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

A

Permit Number
HS0002375

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 Issue as a lagoon - may change to septic based on percolation tests

A. Onsite System Location

Address* 3035 SW 112th (no rural route) City Denton, NE Zip 68339

Legal Description 5 9 5 24
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03052000[redacted]5000 *Approx. Address (If to be determined)

B. Owner

Name Scott & Deborah Freeman Signature DocuSigned by: [signature]

Address 5100 W Deer Crest Dr. City/State/Zip Denton, NE 68339

Home Phone Work Phone 402-617-6989

C. Certified Installer

Name: Justyn Peterson Signature [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 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 36.78
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

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 Amount Paid
Received By Cash/Check No.

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

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

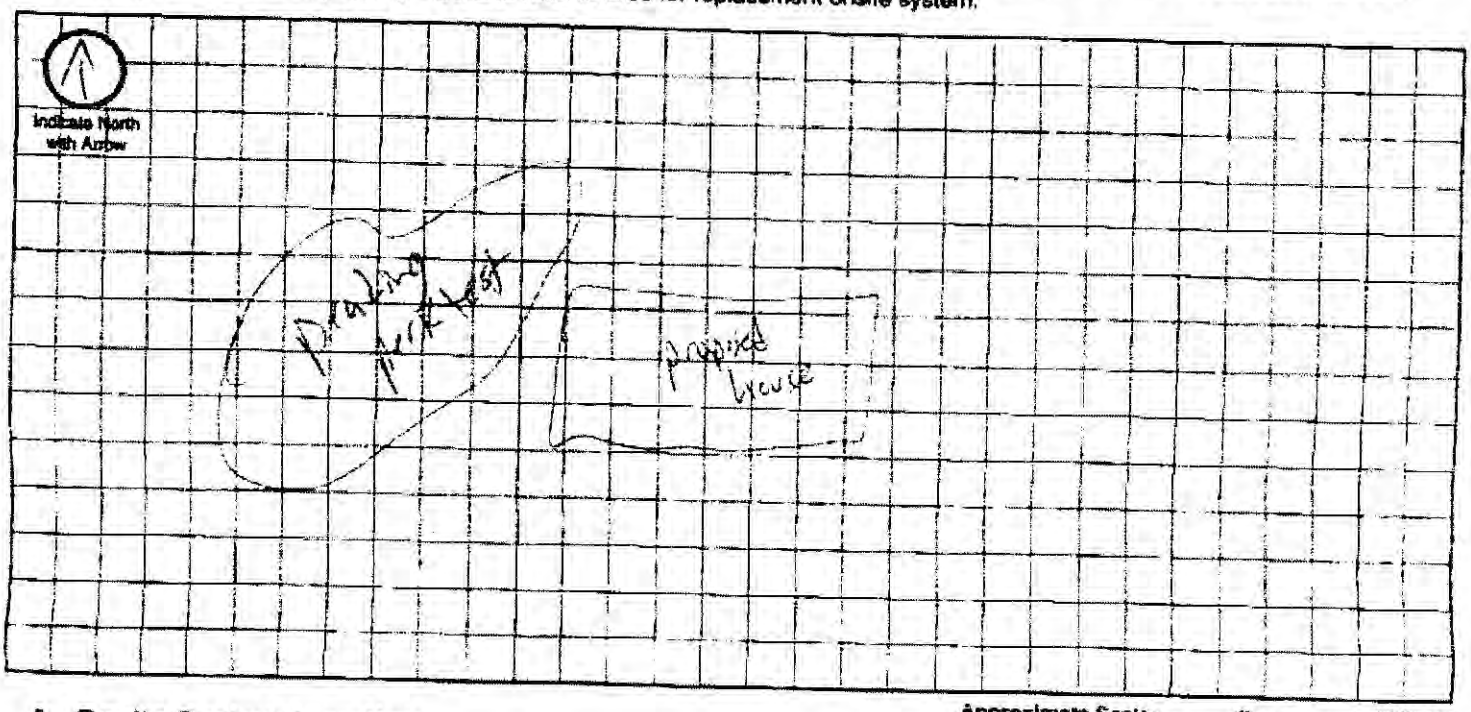
C

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) _____ City _____ NE, Zip _____

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) Reserve ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate _____ (min/inch = mpi) No. of Bedrooms _____ Soil Type _____ 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 _____ Distrubtion 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 _____

