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

A

Permit Number HS 0024214

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 1440 Linwood Ln (no rural route) City Lincoln, NE Zip 68505

Legal Description S23 T10 R7 Sunrise Estates 1st Add Blk 4 Lt 1

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

PID

B. Owner

Name Mike Plambeck Signature

Address 1440 Linwood Ln City/State/Zip

Home Phone 402-750-6334 Work Phone

C. Certified Installer

Name: Jeff Schoeneck Signature Jeff Schoeneck

Address 1645 Co Rd T City/State/Zip Cedar Bluffs, NE 68015

Work Phone 402-720-9209

D. Engineer

❑ Check and complete if engineer designed system P.E. License Number: E8989

Designer Name Jeff Schoeneck Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ❑ No Total Acres 4.07 JAD

Garbage Grinder? ☒ Yes ❑ No

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

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
Date frwd
Comments
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 6-27-22 Amount Paid $450.00
Received By JAD Cash/Check No. CC 4232

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

Form A Updated: 1/13

Soil Absortion Test Data Sheet

Owner Information:

Owner: Mike Plambeck Phone: 402-750-6334

Address: 1440 Linwood Ln, Lincoln, NE

Location: Same

Latitude 40.8274 Longitude -96.5923

Township _____ Range _____ Sec. _____ 1/4 sec. _____

County: Lancaster Area: _____ Acres

Soil Boring

0 -7"	DGB SiCl
7 - 35"	Br Firm SiCl w/few red/br mottles
35 - 49"	Br SiCL w/few red/br mottles
49 - 80"	Br Friable SiCl
80 - 120"	Br Firm SiCl

No Evidence of a Seasonal High Water Table within 10ft of the surface

Test Dates

Start Date	End Date
6/8/22	6/8/22

Test Day Weather

Weather Sunny Temp. 76F

Precipitation None

Percolation test data:

Hole No.	Hole Depth (in.)	Final Percolation Readings: Start Date Mo./Day	Start Time (Hr./Min.)	Start Water Level (in.)	End (Hr./Min.)	End Water Level (in.)	Final Results: Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
1	54	6/8/22	12:26 PM	7.65	12:56 PM	6.30	30	1.35	22.2
2	54	6/8/22	12:27 PM	7.80	12:57 PM	6.95	30	0.85	35.3
3	54	6/8/22	12:28 PM	7.70	12:58 PM	6.70	30	1.00	30.0
4	54	6/8/22	12:29 PM	7.55	12:59 PM	6.30	30	1.25	24.0

Jeffery N. Schoeneck, P.E. - E8989
Horizon Envirotech, LLC
1645 County Rd T
Cedar Bluffs, NE 68015
(402) 720-9209
Phone

