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

A

Permit Number: HS002374

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 5501 Bridle Ln (no rural route) City Lincoln NE, Zip _____

Legal Description _____ 20 (1/4) 9 (1/4) 7 (Section) Country Acres South (Township) Addition (Range) 2 (Subdivision) 1 (Block) (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address PID 1620411001000

B. Owner

Name Jeff Fuller Signature _____

Address 5501 Bridle Ln City/State/Zip Lincoln NE

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Kelly Wolinski Company Name Wellmann Plbg

Address 2130 S 6th City/State/Zip Lincoln NE

☐ Check if contractor designed system Work Phone 402-434-2400

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub 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

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** — Existing legal lot and existing dwelling
   Date rec'd 3/15/22 ACTION ☒ Approved ☐ Disapproved
   Date frwd _____ Signature Darcy Arnold
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd No review required ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
3. **City or County Engineer**
   Date rec'd No review required ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____

Installation Final Written Approval

By _____

Date _____

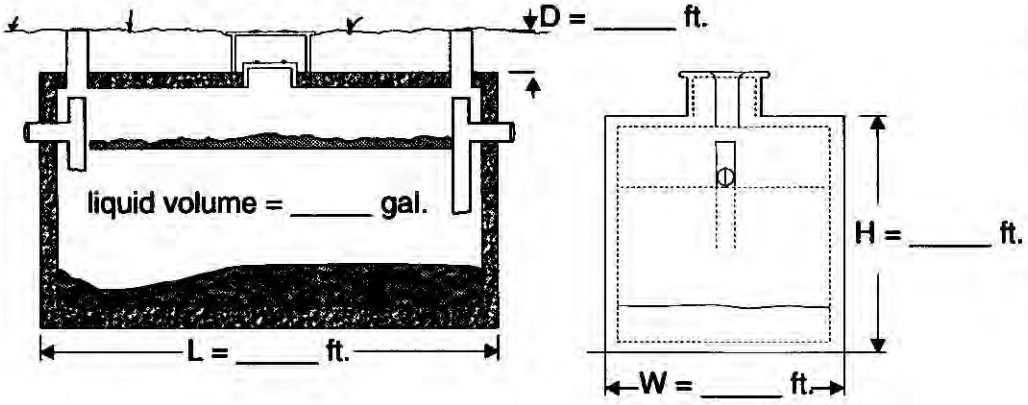
Business Office Use Only
Date Rec'd 3-16-22
Amt Paid _____
Rec'd By _____ Cash/Check No. _____

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

KEY

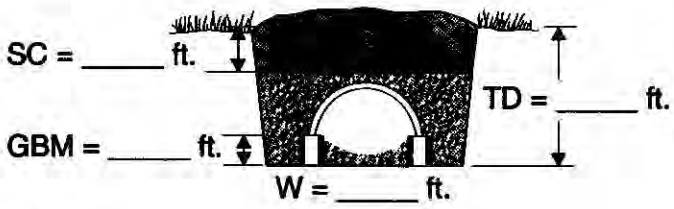
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS



G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

5511 Bridle Lane

5501

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 12/5 to 12/6. Weather: Cloudy Precip. — Temp. 25°.

OWNER: John Wissing
Address: 3731 Faulkner c/o Kathy McKillip

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	18"	12/5	1:00pm	12/5	5:00pm	12/6	11:00am	6"	12:00pm	4 7/8	1 hr	1 1/8	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Soil Service Co. (Chuck Ho)
Signature of Person Conducting Test

Address 1710 N 7th Phone 435-8808

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 5 1 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks:
Soil Type (SCS): Wymore Silty Clay Loam
Date: January 10, 1995

_____
Signature of Reviewing Official

To Jerry Hood

HEALTH DEPT TEL:402-441-8323 Jan 06 95 14:51 No.010 P.02

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 7E ; Section & ¼ Section 20
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C-with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 1-5-95 to 1-6-95. Weather: Precip. _____ Temp. _____

OWNER: Patrician Builders

John Address: 411 So 13th Lin NE 68508

PERCOLATION TEST DATA TABLE

a. Hole No.	b. Hole Depth (in.)	c. Pre-Saturation Period Start Date (Mo./Day)	c. Start Time (Hr./Min.)	d. End Date (Mo./Day)	d. End Time (Hr./Min.)	e. Percolation Readings Start Date (Mo./Day)	e. Start Time (Hr./Min.)	e. Start Water Level (in.)	f. End Time (Hr./Day)	f. End Water Level (in.)	g. Elapsed Time (Min.)	h. Results Water Level Drop (in.)	i. Percolation Rates (Min./in)
1	18	1-5	12 PM	1-5	4 PM	1-6	11 AM	6"	12 PM	4 3/4	60	1 1/4	
2	18									4 7/8		1 1/8	
3	18									4 7/8		1 1/8	
4	18									4 3/4		1 1/4	
5	18									4 3/4		1 1/4	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Line parallel to Feeder 94