Installer _____ Date 3/15/22

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

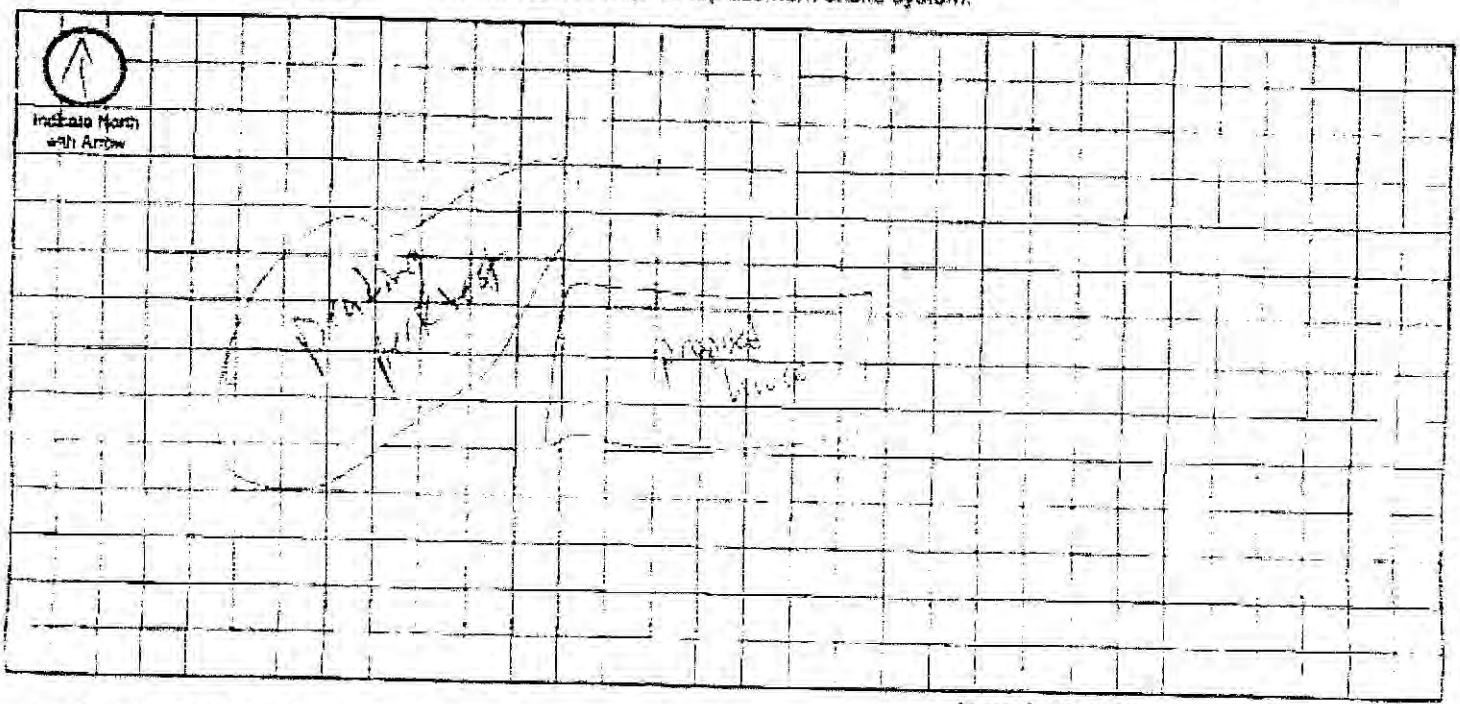
C

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap 1000 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) Pending ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ 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_____ Distribution 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
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Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 3/15/22

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. HS002375

System Type: Lagoon

Situs: 3035 SW 112th Street

Issued: 3/17/2022

Expires: 3/17/2023

Description: T9 R5 S5 Lot 24

Owner: FREEMAN FAMILY TRUST
5100 W DEERCREST DR
DENTON, NE 68339

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

JUSTYN PETERSON
P O BOX H
MILFORD, NE 68405

DocuSign Envelope ID: E2C6152B-58FA-4D68-9409-23048B2B5936

SCANNED

A

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

Permit Number
HS002375

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 Issue as a lagoon - may change to septic based on percolation tests

A. Onsite System Location

Address* ~~3035~~ SW 112th (no rural route) 3191 SW 112th City Denton, NE Zip 68339

Legal Description 5 9 5 24

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

PID 0305200005000 *Approx. Address (If to be determined)

B. Owner

Name Scott & Deborah Freeman Signature DocuSigned by: Scott Freeman

Address 5100 W Deer Crest Dr. City/State/Zip Denton, NE 68339

Home Phone Work Phone 402-617-6989

C. Certified Installer

Name: Justyn Peterson 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 P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms ~~3~~ 4 as per contractor Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 36.78

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

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 8/14/22

Business Office Use Only
Date Received 3-16-22 Amount Paid 450.00
Received By LC Cash/Check No. 1422