Sum of Percolation rates = 111.5

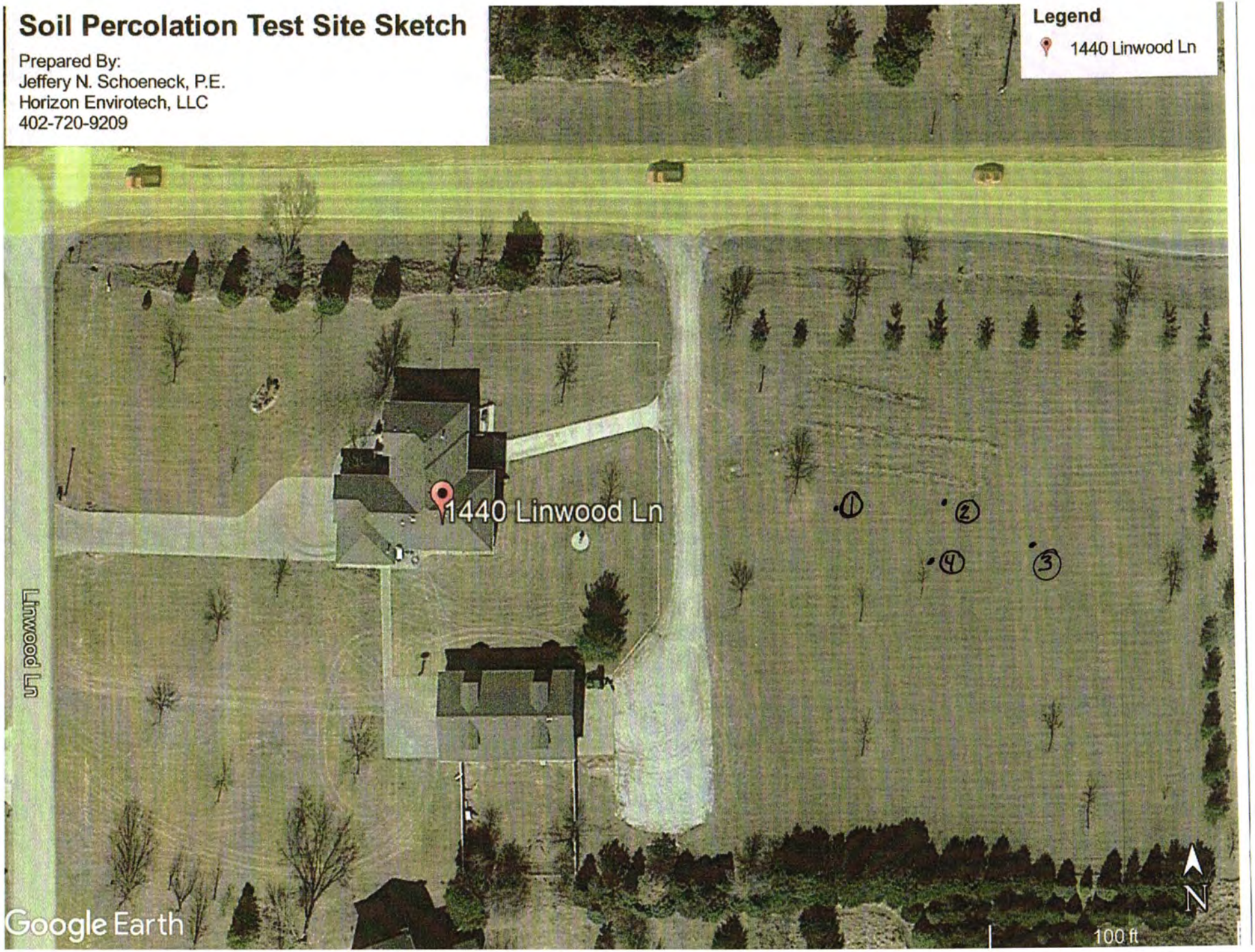
Number of test holes = 4.0

Average of rates in Minutes/inch = 27.9

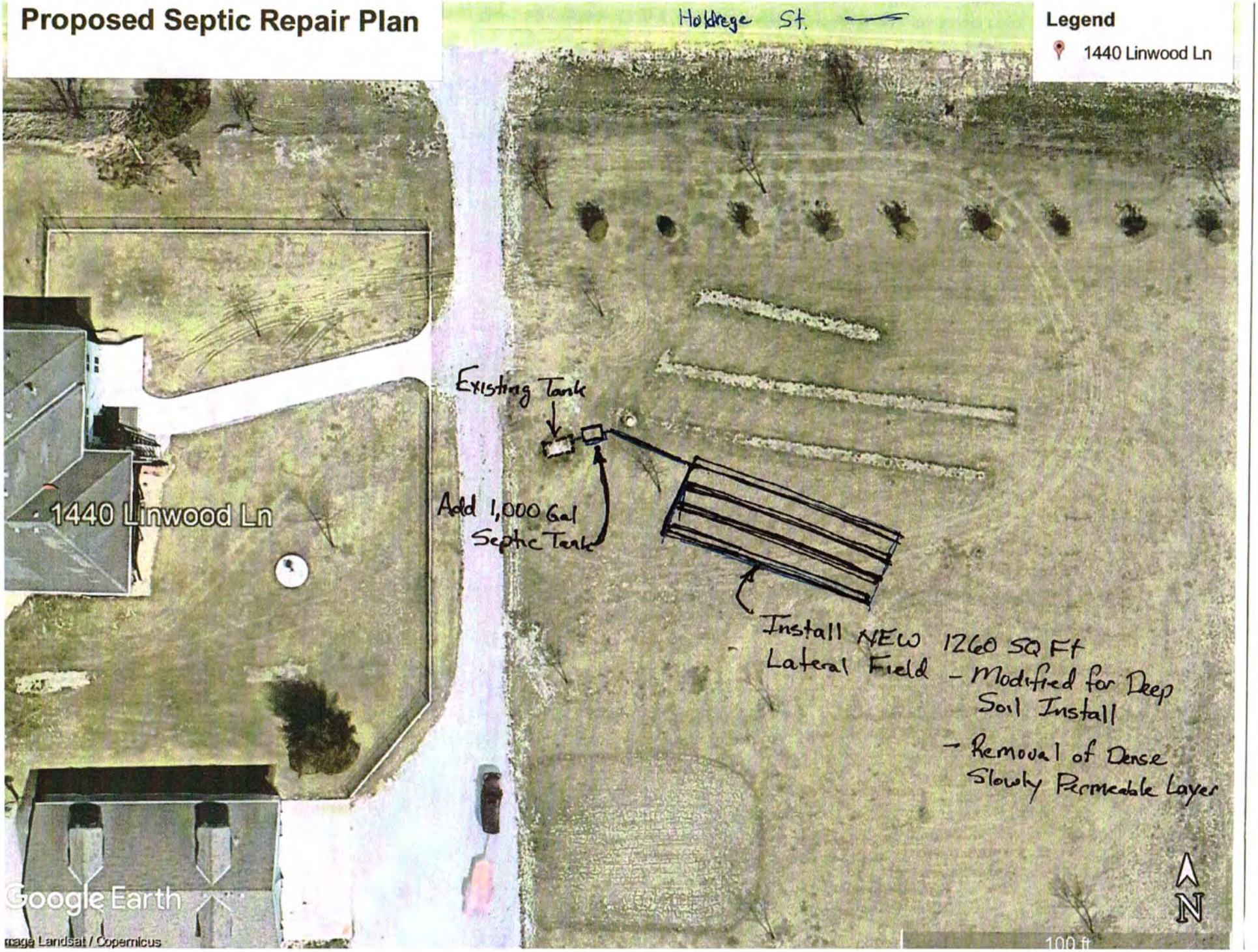
*If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.

