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

A

Permit Number HS002474

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) West House

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 5400 South Coddington (no rural route) City Lincoln, NE Zip

Legal Description 1/4 1/4 Section 59 Township T9 Range R6 Subdivison Potters Pocket 1st Add Addition 1 Block Lot

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Catholic Bishop of Lincoln Signature

Address 3400 Sheridan Blvd City/State/Zip Lincoln NE 68506

Home Phone Work Phone

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres +5

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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
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 10-20-22 Amount Paid $460.00
Received By JAO Cash/Check No. CC 5253

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

Form A Updated 5/10

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 west house

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5600 South Coddington (no rural route) City Lincoln NE Zip

Owner Catholic Bishop of Lincoln Address

Date of Tests 6-30-22 to 7-1-22 Weather: Precipitation ∅ Temperature 80-90

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		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	48	6-30	9A	7-1	7:30A	7-1	11:30A	6	7-1	12P	30	1	30
2	48	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1	30
3	48	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	40
4	48	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blain Johnson

Phone: 402 610 2270

Address 8533 E Hwy 41
Adams NE 68301

Soil type (NRCS Maps/Other) Wymore

Groundwater Depth

Sum of Percolation Rates: 130

Average of Rates: 32.5

Rate Used for Calculation: 59

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
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

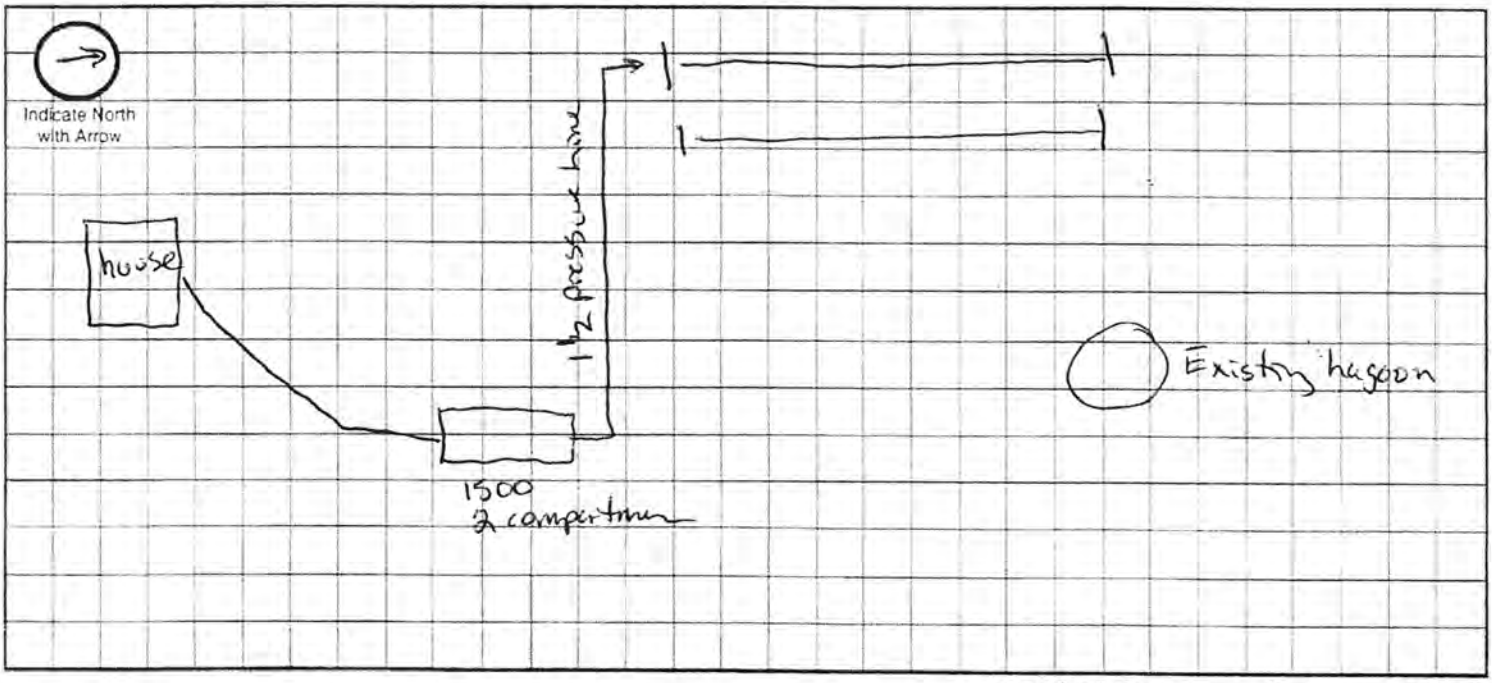
C

Permit Number:

Onsite Wastewater Treatment System west house

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 5600 South Caldwyton City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals (2 compartment) Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 3 Soil Type Wymore Land Slope_____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1050 sq.ft.

Total length of laterals 240 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other EZ

No. of absorption trenches 2 Width 36 No. of drop boxes 1 Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☐	NA ☑	25 ☐	20 ☑	15 ☐	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☐	4 ☑	30 ☐	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer Ben Johnson Date 10-10-2022

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. HS002474

System Type: Standard

Situs: No Site Address Specified

Issued: 10/10/2022

Expires: 10/10/2023

Description: POTTERS POCKET 1ST ADDITION, Lot 1

Owner: CATHOLIC BISHOP OF LINCOLN, THE
ATTN: JAMES D CONLEY,
PRESIDENT 3400 SHERIDAN BLVD
LINCOLN, NE 68506-6125

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

BLAIN JOHNSON
8533 E STATE HWY 41
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
HS002474

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C.
Submit correct fee
with this Application
West House

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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B. Owner

