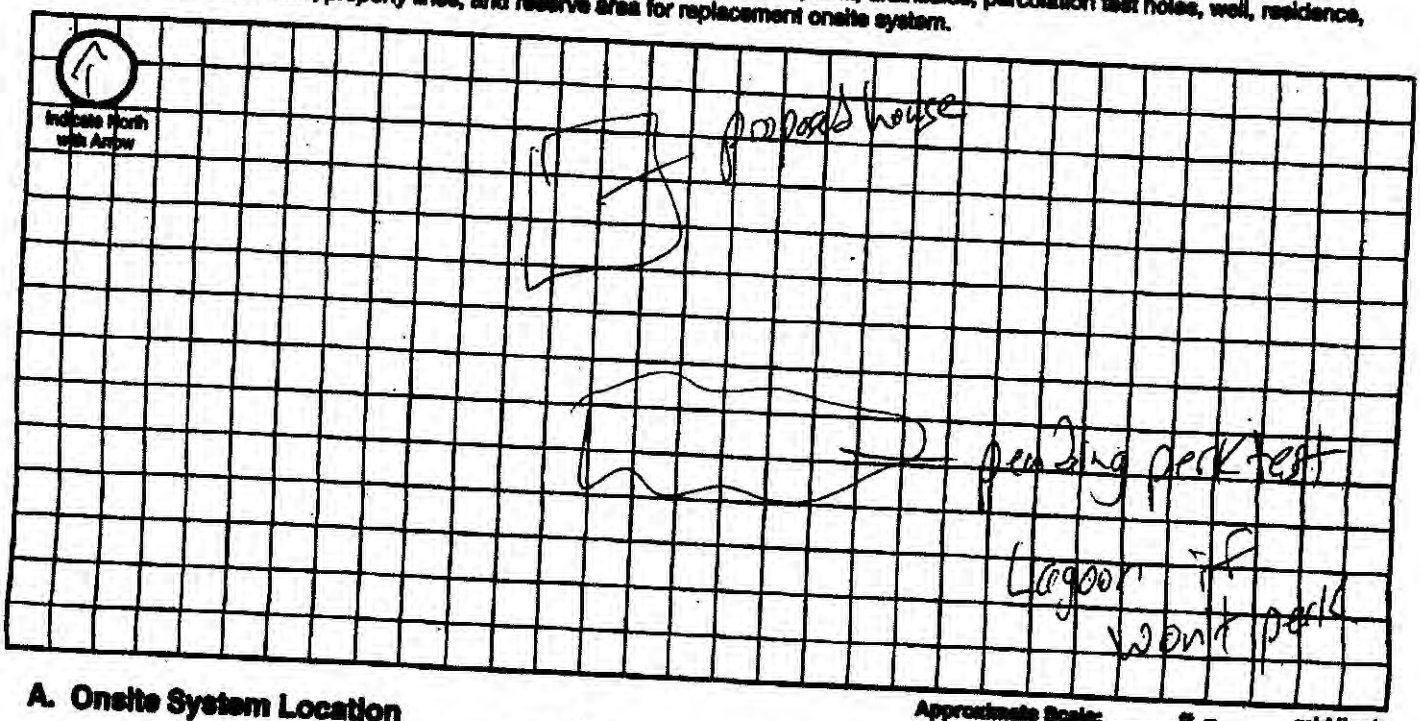
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 lines

A. Onsite System Location

Address (no rural route) 8155 NW 84th 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_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type pending Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubition Box_____

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 Signatures

Home Building Contractor _____ Date 1-28-22

Installer _____ Date 1/27/22

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. HS002363

System Type: Lagoon

Situs: No Site Address Specified

Issued: 2/24/2022

Expires: 2/24/2023

Description: S27, T11, R5, 6th Principal Meridian, LOT 48 SE

Owner: CATTLE, ALYSSA A REVOCABLE TRUST
1649 LA PLATA CT
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