Soil Percolation Test Site Sketch

Prepared By:
Jeffery N. Schoeneck, P.E.
Horizon Envirotech, LLC
402-720-9209



Proposed Septic Repair Plan



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. HS002424

System Type: Standard

Situs: No Site Address Specified

Issued: 6/27/2022

Expires: 6/27/2023

Description: SUNRISE ESTATES 1ST ADDITION, BLOCK 2, Lot 1

Owner: PLAMBECK, MICHAEL A & MARIA
ISABEL TORIO
1440 LINWOOD LN
LINCOLN, NE 68505

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

JEFF SCHOENECK
1645 CO RD T
CEDAR BLUFFS, NE 68015

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

SCANNED

A

Permit Number HS 0024214

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 1440 Linwood Ln (no rural route) City Lincoln, NE Zip 68505

Legal Description S23 T10 R7 Sunrise Estates 1st Add Blk 4 Lt 1

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

PID

B. Owner

Name Mike Plambeck Signature

Address 1440 Linwood Ln City/State/Zip

Home Phone 402-750-6334 Work Phone

C. Certified Installer

Name: Jeff Schoeneck Signature Jeff Schoeneck

Address 1645 Co Rd T City/State/Zip Cedar Bluffs, NE 68015

Work Phone 402-720-9209

D. Engineer

❑ **Check and complete if engineer designed system** P.E. License Number: E8989

Designer Name Jeff Schoeneck Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ❑ No Total Acres 4.07

Garbage Grinder? ☒ Yes ❑ No

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

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 7/1/22

Business Office Use Only
Date Received 6-27-22 Amount Paid $450.00
Received By JAD Cash/Check No. CC 4232

