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

A

Permit Number
A5002507

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 780 W Branch Oak Rd (no rural route) City Davey, NE Zip NE 68336

Legal Description 27 12 6E 28

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

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

B. Owner

Name Kirk Bryant Signature _____

Address 7315 Yosemite Drive City/State/Zip Lincoln NE 68507

Home Phone 402-560-2437 Work Phone _____

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 Co. Rd. M City/State/Zip Mead NE 68041

Work Phone 402-443-6549

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 1 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.6

☐ 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 2-13-23 Amount Paid $460
Received By JAD Cash/Check No. 4807

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

Form A Updated: 5/10

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Kellyt Kint Bryant Phone 402-560-2437

Address 780 West Branched Oak Rd Davey NE 68336
City State Zip

Location (Attach a sketch of the property showing test hole locations)

__ ¼ __ ¼ 27 Section 12 Township 6E Range Lancaster County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay ____

Silty Clay Loam ✓ Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date 9-22 to End Date 9-23 20__

Weather Conditions

Precipitation ∅ Avg. Temp 80 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (in ÷ t) (Minutes per inch)
1	24	9/22	1:00	9/23	2:00	9/23	2:30	20	3:00	19	30	1	30
2	30							12		10,5		1,5	20
3	34							14		12,5		1,5	20
4	32							10		8,25		1,25	25

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature _____

Certificate or License # C1996

Address 1012 C Rd M

City Mead St NE Zip 68041

Phone 402-443-6549

Sum of Percolation Rates . = 95

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 24

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Not Done Yet

Nebraska DEO

System Registration For Onsite Wastewater Treatment System - Septic System

(Print or Type)

Kirk | Initial: | Bryant | 560-2437

Owner First Name | Initial | Last Name | Owner Phone Number

Business or Legal Entity Name (if applicable)

7315 Yosemite DR Lincoln NE 68507

Owner Mailing Address | City | State | Zip

780 West Branch Oak Road Davey NE 68336

Physical address of system if different from owner's mailing address

Location — Legal description OR Geographical coordinates to 6 decimal points

__ ¼ __ ¼ 27 Section 12 Township 6E Range Lancaster County | Latitude | Longitude

Mark One ☒ Dwelling ☐ Non-dwelling

Mark One

☒ New system ☐ Modification, reconstruction or alteration of existing system ☐ System inspection only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow 200 gal/day Depth to seasonal high groundwater 10+ feet

Septic tank capacity 1000 gallons Percolation rate 24 min/inch

Number of trenches 1 Width of trenches 54 inches

Total trench length 60 feet Total effective trench bottom area 270 sq. ft.

Soil Absorption System Description (Select one of the following):

- ☐ Gravelless chambers without filter material (inside bottom width of chamber ____ inches)
- ☐ Gravelless chambers with filter material (describe filter material ____)
- ☐ Pipe with filter material (describe filter material ____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe ____ inches)
- ☐ Gravelless pipe with filter material (describe filter material ____)
- ☒ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter ____ in.) EASY FLOW
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material ____)
- ☐ Other (describe) ____

Previous system registration number (if applicable) TS____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Scott | S | Subbert | C-1996

(Print or Type) First Name | Initial | Last Name | Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist | Date of Inspection or completion of construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