EARNEST WELL DRILLING INC.
JUSTYN PETERSON
P O BOX H
MILFORD, NE 68405

SCANNED

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

A

Permit Number HS002363

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

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Address* 8155 NW 84th City Malcolm, NE Zip 68402
(no rural route)

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Name Roger & Aylssa Cattle Signature Alyssa Cattle

Address 8155 NW 84th Malcolm NE City/State/Zip Malcolm, NE 68402

Home Phone 402-641-5493 Work Phone _____

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature _____

Address P.O. Box 14 City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

D. Engineer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ P.E. License Number: _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 20.01
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

pproval Process

Health Department
te visits _____
omments _____
Date rec'd 2/24/22
Date frwd 2/24/22
ACTION ☒ Approved ☐ Disapproved
Signature _____

Supt. Bldg. Insp. or Village Clerk
mments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

City or County Engineer
mments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

tallation Final Written Approval
e 11/8/22

Business Office Use Only
Date Received 2-24-22 Amount Paid 450.00
Received By LC Cash/Check No. CC 7422

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) 8155 NW 84th Street

Owner: Roger Cattle Address

A. Wastewater Piping

1. Material: PVC Diameter: 4 in
2. Distance between dwelling and septic tank: 240 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft
   Property Line 100+ ft.
   Foundation 100+ 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: ARC36 29"
2. Number of Laterals: 485'
3. Length of each lataral (linear): ft. 125' ft. 120' ft. 120' ft 120'
4. Drainfield size: 1758.13 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   Depth of Groundwater 56

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.

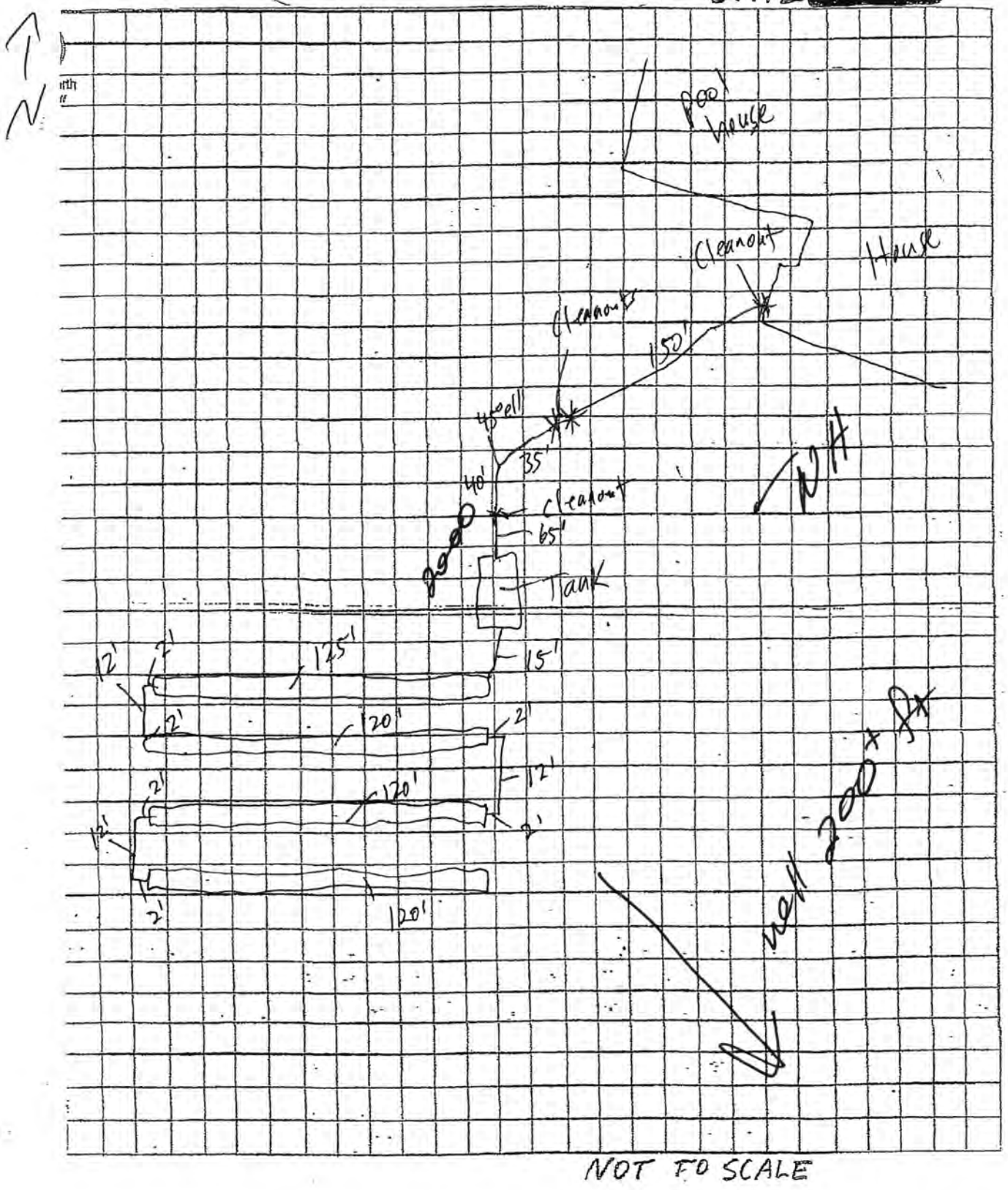
Certified Professional Signature: _____ Date: 11/4/22