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

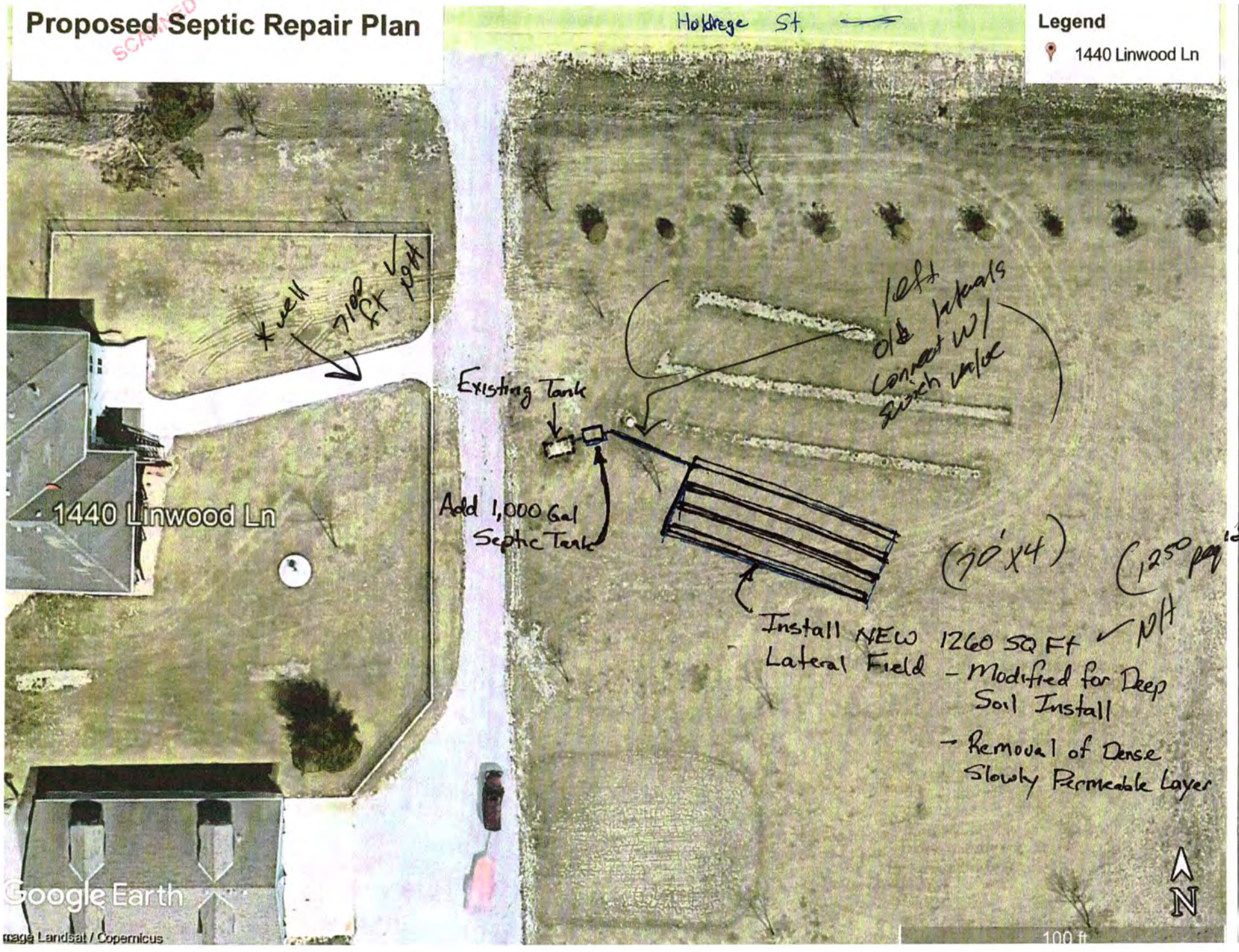
Form A Updated: 1/13

See drawings

* No sewer "available" at present time

Proposed Septic Repair Plan

SCANNED



SCANNED

Soil Absorption Test Data Sheet

Owner Information:

Owner: Mike Plambeck Phone: 402-750-6334

Address: 1440 Linwood Ln, Lincoln, NE

Location: Same

Latitude 40.8274 Longitude -96.5923

Township _____ Range _____ Sec. _____ 1/4 sec. _____

County: Lancaster Area: _____ Acres

Soil Boring

0 -7"	DGB SiCl
7 - 35"	Br Firm SiCl w/few red/br mottles
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49 - 80"	Br Friable SiCl
80 - 120"	Br Firm SiCl

No Evidence of a Seasonal High Water Table within 10ft of the surface

Test Dates

Start Date: 6/8/22

End Date: 6/8/22

Test Day Weather

Weather Sunny Temp. 76F

Precipitation None

Percolation test data:

Hole No.	Hole Depth (in.)	Final Percolation Readings: Start Date Mo./Day	Start Time (Hr./Min.)	Start Water Level (in.)	End (Hr./Min.)	End Water Level (in.)	Final Results: Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
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2	54	6/8/22	12:27 PM	7.80	12:57 PM	6.95	30	0.85	35.3
3	54	6/8/22	12:28 PM	7.70	12:58 PM	6.70	30	1.00	30.0
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Jeffery N. Schoeneck, P.E. - E8989
Horizon Envirotech, LLC
1645 County Rd T
Cedar Bluffs, NE 68015
(402) 720-9209
Phone