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

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) _____

Owner: Scott Freeman Address 3191 SW 112th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 225' 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 200+ ft.
   Pressure line 200+ ft
   Property Line 100+ ft.
   Foundation 225 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: NA ft. _____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 152 ft 152 ft 104 ft.
4. Drainfield size: 1377 sq. ft.
5. Distance to:
   Well 200+ ft.
   Pressure line 200+ ft.
   Property line 200+ ft.
   Depth of Groundwater 136

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: 8/12/22

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

Updated 4/15

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____ **Owner:** Freeman Project
Township _____ Range _____ Address: SW 112th
174 Section _____

Property Dimensions: _____ acres

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

Dates of Tests: 4/23/22 to 4/24/22 **Weather:** Precip. Ø Temp. 60's

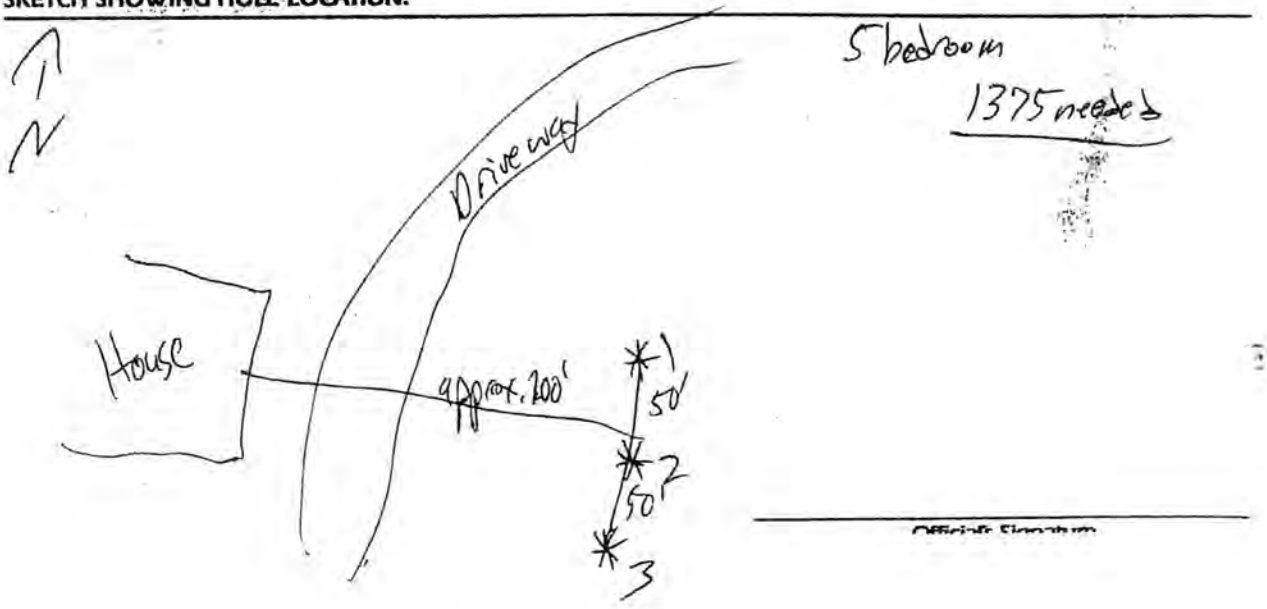
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start		End				Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	4/23	1:20pm	4/23	5:20pm	4/24	10:30am	6	11:00am	5¼	30	.75
2	36	4/23	1:20pm	4/23	5:20pm	4/24	10:30am	6	11:00am	5¼	30	.75
3	36	4/23	1:20pm	4/23	5:20pm	4/24	10:30am	6	11:00am	5¼	30	.75

Sum of Water Level Drops (in.) [Column m]: 2.25
Average of Water Level Drops (in.) [Column m]: .75
~~Inches per Minute:~~ 40 MI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 327 238th
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: 225

SKETCH SHOWING HOLE LOCATION:



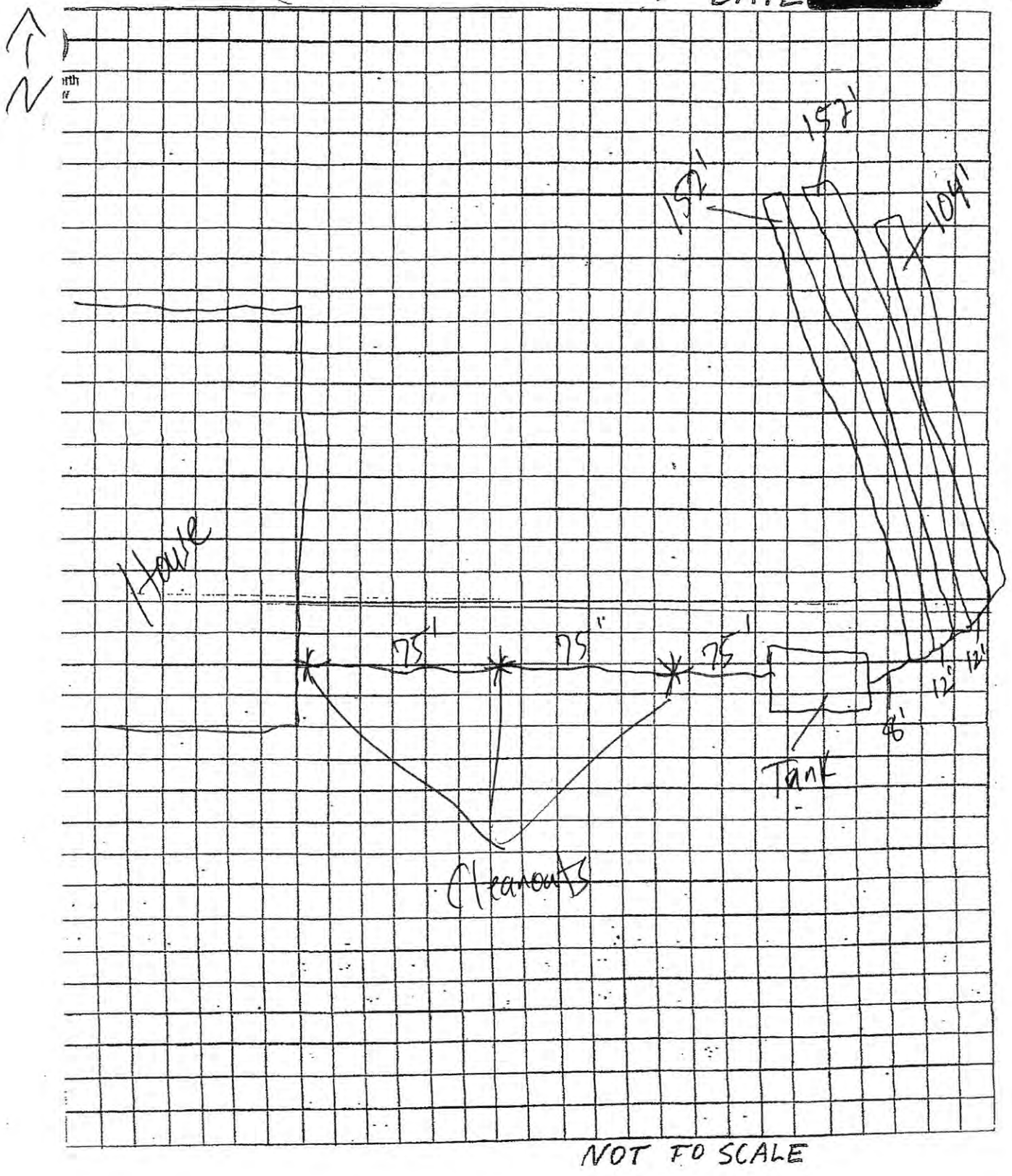
5 bedroom
1375 needed

Official Signature

Owner
Scott Freeman

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

DATE 8/12/22



Chris M. Schroeder

From: Todd A. Stutzman
Sent: Wednesday, March 16, 2022 11:56 AM
To: Chris M. Schroeder
Subject: RE: onsite wastewater treatment system construction permit - PID 030520005000

Chris,

This parcel is a buildable lot.

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

From: Chris M. Schroeder <cschroeder@lincoln.ne.gov>
Sent: Wednesday, March 16, 2022 10:31 AM
To: Todd A. Stutzman <tstutzman@lincoln.ne.gov>
Cc: Michael R. Gude <MGude@lincoln.ne.gov>; Doug R. Smith <drsmith@lincoln.ne.gov>
Subject: onsite wastewater treatment system construction permit - PID 030520005000

Hi Todd,

Per our conversation, please review the lot reference in the attached data sheet relative to meeting building and safety's buildable lot requirements.

Thank you,

Chris Schroeder, MCRP
Environmental Health Supervisor
3131 'O' Street, Lincoln, NE 68510
Office: 402-441-6272 Fax: 402-441-3890

Chris M. Schroeder

From: John V. Berry
Sent: Wednesday, March 16, 2022 11:22 AM
To: Chris M. Schroeder
Subject: Sewage Disposal System PID #03 05 200 005 000

Chris,

Lancaster County Engineering Department indicates approval for a Sewage Disposal System for Lot 24, Irregular Tracts, located in the NE1/4 of Section 5, Township 9 North, Range 5 East, of the 6th Principal Meridian, Lancaster County, Nebraska.
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.

John V. Berry RLS #535
Lancaster County Surveyor
444 Cherrycreek Road, Bldg "C"
jberry@lancaster.ne.gov
Phone (402) 441-7681