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

A

Permit Number HS002393

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* 14840 Thayer St (no rural route) City Prairie Home, NE Zip 68527

Legal Description S3 T10 R8 Prairie Home 3 6-10

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

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

B. Owner

Name Sean Harris Signature _____

Address 14840 Thayer St City/State/Zip Prairie Home, NE 68527

Home Phone 402-202-5911 Work Phone _____

C. Certified Installer

Name: Matt Taylor Signature _____

Address 2610 S 11th St City/State/Zip Lincoln, NE 68502

Work Phone 402 450-6599

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres .6

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 _____ 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 4-25-22 Amount Paid $450
Received By JAO Cash/Check No. 2921

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

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 14840 Thayer St. (no rural route) City Prairie Home NE, Zip 68527

Owner Sean Harris Address

Date of Tests 4/20/22 to 4/22/22 Weather: Precipitation 50° No Rain Temperature

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			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	4/21	3PM	4/22	6PM	4/22	6:20	6	4/22	6:50	30min	.75	40 mpi
2	38	4/21	3PM	4/22	6PM	4/22	6:20	6	4/22	6:50	30min	1.0	30mpi
3	40	4/21	3PM	4/22	6PM	4/22	6:20	6	4/22	6:50	30min	.75	40mpi
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Matt Taylor
Phone: 402-450-6599
Address 2610 S. 11th

Sum of Percolation Rates: 110 mpi
Average of Rates: 37 mpi
Rate Used for Calculation: 37 mpi

Soil type (NRCS Maps/Other)
Groundwater Depth more than 10 ft

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

CONDUCTING A PERCOLATION TEST

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Natural Ground Level

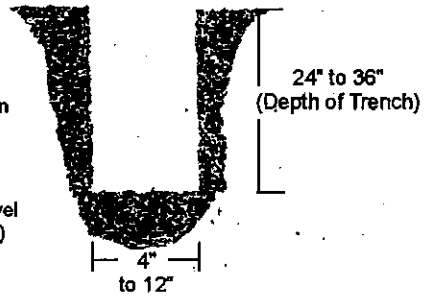
I. Number, Size and Location of Test Holes

A. Dig six or more holes spaced evenly over proposed drainfield.

B. Scratch smeared areas on the bottom 12" of hole.

C. Remove loose material from hole.

D. Add 2" layer of clean gravel in hole. Gravel (1/4"-3/4") may be placed in a nylon mesh bag so it can be used again.



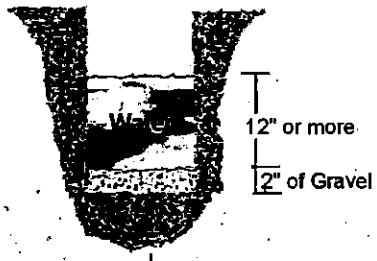
II. Saturation/Swelling of Soil

A. Fill hole with at least 12" of clear water.

B. **MAINTAIN THIS WATER LEVEL FOR 4 HOURS.**

C. Record on Form B, Columns A to F

D. **Must wait 24 hours before beginning Step III.**



24 Hours Later

III. Water Level Drop Measurement (Refer to instructions 4a, b or c)

A. Adjust water level to 6".

B. Measure from fixed reference point (nail) to water, or use a percometer.

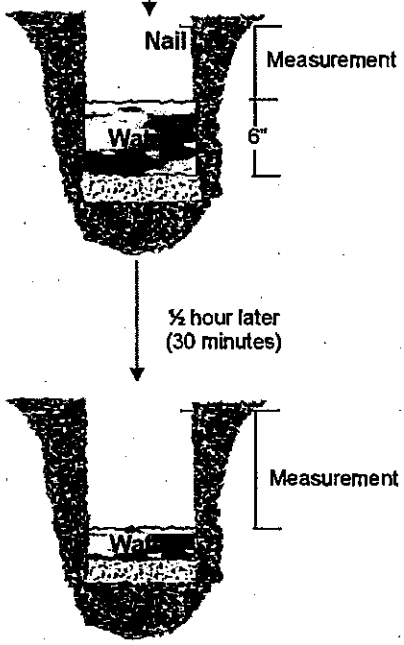
C. Record measurement and time on scratch paper.