Q C/A

Person Conducting Test 432-8868

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

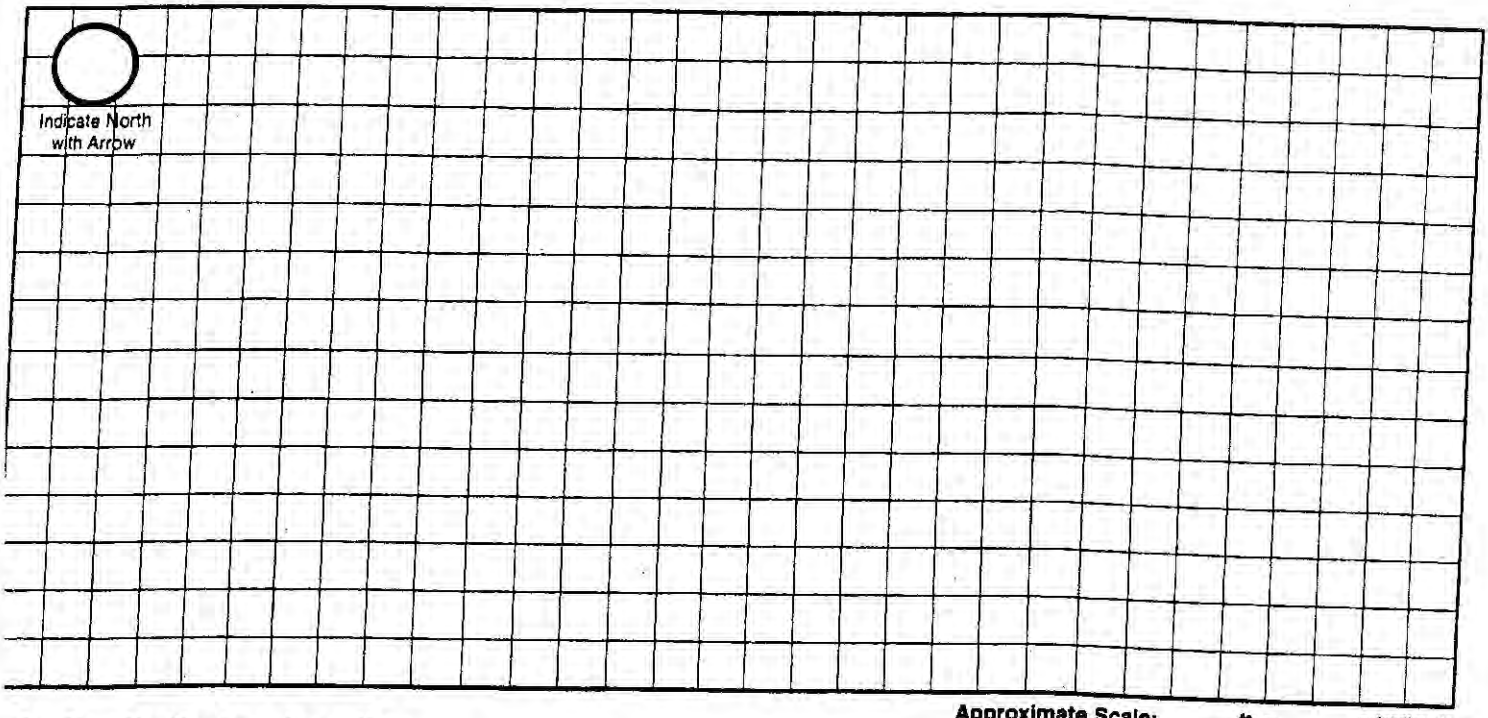
C

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 line/s

A. Onsite System Location

Address (no rural route) 5501 Braille Ln City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals (2 – 1,000 tanks) 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 51 (min/inch = mpi) No. of Bedrooms 4 Soil Type _____ Land Slope _____ %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1400 sq.ft.

