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

A

Permit Number
HS0025O1

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 1001 Mockingbird Ln N (no rural route) City Lincoln, NE Zip 68512

Legal Description 9 6 14 Lazy Acres 2 5
1/4 1/4 Section Township Range Subdivison Addition LC Block Lot

PID 09-14-401-009-000

B. Owner

Name Jason Tauer Signature

Address City/State/Zip

Home Phone 402.890.8601 Work Phone

C. Certified Installer

Name: Steven C Lewis Signature

Address 3300 N 71st Street City/State/Zip Lincoln NE, 68507

Work Phone 4024321082

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 1.09
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 ☐ 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 1-23-23 Amount Paid 460.00
Received By LC Cash/Check No. CC8764

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 1001 Mockingbird Ln N (no rural route) City Lincolln NE, Zip 68512

Owner Jason Tauer. Address

Date of Tests 1/15/23 to 1/16/23 Weather: Precipitation 0 Temperature 44*

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	1/15	9:20	1/16	9:20	1/16	9:20	6	1/16	9:50	30	1	30
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3	36	1/15	9:20	1/16	9:20	1/16	9:20	6	1/16	9:50	30	7/8	35
4	36	1/15	9:20	1/16	9:20	1/16	9:20	6	1/16	9:50	30	1	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402.432.1082
Address 3300 N 71st Street
Lincoln NE, 68507

Sum of Percolation Rates: 130
Average of Rates: 32.5
Rate Used for Calculation: 30-40

Soil type (NRCS Maps/Other) 7270 Dickinson Fine Sandy Loam
Groundwater Depth >8'

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. HS002501

System Type: Standard

Situs: No Site Address Specified

Issued: 1/30/2023

Expires: 1/30/2024

Description: LAZY ACRES, BLOCK 2, Lot 5

Owner: TAUER, JASON & MCLAUGHLIN, JENNIFER
1001 MOCKINGBIRD LN N
LINCOLN, NE 68512

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

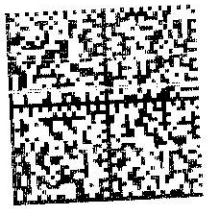
STEVEN C LEWIS
3300 N 71 ST
LINCOLN, NE 68507

CITY OF
NEBRASKA

HSD02501

3131 O Street
Lincoln, NE 68510-1514

Return Service Requested



$000.68

FEB 06 2023

STEVEN C LEWIS
3300 N 71 ST
LINCOLN, NE 68507

621 D7E 1 12811202/02/23
RETURN TO SENDER
LEWIS
1722 W AVALANCHE RD
LINCOLN NE 68521-1054

INT RETURN TO SENDER

68507321710 C020

SCANNED

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

A

Permit Number
HS0b2501

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Legal Description 14 9 6 Lazy Acres LC 2 5

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

PID 09-14-401-009-000

B. Owner

Name Jason Tauer Signature

Address City/State/Zip

Home Phone 402.890.8601 Work Phone

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Address 3300 N 71st Street City/State/Zip Lincoln NE, 68507

Work Phone 4024321082

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

Designer Name Firm Work Phone

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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 ☒ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department

Site visits

Comments

Date rec'd 1/30/23

Date frwd 1/30/23

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 1/11/24

Business Office Use Only

Date Received 1-23-23 Amount Paid 460.00

Received By LC Cash/Check No. CC 8764

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

Form A Updated: 1/13

* Sewer not available

Nate C. Hartman

From: Nebraska Septic <nebraskaseptic@gmail.com>
Sent: Wednesday, January 10, 2024 10:38 AM
To: Nate C. Hartman
Subject: 221206 Installation at 1001 Mockingbird Ln
Attachments: A and B Sheet.pdf; AsBuilt.jpg; Lancaster county D Sheet.pdf

Here you go Nate! Hope this works for you.

Thank You!

To accept a proposal Link!
Advanced Treatment Link!
NebraskaSeptic.com
-Steven C Lewis
(402) 432-1082

Nebraska
SEPTIC

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

A

Permit Number

Onsite Wastewater Treatment System
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By _____

Date 1/11/24

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

Signature of Reviewing Official Date



Nebraska SEPTIC

D Exhibit 4

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

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) 09-14-401-009-000

Owner: Mike Figueroa Address 1001 Mockingbird Ln. 68512

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 21 ft.

B. Septic Tank

1. Material: Plastic
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 120 ft.
   Pressure line ____ ft.
   Property Line ____ ft.
   Foundation 21 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft. SW

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless.
   EZ Flow
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 20 ft. 20 ft. 20 ft. ____
4. Drainfield size: 945 ✓ sq. ft. (825 per)
5. Distance to:
   Well 125 ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater >10' NH

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: 1 Apr 23

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