Sum of Percolation rates = 111.5

Number of test holes = 4.0

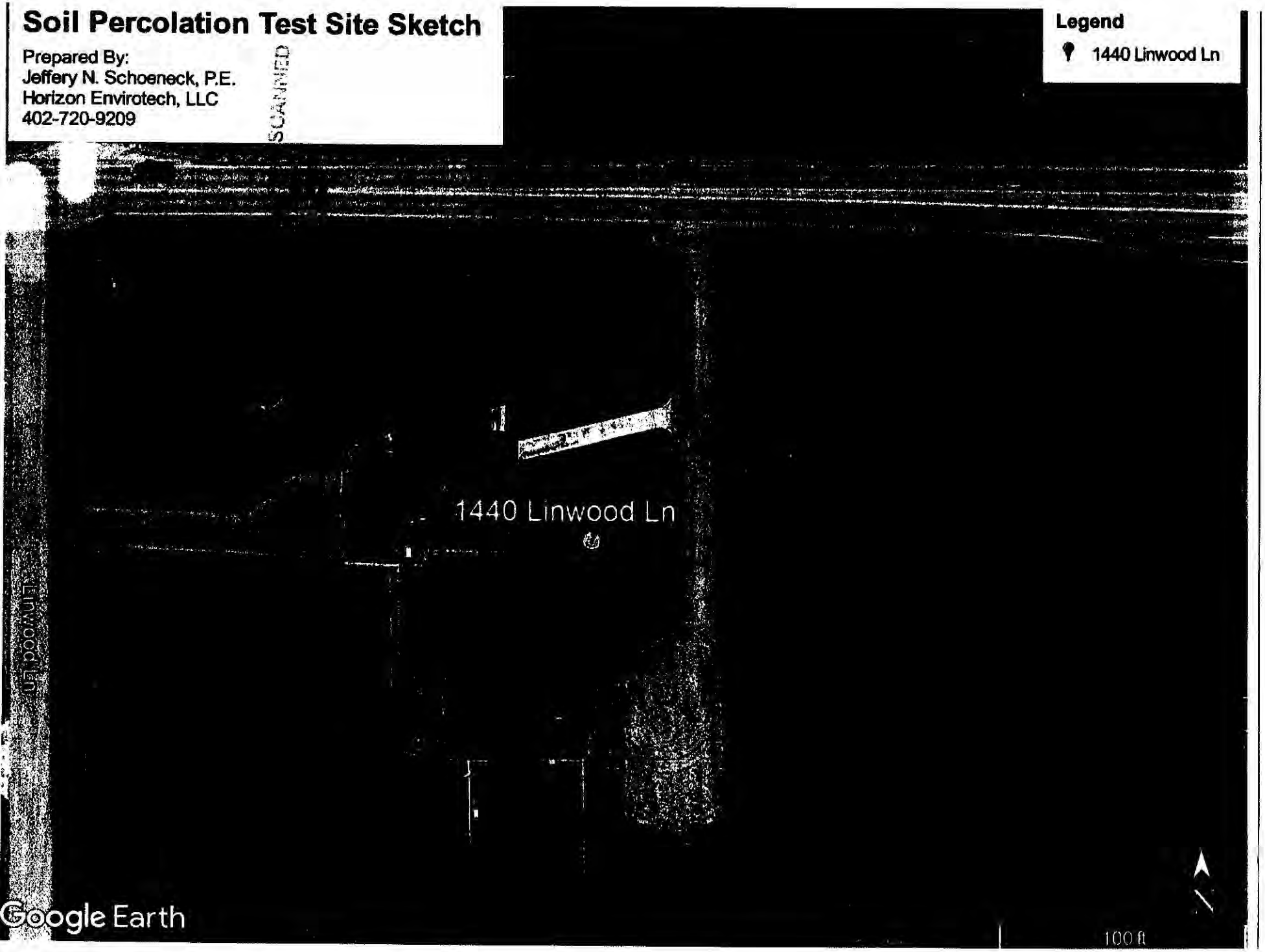
Average of rates in Minutes/inch = 27.9

*If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.

Soil Percolation Test Site Sketch

Prepared By:
Jeffery N. Schoeneck, P.E.
Horizon Envirotech, LLC
402-720-9209

SCANNED



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402)
Lincoln, NE 68510-1514 441-8000
NON TRANSFERABLE

PERMIT

Permit No. 97380167401

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 10/21/97
Expires 04/21/98
Revenue Code 18754

Establishment

DAVID HAVERSON
T10N R7E SEC 23
SUNRISE ESTATES BLK 2 LOT 1

FEES: $150.00

Permittee

DAVID HAVERSON
1101 LINWOOD LN
LINCOLN NE 68505

TOTAL $150.00

Issued By Gregg M Wright MO
M. Jane Ford
Health Director

5358

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 — Bob Hobek 432-5871

A. System Location (Indicate correct number and street)

Address 1440 LINWOOD (no rural route) City LNK NE, Zip 68505

Legal Description 23 10N 7E SUNRISE ESTATES 1ST 2 1
(1/4 1/4 Section Township Range Subdivision Addition Block Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name DAVID HALVERSON Signature David Halverson

Address 1101 N LINWOOD City/State/Zip LNK NE

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

C. Contractor

Name STAN KROESE Company Name EXCAVATING INC

Address 6667 NW 48TH City/State/Zip LNK NE. 68524

☑ Check if contractor designed system Work Phone 430 6029

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 _____ 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**	Date rec'd 10/15/97 Date frwd 10/15/97	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10-15-97 Date frwd 10-15-97	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 10-15-97 Date frwd 10-15-97	**ACTION** ☒ Approved ☐ Disapproved Signature RD Mayam	

4-21-98, mm. need one more label

Installation Final Written Approval

By Ron Mayam

Date 4-23-98

Business Office Use Only

Date Rec'd 10/15/97.

