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

A

Permit Number HS002428

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* 5960 W Fletcher Ave City Lincoln, NE Zip 68524
(no rural route)

Legal Description SW SE 36 11 N 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot 3

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

B. Owner

Name Ryan & Eileen Cottey Signature _____

Address Same City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Podraza Signature _____

Address 14316 358 St City/State/Zip Lowville NE 68037

Work Phone 402 813 6929

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 20 ?
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

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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

NEBRASKA
Good Life. Great Resources.
DEPT. OF ENVIRONMENT AND ENERGY

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

12-014
Ver. 4/2020

Owner Name Ryan & Eileen Coffey Phone (402) 599-0838

Address 5960 W. Fletcher Ave Lincoln NE 68524
City State Zip

Location (Attach a sketch of the property showing test hole locations)

SW SE 36 11 N 5 Lancaster
¼ ¼ Section Township Range County

Lot # 7 Subdivision

Soil Type (Check one)

Sand ☐ Silt ☐ Clay ☐ Sandy Clay ☐ Loamy Sand ☐ Silty Clay ☐

Silty Clay Loam ☒ Sandy Loam ☐ Silt Loam ☐

Dates of Test

Start Date 6/25 to End Date 6/26, 2022

Weather Conditions

Precipitation 0 Avg. Temp 80 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period Start Date (Mo./Day)	Pre-saturation Period Start Time (Hr./Min)	Pre-saturation Period End Date (Mo./Day)	Pre-saturation Period End Time (Hr./Min)	Percolation Readings (last period) Start Date (Mo./Day)	Start Time (Hr./Min)	Start Water Level (inch)	End Time (Hr./Min)	Water Level Drop (inch)	Results: Elapsed Time (minutes)	Drop in Water Level (inches)	**Percolation Rate** (m ÷ l) (Minutes per inch)
1	32	6/25	11:30	6/26	12	6/26	12	14	12:30	1.5	30	1.5	20
2	32	6/25	11:30	6/26	12	6/26	12	14	12:30		30	1.2	25
3	32	6/25	11:30	6/26	12	6/26	12	14	12:30		30	1.3	23

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature Dean Pedro

Certificate or License # 24531

Address P.O. Box 153

City Louisville St. NE Zip 68037

Phone (402) 813-6929

Sum of Percolation Rates = 68

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 22.66

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

QUITCLAIM DEED

Coffey Grounds, LLC, GRANTOR, for good and lawful consideration, hereby transfer and convey unto GRANTEE, Ryan & Eileen Coffey the following described real estate.

LEGAL DESCRIPTION. THAT PART OF THE SE ¼ OF THE SECTION 36, TOWNSHIP 11 NORTH, RANGE 5 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, DESCRIBED AS FOLLOWS: COMMENCING AT THE SW CORNER OF SAID SE ¼; THENCE N00°13'15"E (ASSUMED BEARINGS), 83.20 FEET, ON THE WEST LINE OF SAID SE ¼, TO THE NORTH RIGHT OF WAY LINE OF FLETCHER AVENUE, THENCE CONTINUING ON SAID NORTH RIGHT OF WAY LINE, S89°47'03"E, 689.42 FEET, TO THE POINT OF BEGINNING; THENCE N00°17'29"E, 800.00 FEET; THENCE S89°47'12"E, 1126.28 FEET, TO THE WEST LINE OF LOT 7 IN SAID SE ¼; THENCE S00°17'29"W, 820.68 FEET, ON SAID WEST LINE OF LOT 7, TO SAID NORTH RIGHT OF WAY LINE; THENCE CONTINUING ON SAID NORTH RIGHT OF WAY LINE, N87°30'07"W, 517.80 FEET; THENCE N 89°47'03"W, 607.86, TO THE POINT OF BEGINNING. CONTAINS 20.81 ACRES Part of lot 8.

Executed this 5 day of April, 2022

Jerry W. Coffey, Grantor

Constance L Coffey, Grantor

STATE OF NEBRASKA)
)SS.
COUNTY OF LANCASTER)

The foregoing instrument was acknowledged before me on 5th day of April, ~~2021.~~ 2022

GENERAL NOTARY - State of Nebraska
SUE A SMETTER
My Comm. Exp. June 28, 2025

Sue A. Smetter
Notary Public

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. HS002428

System Type: Standard

Situs: No Site Address Specified

Issued: 7/26/2022

Expires: 7/26/2023

Description:

Owner: COFFEY GROUNDS LLC
701 MARINA BAY PL
LINCOLN, NE 68528

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

JASON PODRAZO
14316 358TH ST
LOUISVILLE, NE 68037