Version 5-2012

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

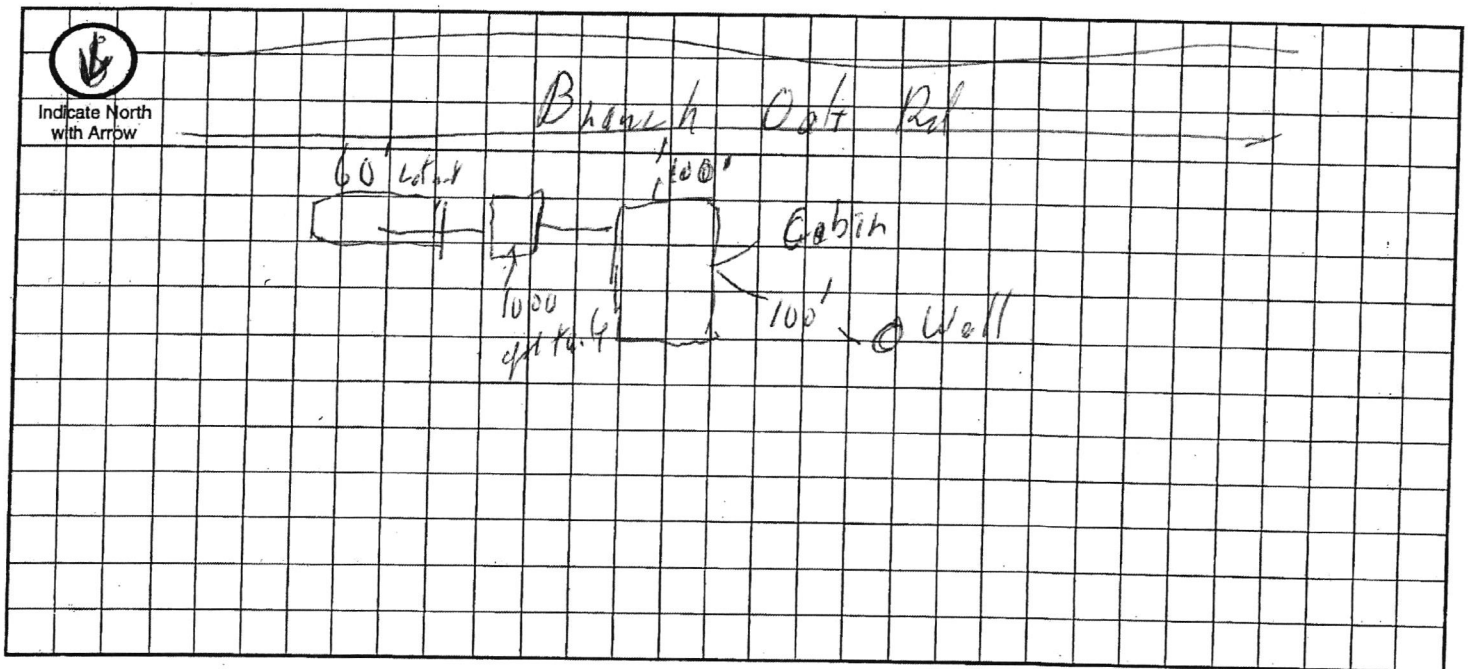
C

Permit Number:

Onsite Wastewater Treatment System

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) 780 W Branch Oak Rd City Davey NE, Zip 68336

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals 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 24 (min/inch = mpi) No. of Bedrooms 1 Soil Type_____ Land Slope 5 %

☐ Trench ☒ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals 60 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches 1 Width_____ No. of drop boxes_____ 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 Scott Sink Date _____

Installer Scott Sink Date 2-

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 2-13-2023 Legal Description 527 7N R 6E (1/4 1/4 Section Township Range)

Onsite System Location

Address (no rural route) 780 W Brook Oak Rd City Davey NE, Zip 68336

Owner Kirk Bryant Address 7315 Yosemite Dr. Lincoln 68507

A. Sewer Pipe

1. Material: Plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 120 ft.
   stream 100 ft.
   pressure line 30 ft.
   property line 100 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 120 ft.
   Stream 100 ft.
   Pressure line 30 ft.
   Property line 100 ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

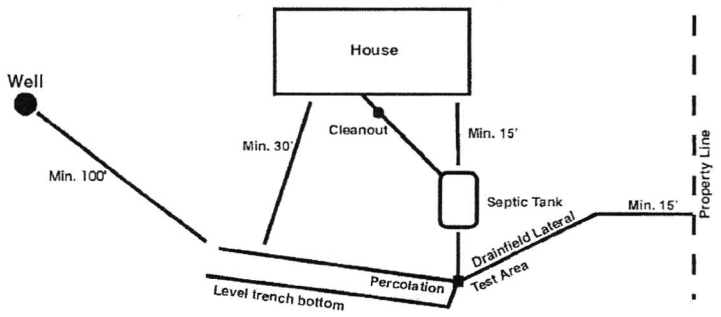
☐ Trench ☐ Bed ☑ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 24"x12" Echo Flow
   Number of distribution lines in bed 6
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other Styrofoam
2. Drainfield Laterals: Number 6
   Length of each line: 60 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 5' x 60' ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

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

Indicate North with Arrow

Onsite Wastewater System Design (Example)