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

Owner
Roger Cattle

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

DATE 11/4/22



SOIL ABSORPTION TEST DATA REPORT

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

Owner: Tru-Built Cattle Project
Address: NW 84th

Property Dimensions: _____ acres

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

Dates of Tests: 5/21/22 to 5/22/22. **Weather:** Precip. Ø Temp. 60's

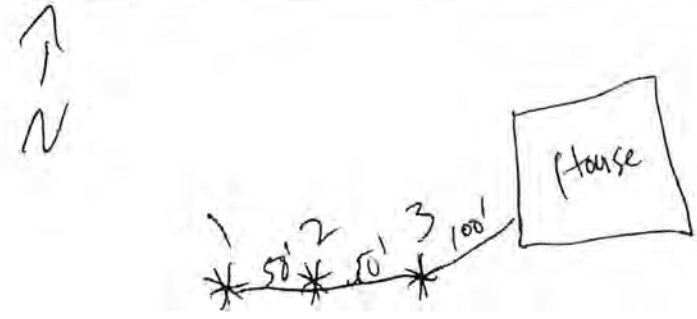
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start		End				Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	5/21	11:15am	5/21	3:15pm	5/22	9:30am	6	10:00am	5½	30	½
2	36	5/21	11:15am	5/21	3:15pm	5/22	9:30am	6	10:00am	5¼	30	¾
3	36	5/21	11:15am	5/21	3:15pm	5/22	9:30am	6	10:00am	5½	30	½

Sum of Water Level Drops (in.) [Column m]: 1.75
Average of Water Level Drops (in.) [Column m]: .58
~~Inches per Minute:~~ 57.72 MPI

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

Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



_____
Official's Signature

STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES
WATER WELL REGISTRATION

Fee Paid	$70.00	DNR Cash Fund	$18.50		
HHSS Fee	$30.00	HHSS-DNR Cash Fun	$0.00		
Get Billing#	8219				

FOR DEPARTMENT USE ONLY

NOL ID	10971585541462	NOL Status	Accepted	Well Status	I	Registration Code	G-130176
Owner ID	41587	NOL Date	10/08/2004	Call Up Code		Registration Date	10/08/2004
Seq Num	162467			Call Up Date			

Add / Print

10082004 - 162467 -WWRF

1a Owner's Name: Dick Beckler
b Company Name:
c Correspondent Name: Attention Name:
Address: 122 South 4th
City: Seward State: NE Zip Code: 68434 - Phone: -