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Home Phone Work Phone

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Site visits
Date rec'd 10/10/22
Date frwd 10/10/22
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 12/1/23

Business Office Use Only
Date Received 10-18-22 Amount Paid $460.00
Received By JAO Cash/Check No. CC 5953

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

Form A Updated: 5/10

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon ☐ Evapotranspiration ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address / Lot / Subdivision / Parcel Identification Number / ID: Catholic Bishop Address: 5600 South Coldgyton west house

A. Wastewater Piping

1. Material: Plastic Diameter: 4"
2. Distance between dwelling and septic tank: 90 ft.

B. Septic Tank

1. Material: Concrete
2. Capacity: 1000 + 500 pump
3. Depth of tank to invert of outlet pipe: 12"
4. Distance to:
   - Well: +50
   - Property Line: NA
   - Lake/Stream: +100
   - Irrigation: +50

C. Drainfield Absorption Field

1. ☑ Trench ☐ Bed
2. Type of Perforated Pipe: ☐ Chamber ☑ Other: EZ Flow 30"
3. Number of Lines: 2
4. Length of each line: 130 = 120
5. Trench Area: 1050 1080 (825 sq ft)
6. Distance to:
   - Well: +100
   - Property Line: NA
   - Lake/Stream: +50
   - Other Dwelling: lee

D. Distribution Box or Drop Box

Distance and Direction from septic tank: W - 280

NA

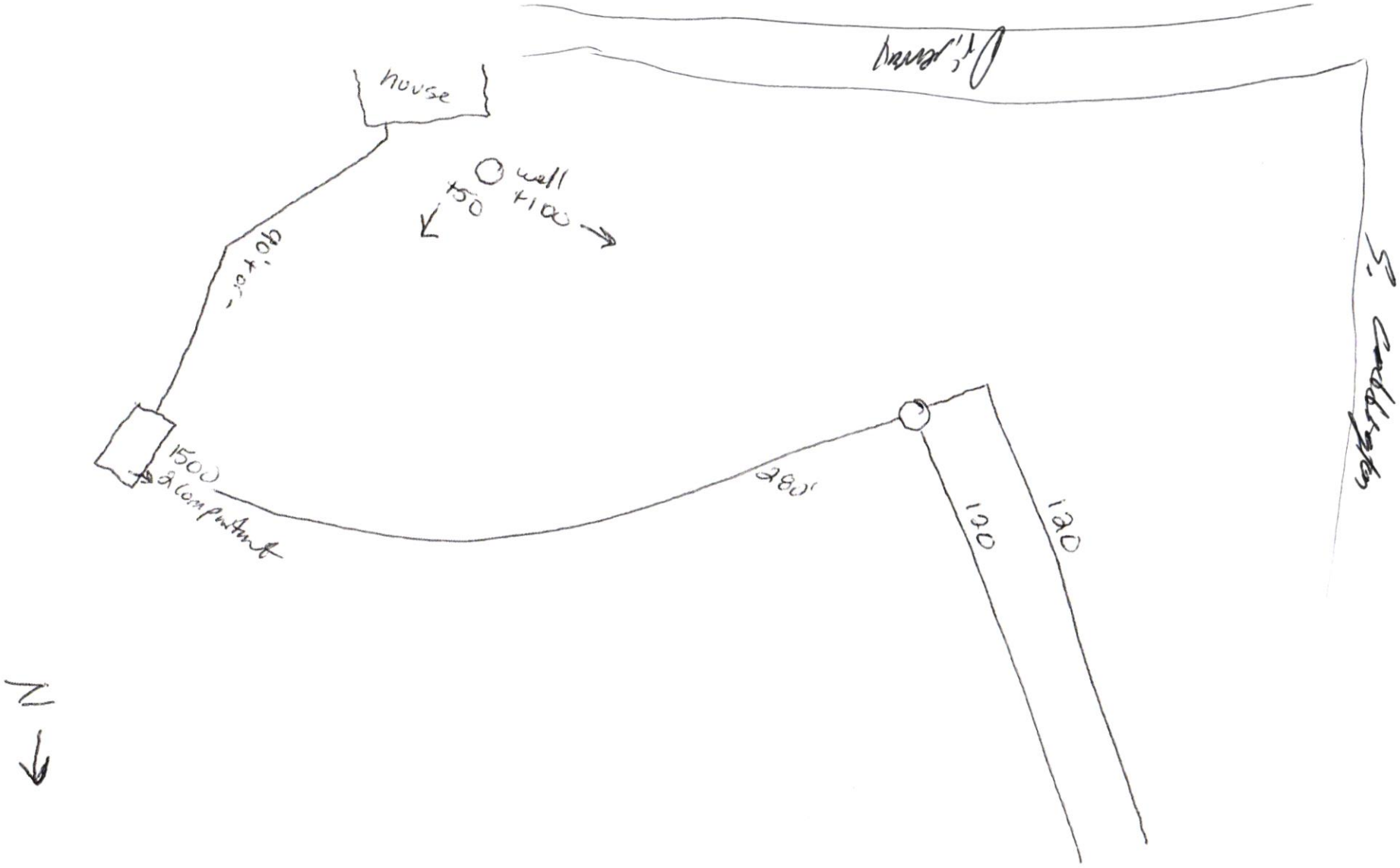
Was the Onsite Wastewater System powered primarily by electricity? ☑ Yes ☐ No

Was the Certified Product drip emitter type septic system?

I swear and affirm that my statements comply with Utah Code Ann. 57-8a-218 and Utah Administrative Rule R317-401 concerning persons who perform onsite wastewater system evaluations and that the statements above are true and accurate.

Certified Professional Signature: [signature] Date: 10/13/23

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


House
well
+100
150
90' ±
1500
to compartment
280'
190
190
N