D. 30 min. later re-measure and record time.

E. After each measurement, refill to 6" above gravel.

F. Continue for 4 hours taking readings evey 30 min. (Refer to 4b for exception)

G. Last 30 min. reading is used in filing out Form B. Record in Column G through M.



IV. The Department will calculate Percolation Rates.

Instructions

1. Percolation test holes. Percolation tests should be made in 6 or more separate holes spaced uniformly over proposed drainfield. Dig or bore holes 4 to 12" in diameter to the depth of the bottom of drainfield trench. (If sides of hole collapse, a slotted PVC plastic pipe and gravel pack may be needed to support the sides of the hole.) Do not dig holes in soil that is above the plastic limit or where frost is within 12" from the bottom of hole.
2. Preparation of test hole. Scratch any smeared areas on the bottom 12" of hole with nails driven into a 1x2" board to provide a natural soil interface for water to percolate. Remove all loose soil from bottom of hole. Add 2" of clean gravel to protect the bottom from scouring when water is put into hole.
3. Saturation and swelling of the soil. Fill holes with clear water to a depth fo 12" or more above gravel and maintain this water level at least 4 hours (add water as necessary). Do not remove water from holes. Holes should be covered with boards during the 20 hrs. wait before the test begins. Soils with slow permeability or containing greater than 30% clay will require several days saturation for thorough swelling in a dry season. The accuracy of the percolation test depends on thorough saturation and swelling of soil. Sandy soil containing no clay does not swell. The percolation test may proceed immediately if the 12" of water seeps away in 10 min. or less after filling holes twice. Proceed to Step 4c.
4. Measure percolation rate. Measurements must be made 24 hrs after starting saturation/swelling procedure described above. Record results on the front of this form and the Department will complete the calculations.

   a. If water remains in hole after the saturation/ swelling period, adjust depth to 6" above gravel. From a fixed point, measure the drop in water level over a 30 min. period to nearest 1/8". This drop is used to calculate percolation rate.

   b. If no water remains in hole after the saturation/ swelling period, add 6" of clear water above gravel. From a fixed point, measure the drop in water level to nearest 1/8" at 30 min. intervals for 4 hrs. Refill to the 6" level above gravel after each measurement. The drop that occurs during the last 30 min. of the 4 hrs. is used to calculate the percolation rate (when 3 consecutive percolation rates vary by no more than 10%, the test can stop before the end of 4 hr. period).

   c. In sandy soils, or other soils in which t he first 6" of water seeps away in less than 30 min., allow 10 min. between measurements and run the test for 1 hr. The drop that occurs during the last 10 min. of 1 hour is used to calculate the percolation rate. If 6" of water seeps away in less than 10 min., use a stopwatch.
5. Record test results on the front of this form. The average of the percolation rates calculated for all holes in 30 (10) min. will usually be the rate used to size the drainfield. Exceptions are the use of the slowest percolation rate when rates vary more than 20 mpi between holes or when other soil evaluation indicates a problem.

LLCHD reserves the right to witness or perform percolation tests and to required additional soil or groundwater 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. HS002393

System Type: Standard

Situs: No Site Address Specified

Issued: 4/27/2022

Expires: 4/27/2023

Description: PRAIRIE HOME, BLOCK 3, Lot 6 - 10

Owner: HARRIS, SEAN & SHELBY
14840 THAYER ST
LINCOLN, NE 68527

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

MATT TAYLOR
2610 S 11TH ST
LINCOLN, NE 68502

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

SCANNED

A

Permit Number HS0023933

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* 14840 Thayer St City Prairie Home, NE Zip 68527
(no rural route)

Legal Description S3 T10 R8 Prairie Home 3 6-10
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Sean Harris Signature _____
Address 14840 Thayer St City/State/Zip Prairie Home, NE 68527
Home Phone 402-202-5911 Work Phone _____

C. Certified Installer

Name: Matt Taylor Signature _____
Address 2610 S 11th St City/State/Zip Lincoln, NE 68502
Work Phone 402 450-6599

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

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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 4/27/22
Date frwd 4/27/22
ACTION ☒ Approved ☐ Disapproved
Signature _____