2a HHSS Contractor Lic ID: 165547 Contractor's Name: Ben Earnest III
Contractor's License No: 39051 Contractor's Email Address: earnestwell@netscape.net
b Drilling Firm Name: Earnest Well Drilling Inc.
Address: P.O. Box H
City: Milford State: NE Zip Code: 68405 Phone: 402 - 475-3276
Drilling Firms Email Address: earnestwell@netscape.net

3a Well Location: SWNE of Section 27 Township 11 North, Range 5 E (E/W), Lancaster County
b Natural Resource District: Lower Platte South
c The well is 1946 feet from the N (N/S) section line and 2123 feet from the E (E/W) section line
GPS: or Latitude: 40 53' 44.90" Longitude: -096 50' 31.20"
d Street address or block, lot and subdivision, if applicable: same Block No: Lot:
e Location of water use, if applicable (give legal descriptions): same
f If for irrigation, the land to be irrigated is: Acres
g Well Reference letter(s), if applicable:

4 Permits

Permits	Permits Number	Date	Permits	Permits Number	Date
Management Area Permit			Transfer Out-Of-State		
Surface Water			Well Spacing		
Geothermal			Conduct Water		
Industrial			Municipal		
Industrial Transfer Notice			Other		

5 Purpose of Well: Domestic Other:
Notes:

6 Wells in a Series
a Is this well a part of a series? ☐
b If one or more of the wells in the series is currently registered, give the well registration number:
c How many wells in the series are you registering at this time?

7 Replacement and abandoned well information Replacement Number:
a Is this well a replacement well? ☐
b Registration number of abandoned well:
If not registered, date abandoned well was constructed:
c Replacement well is feet from abandoned well.
d Abandoned well last operated:

e Original well pump column size: [ ] inches. f Completion of original well abandonment on [ ]

g Location of water use of abandoned well [ ]

8 Pump Information

a Is pump installed at this time? ☐

Is pump installed by well owner in section 1? ☐ Is pump installed by contractor in section 2? ☐

Else installed by pump installer.

b HHSS Installer's License ID. [ ]

Pump Installer's License No. [ ] Pump Installer's Name [ ]

Pump Installer's Email Address [ ]

Pump Installer's Firm Name [ ]

Pump Installer's Firm Address [ ]

City: [ ] State [ ] Zip Code [-0000] Phone [ ] - [ ]

Pump Installer's Firm Email Address [ ]

c Pumping Rate [ ] gallons per minute [ ] measured or estimated

d Drop pipe diameter [ ] inches e Length of drop pipe [ ] feet.

f Pumping equipment installed [ ] / [ ] / [ ] g Pump Brand [ ]

h This well will be used to pump less than 50 gpm ☑

9 Well Construction Information

a Total well depth [181 .] feet. b Static Water Level [56 .] feet.

c Pumping Water Level [80 .] feet. d Well construction began: [10] / [01] / [2004]

e Well construction completed: [10] / [01] / [2004] f Bore hole diameter in inches. Top [9 .] Bottom [9 .]

g Casing and Screen Joints [Glued] Other [ ]

10 Well Construction (Casing and Screen)

From Depth	To Depth	Inside Diam	Outside Diam	Thickness	Screen Slot Size	Material	Trade name	Ca
0	16	4	4.5	.214		PVC	PW Pipe	
16	176	4	4.5	.173		PVC	PW Pipe	
176	181	4	4.5	.237	.025	PVC	Monoflex	

11 Well Construction (Grout and Gravel)

NOI ID	From Depth	To Depth	Material	
109715855414	0	170	Ben Seal Easy Mud Grout	1
109715855414	170	181	Course #1 Sand Pack	2

12 Geolog Material Logged

NOI ID	From Depth	To Depth	Description
109715855414	0	1	Top Soil
109715855414	1	41	Brown Clay
109715855414	41	78	Blue Clay
109715855414	78	90	Fine Sand
109715855414	90	150	Blue Clay
109715855414	150	155	Black Clay
109715855414	155	176	Gray Clay
109715855414	176	186	Green Sand (med to course)
109715855414	186	187	Gray Clay