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

A

Permit Number HS002454

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* 7080 West Pella Rd City Hallam, NE Zip 68368
(no rural route)

Legal Description 25 Lot 11 7 5 11
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 24 *Approx. Address (If to be determined)

B. Owner

Name Ryan Skillett Signature

Address 125 East 1st City/State/Zip

Home Phone Hallam NE 68368 Work Phone

C. Certified Installer

Name: Harper Well & Pump Inc Signature

Address City/State/Zip

Work Phone

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 22.8
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
Comments
Date rec'd
Date frwd
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 6-18-24 Amount Paid $450
Received By JAC Cash/Check No. 8816

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

Form A Updated: 4/15

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. HS002454

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/1/2022

Expires: 11/1/2023

Description: S24, T7, R5, Acres 6th Principal Meridian, LOT 11 SW

Owner: SKILLETT, RYAN & ELENA
125 S EAST ST
HALLAM, NE 68368

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

LEONARD HARPER
PO BOX 15
ADAMS, NE 68301

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

SCANNED

A

Permit Number HS002454

Onsite Wastewater Treatment System Permit Application

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A. Onsite System Location

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(no rural route)

Legal Description 25 Lot 11 2 5 11
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 24 *Approx. Address (If to be determined)

B. Owner

Name Ryan Skillett Signature

Address 125 Cortez City/State/Zip

Home Phone Hallam NE 68368 Work Phone

C. Certified Installer

Name: Harper Well & Pump Service Signature

Address City/State/Zip

Work Phone

D. Engineer

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

Designer Name Firm Work Phone

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☐ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 22.8
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 3/22/23
Comments
Date rec'd 11/1/22
Date frwd 11/1/22
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☑ Approved ☐ Disapproved
Signature Building permit already approved NH

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

Installation Final Written Approval
By Doug Smith
Date 3/31/23

Business Office Use Only
Date Received 6/8/23 Amount Paid $450
Received By JAC Cash/Check No. 8816

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

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

Exhibit 5

Permit Number: H500 2454

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/31/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7080 Pella 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 1,350 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 300' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 4.5 Factor No. of Drop Boxes _____ Distribution Box 1

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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 3/31/23

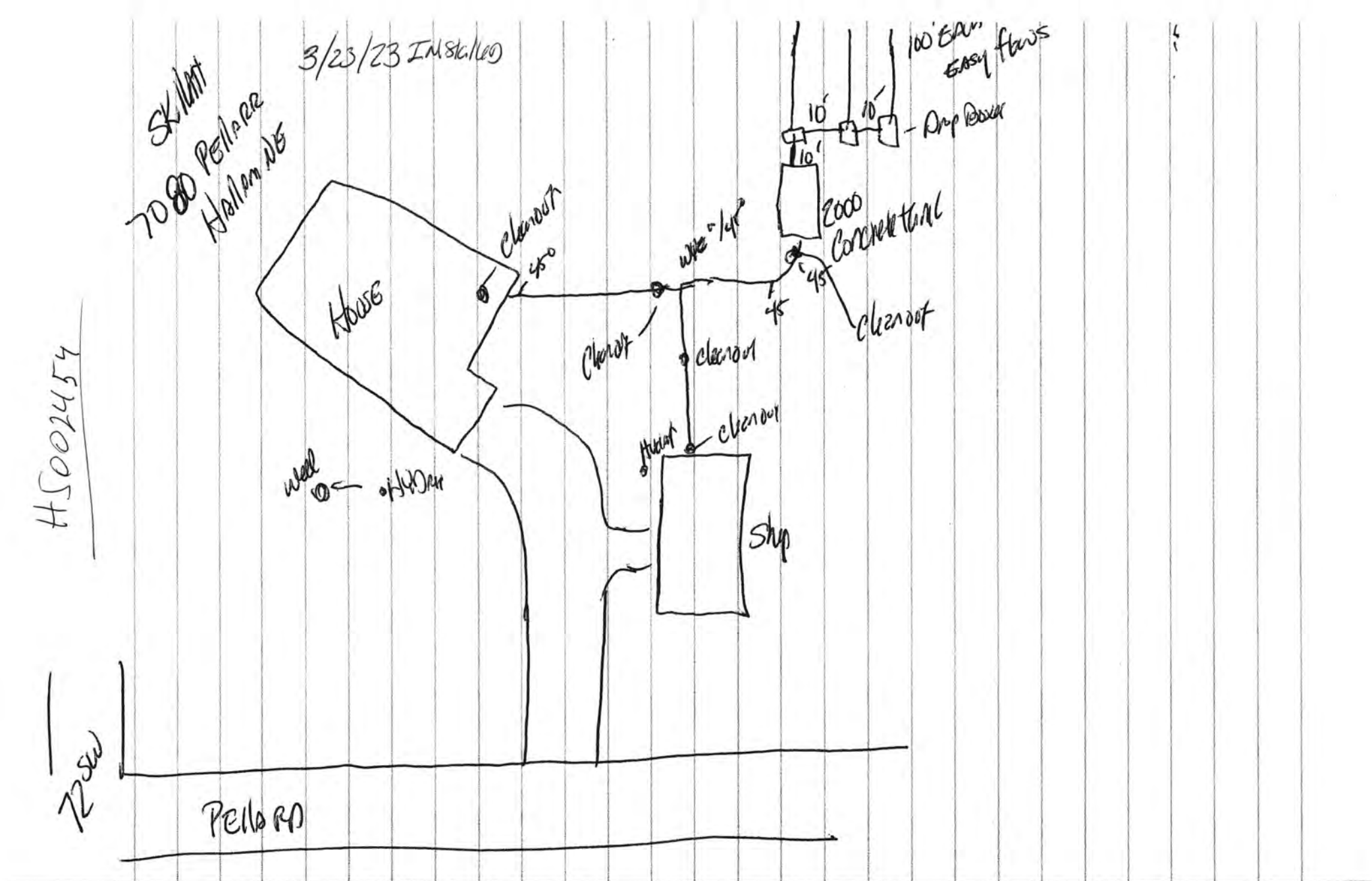
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Smith

Date 3/31/23

Field Note Drawing (See Reverse Side):


SKillMT
7080 Pellard
Hallen, ND
3/23/23 Installed
HS0024454
100' Bar, Easy flows
10'
10'
10'
Drop Boxes
2000 Concrete tank
House
cleanout
45°
wire - 1/4"
45
45
Cleanout
cleanout
cleanout
cleanout
Shop
well
72 SW
PELLARD

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 7080 West Pella Rd (no rural route) City Hallam NE, Zip

Owner Ryan Skillet Address

Date of Tests 5/10 to 5/11 Weather: Precipitation 0 Temperature 80

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30"	5/10	9.00	5/10	5:00	5/11	9:00	6	5/11	3:00		42	
2	↓			↓				6				41	
3	↓			↓				6				44	
4								6				40	
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Hoppes Well
Phone: 402 432-2207
Address PO Box 18 Ceresco NE

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation:

Soil type (NRCS Maps/Other)
Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date