Total length of laterals 310 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other E-Z Flow

No. of absorption trenches _____ Width _____ No. of drop boxes _____ Distrubtion Box _____

No. of absorption beds 1 Width 3' 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 ☐	☐

Required Signatures

Name Building Contractor _____ Date 3-14-22

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. HS002374

System Type: Standard

Situs: 5501 Bridle Lane

Issued: 3/17/2022

Expires: 3/17/2023

Description: Country Acres South 1st Addition T9 R7 S20 Block 2 Lot 1

Owner: FALLON, JEFFREY J REVOCABLE TRUST
5501 BRIDLE LN
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

WELLMANN PLUMBING INC
KEELY WOLINSKI
3130 S 6 ST
LINCOLN, NE 68502

SCANNED

A

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

Permit Number: HS002374

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 5501 Bridle Ln (no rural route) City Lincoln NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 20 Section 9 Township 7 Range Country Acres South Cc Subdivision 2 Addition 1 Block _____ Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address PID 1620411001000

B. Owner

Name Jeff Follett Signature _____

Address 5501 Bridle Ln City/State/Zip Lincoln NE

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Kelly Wolinski Company Name Wellmann Plbg

Address 3130 S 6th City/State/Zip Lincoln NE

☐ Check if contractor designed system Work Phone 402-434-2400

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub 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

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** — Existing legal lot and existing dwelling
   Date rec'd 3/15/22 ACTION ☒ Approved ☐ Disapproved
   Date frwd _____ Signature Doug Ahuel
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd No review required ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
3. **City or County Engineer**
   Date rec'd No review required ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____

Installation Final Written Approval

By Doug Ahuel

Date 3/18/22

Business Office Use Only

Date Rec'd 3-16-22

Amt Paid _____

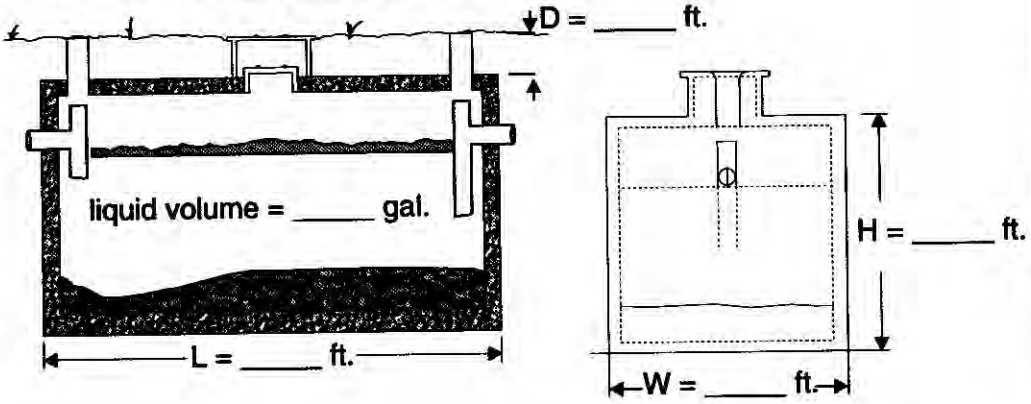
Rec'd By _____ Cash/Check No. _____

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

KEY

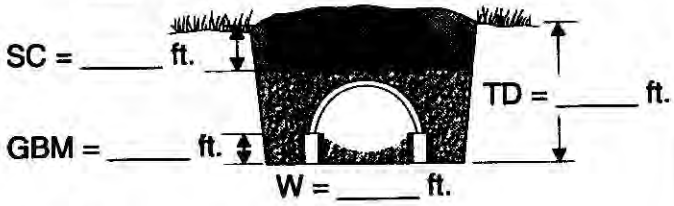
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

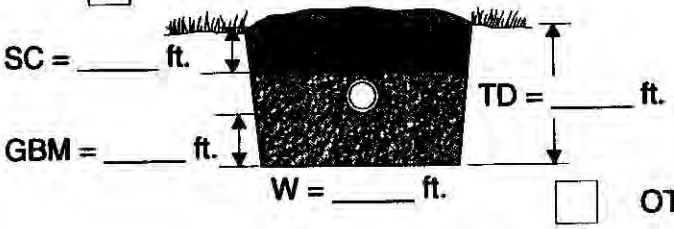


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS00 2374

Onsite Wastewater Treatment System
Inspection Sheet

Date 3/18/22 Legal Description ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5501 Buddle Lane 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 1400 + Sq. Ft. Tank Size 2 tanks, each 1,000 gals

Total length of laterals 310' + Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 3 Width 45 Xacto No. of Drop Boxes Distribution Box 1

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:

Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial DC Date 3/15/22
Follow-Up DC Date 3/16/22
Follow-Up Date
Installation Final Written Approval By Doug Krause
Date 3/18/22

Updated 4/15