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

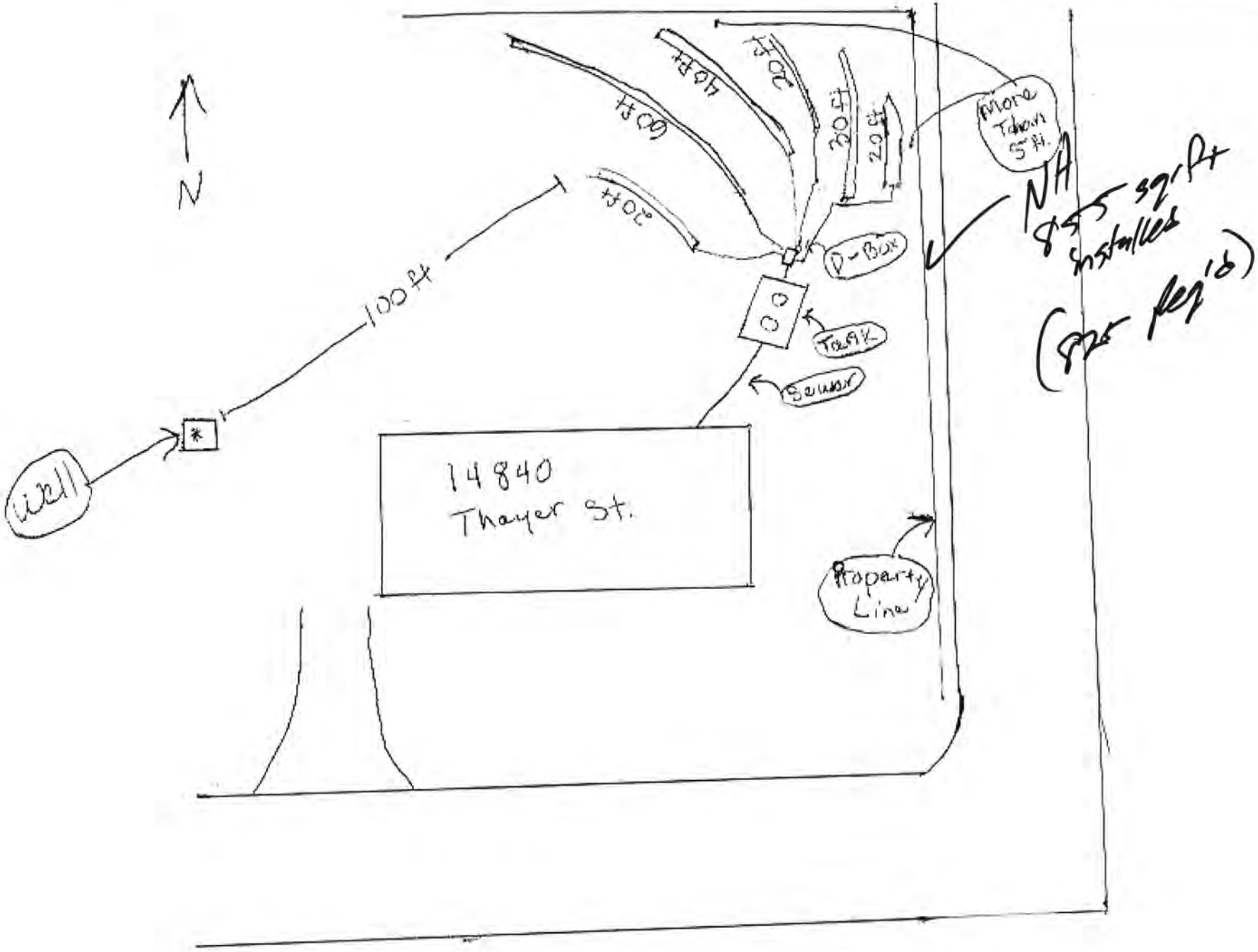
3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date 7/1/22

Business Office Use Only
Date Received 4-25-22 Amount Paid $450
Received By SAO Cash/Check No. 2921

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

Form A Updated: 4/15


N
40 ft
30 ft
20 ft
20 ft
20 ft
More Than 5 ft.
NH 455 sq ft installed (per Reg'd)
D-Box
Tank
Sewer
100 ft
well
14840 Thayer St.
Property Line

Nate C. Hartman

From: Taylor Excavating <taylorexcavating04@gmail.com>
Sent: Monday, June 27, 2022 11:09 AM
To: Nate C. Hartman
Subject: 14840 Thayer St.
Attachments: 14840 Tharyer St..pdf