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

A

Permit Number HS002465

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* 8033 Haley Lynn Ln. (no rural route) City Denton, NE Zip 68339

JAO Legal Description S21 T9 R5 High Meadow 2 4

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

PID 03 21 402 004 000 *Approx. Address (If to be determined)

B. Owner

Name Bryan Solko Signature

Address 5236 Union Hill Rd City/State/Zip lincoln Ne 68516

Home Phone 402 304 0298 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip lincoln Ne 68523

Work Phone 402 310 9160

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

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

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 9-26-22 Amount Paid $260.00
Received By JAO Cash/Check No. 9784

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

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 8033 Haley Lynn Ln. (no rural route) City Denton NE, Zip 68339

Owner _____ Address _____

Date of Tests 11-22-16 to 11-23-16 Weather: Precipitation 0 Temperature 42°

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		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	36	11-22	8:Am	11-23	11:30	11-23	11:30	6	11-23	12:00	30	1	30
2	1	1	1	1	1	1	1	6	1	1	1	1	30
3	1	1	1	1	1	1	1	6	1	1	1	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 100
Average of Rates: 33.3
Rate Used for Calculation: 30 to 40 MPI.

Soil type (NRCS Maps/Other) 7418 Morrill clay loam
Groundwater Depth Over 12'

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. HS002465

System Type: Standard

Situs: No Site Address Specified

Issued: 9/27/2022

Expires: 9/27/2023

Description: HIGH MEADOW ADDITION, BLOCK 2, Lot 4

Owner: SOLKO, BRYAN & KAMI
5236 UNION HILL RD
LINCOLN, NE 68516

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

KEVIN LEWIS
4810 W CLAIRE AVE
LINCOLN, NE 68523

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

SCANNED

A

Permit Number HS002465

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

PID 03 21 402 004 000 *Approx. Address (If to be determined)

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Name Bryan Solko Signature

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Home Phone 402 304 0298 Work Phone

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Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip lincoln Ne 68523

Work Phone 402 310 9160

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 3.54

Garbage Grinder? ☐ Yes ☒ No

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic

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Approval Process

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Site visits

Comments

Date rec'd 9/27/22
Date frwd 9/27/22

ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk

Comments

Date rec'd
Date frwd

ACTION ☐ Approved ☐ Disapproved
Signature

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Comments

Date rec'd
Date frwd

ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval

By

Date 8/14/23

Business Office Use Only
Date Received 9-26-22 Amount Paid $260.00
Received By JAD Cash/Check No. 9184

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

Form A Updated: 4/15

Nate C. Hartman

From: Antoinette Lewis <gagnerconstruction@yahoo.com>
Sent: Thursday, October 13, 2022 5:33 PM
To: Nate C. Hartman; Doug R. Smith
Subject: D sheet and drawing
Attachments: Scan_20221013.jpg; Scan_20221013_2.jpg

Bryan Solko system

8033 Haley Lynn, Denton

N
8033 Hadley Lynn
Denton
Tank GPS
N 40° 43. 884'
W096° 51. 507'
TANK
R
32"
16'
14'
PB
80'
110
112ft
105ft

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) 03 21 402 004 000

Owner: Bryan Selke Address 5236 Union Hill Rd. Lincoln 68516

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 105 ft.

B. Septic Tank

1. Material Poly
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 6 in.
4. Distance to:
   Well Over 200 ft.
   Pressure line " ft
   Property Line " ft.
   Foundation 100 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft. NW

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Inf.Trator EZ Flow 4.5
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 110 ft. 80 ft. ____ ft. ____
4. Drainfield size: 855 sq. ft. (825 req'd) ✓
5. Distance to:
   Well Over 200 ft.
   Pressure line " ft.
   Property line " ft.
   Depth of Groundwater Over 12'

NH

Worker install DH

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: _____ Date: Oct 4 2022

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