Amt Paid 150.00

Rec'd By ee Cash/Check No. 15506

FORM 23-100 10-96

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1400 LINWOOD (no rural route) City LNK NE, Zip

Owner DAVID HALVERSON Addresss 1101 LINWOOD

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 29 min./inch

Date of Tests 11/13 to 11/14 Weather: Precipitation DRY Temperature 58°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	24	10/13	830 AM	10/14	8:30 AM	10/14	12 PM	6	10/14	1230 PM	30	1 1/4	24MIN/IN
2	27	10/13	830 AM	10/14	8:30 AM	10/14	12 PM	6	10/14	1230 PM	30	1 1/2	20MIN/IN
3	32	10/13	830 AM	10/14	8:30 AM	10/14	12 PM	6	10/14	1230 PM	30	3/4"	40MIN/IN
4	30	10/13	830 AM	10/14	8:30 AM	10/14	12 PM	6	10/14	1230 PM	30	1	30MIN/IN
5	25	10/13	830 AM	10/14	8:30 AM	10/14	12 PM	6	10/14	1230 PM	30	1	30MIN/IN
6	27	10/13	830 AM	10/14	8:30 AM	10/14	12 PM	6	10/14	1230 PM	30	1	30MIN/IN

Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 430 6029

Address 10067 NW 48TH

LNK NE 68524

Sum of Percolation Rates:

Average of Rates: 30 min 29MIN/IN

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date OCTOBER 15, 1997

FORM 23-101 10-96

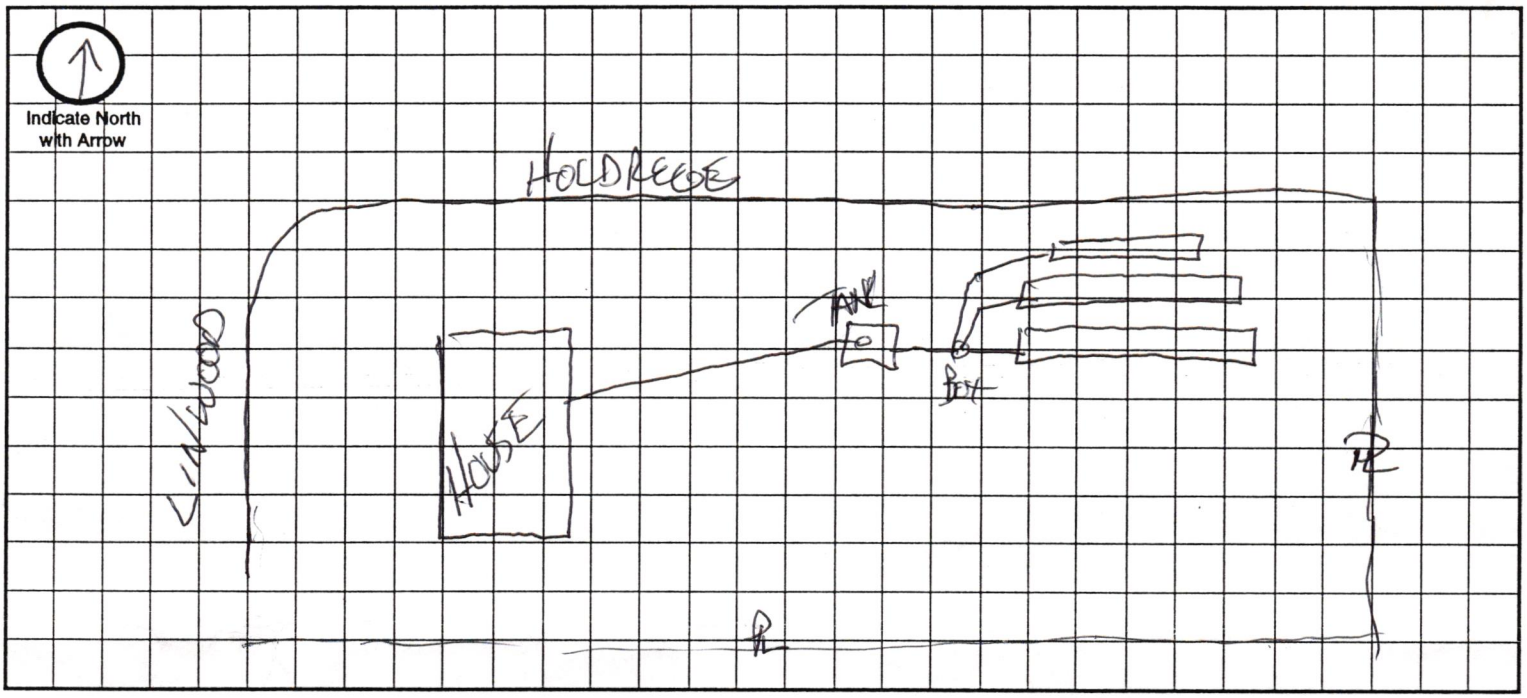
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1400 ~~LINDEN~~ LINWOOD City LNK NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 29 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☐ Trench ☑ Bed ☐ Other INFILTRATOR

