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

A

Permit Number
HS002430

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 14205 N 112th St. (no rural route) City Lincoln, NE Zip 68517

Legal Description S1 T11 R7

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

PID 18-61-400-001-000

B. Owner

Name Darleen Marolf Signature

Address 14440 Danvers St. City/State/Zip Waverly NE 68462

Home Phone 402 786 5105 Work Phone 402 560 1293

C. Certified Installer

Name: Steven C Lewis Signature

Address 3300 N 21st. Street 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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3

Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

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 7-06-22 Amount Paid $450 QV
Received By JAO Cash/Check No. CC5909

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 14205 N 112th St. (no rural route) City Lincoln NE, Zip 68517

Owner Barbara Marolf Address 14440 Danvers St. Waverly 68462

Date of Tests 7-3-22 to 7-5-22 Weather: Precipitation Ø Temperature 86

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	7/3	1430	7/5	8150	7/5	8150	6	7/5	9:20	30	1	30
2	"	"	"	"	"	"	"	6	"	"	"	1½	20
3	"	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								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) 7206
Groundwater Depth >10'

Sum of Percolation Rates: 80
Average of Rates: 23.333
Rate Used for Calculation: 20 - 30 mpi

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. HS002430

System Type: Standard

Situs: No Site Address Specified

Issued: 7/7/2022

Expires: 7/7/2023

Description: S1, T11, R7, 6th Principal Meridian, N1/2 SE

Owner: MAROLF, DARLEEN D
14440 DANVERS ST
WAVERLY, NE 68462

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
HS002430

Onsite Wastewater Treatment System
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1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot

PID 18-01-400-001-000

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Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

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 Installed without inspection Date rec'd 7/7/22 Date frwd 7/7/22

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 Doug Jones Called 6/29 or Email to Home

Date 6/29/22

Business Office Use Only

Date Received 7-06-22 Amount Paid $450 CC

Received By SAO Cash/Check No. 5909

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

Form A Updated: 1/13

SCANNED

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

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(no rural route)

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Signature of Reviewing Official Date

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) 18-01-400-001-000

Owner Darleen Marolf Address 14205 N 112th Street Lincoln

A. Wastewater Piping

1. Material: Sch 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 95 ft.

B. Septic Tank

1. Material Polly - Infiltrator
2. Capacity 1500
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well 150 ft.
   Pressure line NA ft.
   Property Line >50 ft.
   Foundation 95 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 20 ft. SE

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ Flow Lateral System
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 50 ft. 50 ft. 90 ft. 90, 30
4. Drainfield size: 1035 sq. ft.
5. Distance to:
   Well 158 ft.
   Pressure line NA ft.
   Property line >20 ft.
   Depth of Groundwater >10

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 7-7-22

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

1500 Gal
Infiltrator
Tank GPS:
N 40°57.017'
W096°34.064'
N
9'
95'
108'
100' Well
Setback
113'
158'
150'
c/o
14205 N 12th St
Well