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

A

Permit Number #5002423

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 24201 S 68th St. (no rural route) City Firth, NE Zip 68358

Legal Description S16 T7 R7 10

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

PID 14-16-200-002-000

B. Owner

Name Scott Pulverenti Signature

Address 24201 S 68th St. City/State/Zip Firth NE 68358

Home Phone Work Phone

C. Certified Installer

Name: Steven E Lewis Signature

Address 3300 N 71st. City/State/Zip Lincoln NE, 68507

Work Phone 402 432 1082

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 4.99

Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 6-21-22 Amount Paid $450

Received By JAO Cash/Check No. 005409

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

Form A Updated: 1/13

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 24201 S 68th St (no rural route) City Firth NE, Zip 68358

Owner Scott Pulvermacher Address

Date of Tests 6-3 to 6-4-22 Weather: Precipitation ~.1" Temperature 69°

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. Results	N.
		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	6-3	11:55	6-4	11:55	6-4	11:53	6	6-4	12:25	30	3/4	40
2	"	"	"	"	"	"	"	6	"	"	"	3/4	40
3	"	"	"	"	"	"	"	6	"	"	"	1 1/2	20
4	"	"	"	"	"	"	"	6	"	"	"	1 1/2	20
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address 3300 N 71st. Street.
Lincoln NE 68507
Soil type (NRCS Maps/Other) 7418 & 7207
Groundwater Depth > 10'

Sum of Percolation Rates: 120
Average of Rates: 30
Rate Used for Calculation: 20-30

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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002423

System Type: Standard

Situs: No Site Address Specified

Issued: 6/23/2022

Expires: 6/23/2023

Description: S16, T7, R7, 6th Principal Meridian, LOT 10 NE

Owner: PULVERENTI, SCOTT & CAROLINE
24201 S 68 ST
FIRTH, NE 68358

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

STEVEN LEWIS
3300 N 71ST ST
LINCOLN, NE 68507

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

SCANNED

A

Permit Number #5002423

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PID 14-16-200-002-000

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☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department

Site visits 6/30/22 DC Date rec'd 6/23/22 Date frwd 6/25/22

ACTION ☑ Approved ☐ Disapproved Signature

Comments

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 7/1/22 DC

Date

Business Office Use Only

Date Received 6-21-22 Amount Paid $450

Received By SMO Cash/Check No. CC5409

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: H5002423

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/1/22 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 24201 S 68th 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 810 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 180' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 2 Width 4.5 Kactor No. of Drop Boxes _____ Distribution Box _____

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 _____

N/A

Comments:

Inspections prior to Final Approval
Initial _____ Date 6/30/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 7/1/22

Field Note Drawing (See Reverse Side):

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): 14-16-200-602-000

Owner: Scott Pulverenti Address: 24201 S 68th St. Firth 68358

A. Wastewater Piping

1. Material: Sch 40 pvc Diameter: 4 in.
2. Distance between dwelling and septic tank: 36 ft.

B. Septic Tank

1. Material: Plastic
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to: 59
   Well ____ ft.
   Pressure line ____ ft.
   Property Line 36 ft.
   Foundation ____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 41 ft. SE

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ Flow
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 90 ft. 96
   ft. ____ ft. ____
4. Drainfield size: 810 sq. ft.
5. Distance to: 105
   Well ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater 710

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

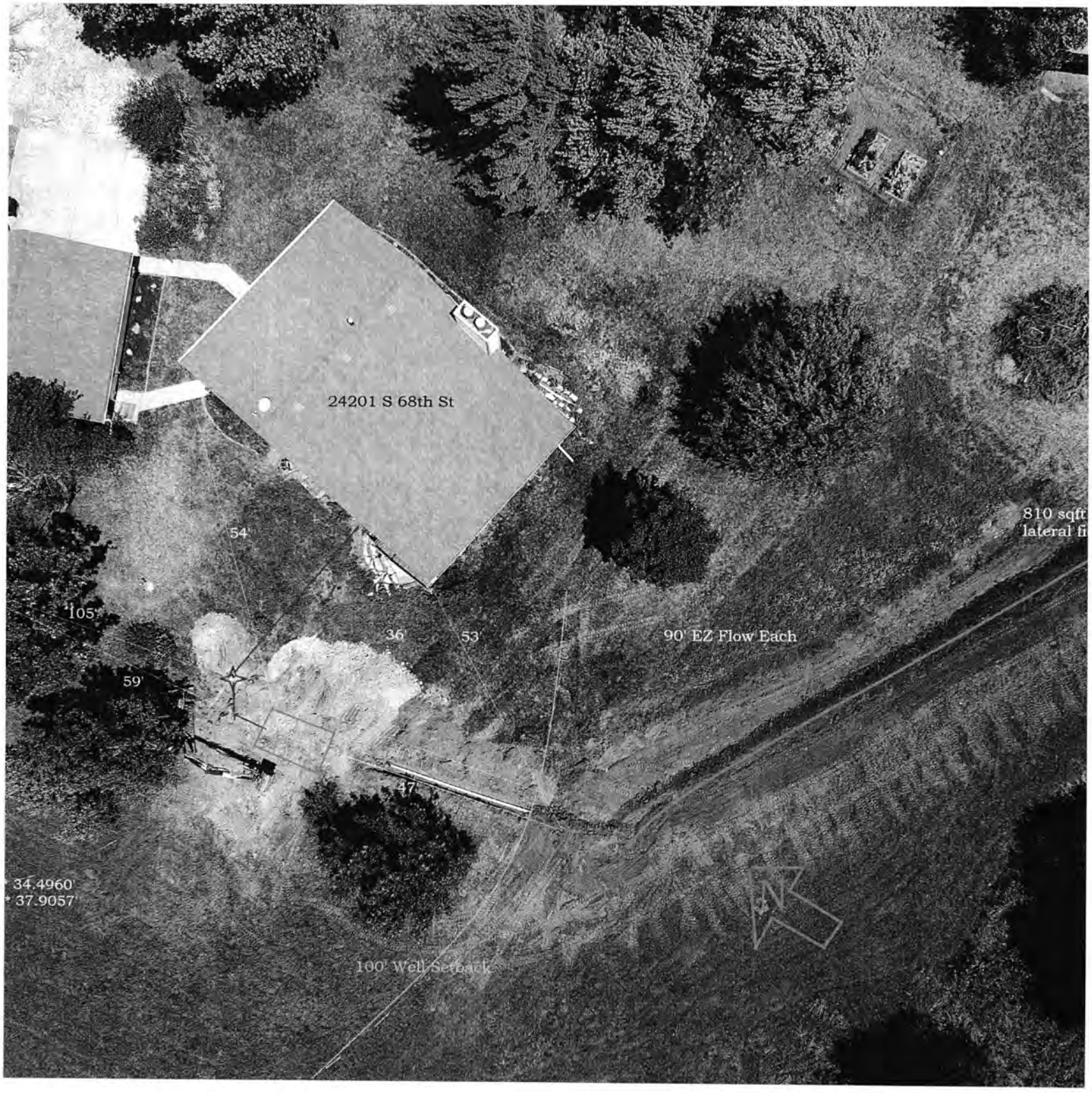
If Yes, the Certified Professional must sign below for final approval.

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: 6-30-22

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

Updated 2.1


24201 S 68th St
810 sqft
lateral fi
54'
105'
36'
53'
90' EZ Flow Each
59'
47'
34.4960
37.9057
100' Well Setback