Total Square Feet of Field Required: 984 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: INFILTRATOR

Capacity of Septic Tank ~~1250~~ 1250 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 1

Total Length of Laterals ~~350~~ 246 ft. Number of Trenches _____ Trench Width 4

D. 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 ☐	☐

E. Required Signatures

Home Building Contractor Robert Hoback Date 10-14-97

Installer Stan Hoback Date 10/14/97

FORM 23-102 10-96

1440 Linwood D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: PVC 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 100 + ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 + ft.
   stream — ft.
   pressure line — ft.
   property line 50 + ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 4' in.
   Over outlet, diameter 4 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line 100 + ft.
   Stream — ft.
   Pressure line 100 + ft.
   Property line 65 + ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 16 ft.

D. Absorption Field

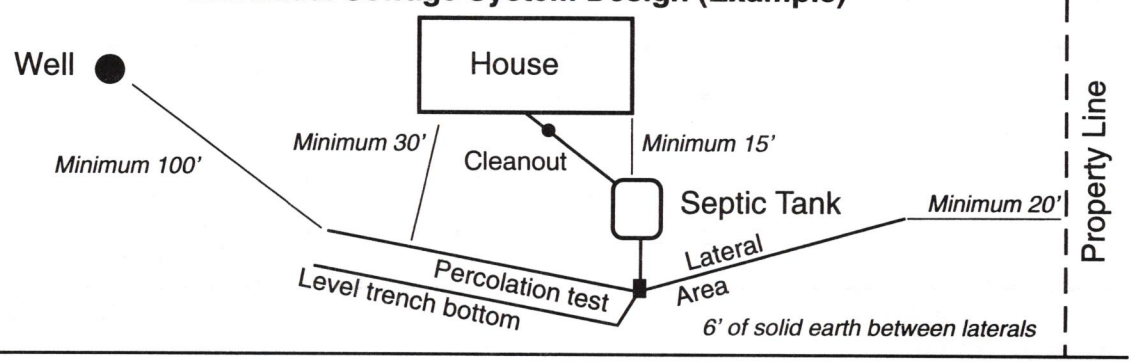
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: INFILTRATOR
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   50 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 TO 5" in/100 ft.
   Average depth 30 in
4. Filter material: Road Rock
   Depth of material 25 in.
5. Distances to: Well or suction line 100+ ft.
   Stream — ft.
   Pressure line 100 + ft.
   Property line 50 + ft.

