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

A

Permit Number
HSD02472

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 14201 O" St (no rural route) City Lincoln, NE Zip

Legal Description 28 10 8 40 NE

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

PID

B. Owner

Name Newcastle Construction Signature

Address 1341 Aaron Wkwy City/State/Zip Eagle NE 68347

Home Phone 402-499-4536 Work Phone 402-499-4536

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 No 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

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 6 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

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
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 10-6-22 Amount Paid $400.00
Received By LC Cash/Check No. 2200

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

Form A Updated 1-13

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. HS002472

System Type: Lagoon

Situs: No Site Address Specified

Issued: 10/7/2022

Expires: 10/7/2023

Description: S28, T10, R8, 6th Principal Meridian, PT LOT 40 NW (LYING IN TAX DISTRICT 35)

Owner: BEHREND, ERIC A & APRIL S
14201 O ST
LINCOLN, NE 68520

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

NEWCASTLE CONTRUCTION INC
BRANDON MEYER
1341 AMY WAY
EAGLE, NE 68347

SCANNED

A

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

Permit Number
HSD02472

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)

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 14201 O" ST (no rural route) City Lincoln, NE Zip

Legal Description 28 10 8 40 NE ~~40 NE~~

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

PID

B. Owner

Name NEWCASTLE CONSTRUCTION Signature

Address 1341 Amy Way City/State/Zip Eagle NE 68347

Home Phone 402-499-4536 Work Phone 402-499-4536

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 No 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

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 6 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 9.23

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 4/27/23 OK Date rec'd 10/5/22 ACTION ☒ Approved ☐ Disapproved
Date frwd 10/7/22 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 5/8/23

Business Office Use Only
Date Received 10-6-22 Amount Paid $460.00
Received By LC Cash/Check No. 2200

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

Form A Updated 1-13

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

Exhibit 5

Permit Number: HS002472

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/3/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14201 O" 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 1,755 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

_____

No. of Absorption Laterals 4 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 _____ Date 4/3?/22

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By Doug Anne

Date 5/3/23

Field Note Drawing (See Reverse Side):

14201 "D" St
1500 gal TANK
390 ft EZ FLOW LAT
10 styles 4in
70 ft 2in
D-BOX
(S)
(E)
(W)
(N)
1500 Conc
1000 Gal
Existing
D-Box
100 ft
100 ft
100 ft

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 14201 "O" ST (no rural route) City ~~Sy~~ LINCOLN NE, Zip

Owner NEWCASTLE CONST Address

Date of Tests 3-23 to 3-24 Weather: Precipitation N/A Temperature 60's

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	3-23	11:00	3-24	10:00	3-24	10:00	6	3-24	10:30	30	3/4	45
2								6				1/2	30
3								6				3/4	45
4								6				3/4	45
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mundell

Phone: 402-430-2944

Address Syracuse Alt

Sum of Percolation Rates: 165

Average of Rates: 41.25

Rate Used for Calculation: 40-50 mpi

Soil type (NRCS Maps/Other)

Groundwater Depth 12+

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date