Indicate North with Arrow

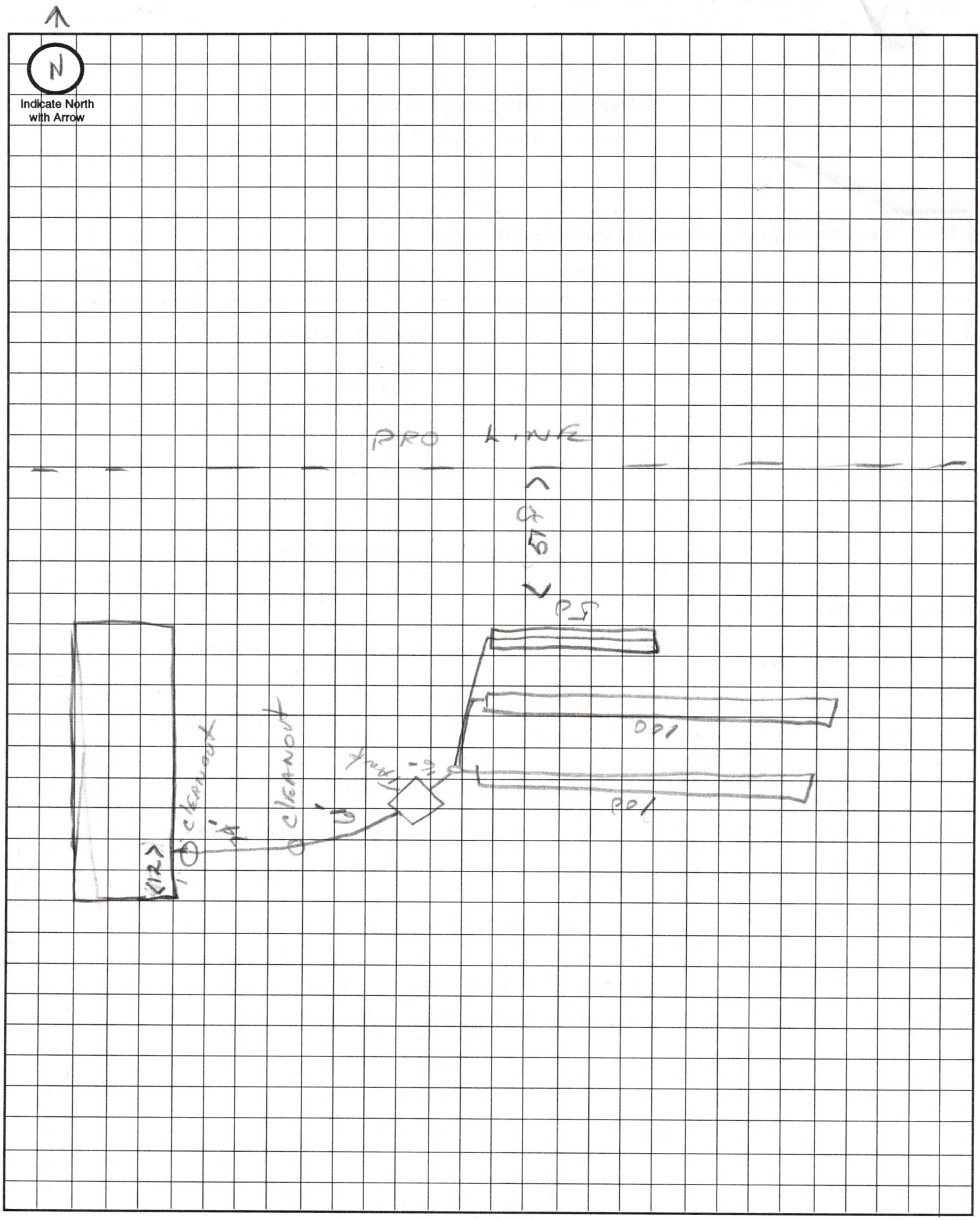
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


N — SHEET NUMBER 31
84th
new septic
98th
Holdrege
31
N
(Joins sheet 25)
ShD WtC2 WtC2
WtC2
23
24
25
26
35
36
34
(Joins sheet 32)
(Joins sheet 36)
1425 000 FEET
2 810 000 FEET
1 Mile
5000 Feet
Scale · 1 : 20000
0
1000
2000
3000
4000
5000

Onsite Water Supply System
Property Transfer Inspection Report

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402-441-8031)
3131 "O" Street, Lincoln, NE 68510

FOR OFFICE USE ONLY
APD No. HPT00 ___ ___ ___
Initialized: ___/___/___ By: _____
FO$ Rec'd ___/___/___ By: _____
Amt _____ ck#_____
Posted: ___/___/___ By: _____
Return to Water Team Support Staff

Property Address: 1440 Linwood

Legal Description: T___ R___ S___ 1/4___ Subdivision_____ Blk _____ Lot _____

Parcel ID: __-__-___-___-___

Owner Name: _____ Phone #1: _____ Phone #2: _____

Owner E-mail address: _____ Fax #: _____

Authorized Agent*: _____ Phone #1: _____ Phone #2: _____

Agent Address (not required for PTI): _____ Fax #: _____

Agent E-mail address: _____

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.)

Onsite Water Supply System (check one)

- ☑ Private Well
- ☐ Shared Well
- ☐ Public Water

Onsite Wastewater Treatment System (check one)

- ☐ Lagoon
- ☐ Standard Septic
- ☐ Non-Standard (specify) _____
- ☐ Community System

Required Information:

1. The well meets setback requirements from known sources of contamination — Yes / No
2. The well is visibly in substantial compliance with Title 178 NAC 3 — Yes / No
3. Water sample tests for coliform bacteria were negative — Yes / No
4. Water sample tests for nitrate were less than 10 mg/l — Yes / No
   Nitrate test result _____
5. Additional inspection information attached — Yes / No

Comments:

_____

_____

_____

_____

Note: If the onsite water supply serving this property is not located on the described property, a copy of an agreement to use the supply must be included with this report.

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Signature: _____ Permit No.: HPTINS00 _____ Date: _____
Property Transfer Inspector