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. HS002507

System Type: Standard

Situs: No Site Address Specified

Issued: 2/23/2023

Expires: 2/23/2024

Description: S27, T12, R6, Acres 6th Principal Meridian, LOT 28 SW

Owner: BRYANT, KIRK J & KELLI J
7315 YOSEMITE DR
LINCOLN, NE 68507

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

SCOTT SUBBERT
1012 COUNTY RD M
MEAD, NE 68041

SCANNED

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

A

Permit Number
A5002507

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

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Address 780 W Branch Oak Rd (no rural route) City Davey, NE Zip NE 68336

Legal Description 27 12 6E 29

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

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

B. Owner

Name Kirk Bryant Signature _____

Address 7315 Yosemite Drive City/State/Zip Lincoln NE 68507

Home Phone 402-560-2437 Work Phone _____

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 Co. Rd. M City/State/Zip Mead NE 68041

Work Phone 402-443-6549

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 1 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.6

☐ 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 5/25/23

Business Office Use Only
Date Received 2-13-23 Amount Paid $460
Received By JAD Cash/Check No. 4809

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

Form A Updated: 5/10

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS0025007

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/25/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 780 W. Bramble Oak City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☒ Non-dwelling 2x Hunting Cabin

☒ 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 450 Sq. Ft. Tank Size 1000 gals

Total length of laterals 100' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ flow

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 5/24/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

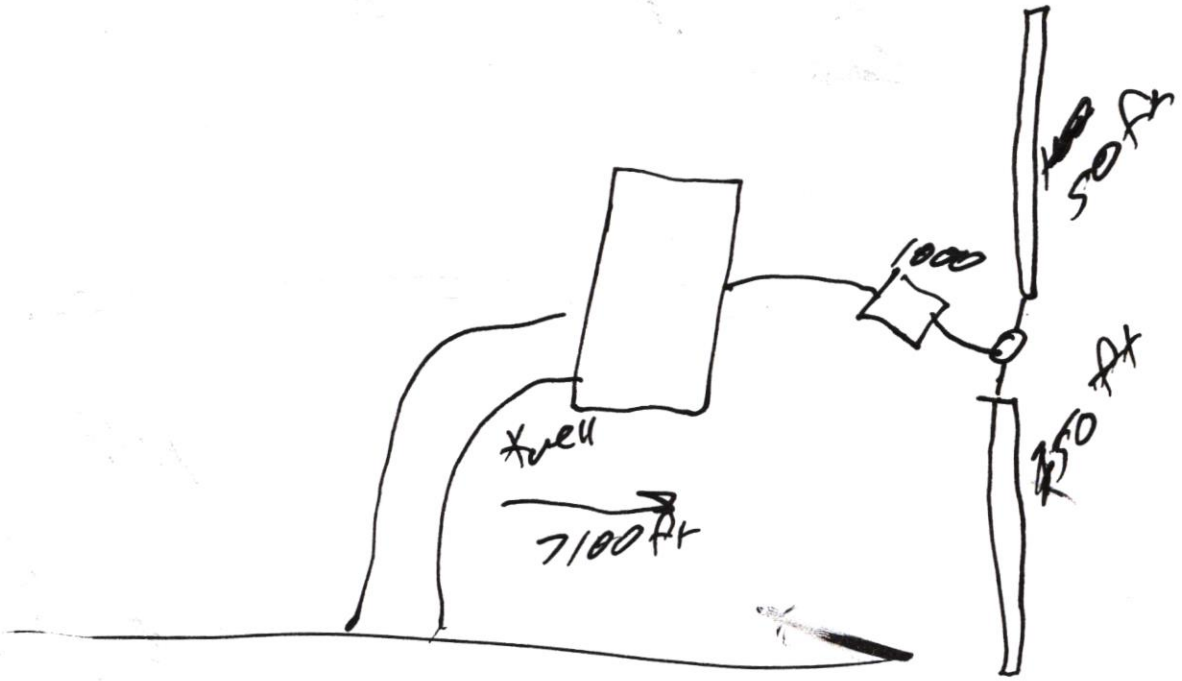
Installation Final Written Approval
By _____

Date 5/25/23

Updated 5/18

Field Note Drawing (See Reverse Side):

N



Nate C. Hartman

From: Todd A. Stutzman
Sent: Thursday, February 23, 2023 10:49 AM
To: Nate C. Hartman
Subject: 780 W Branched Oak Rd.

Nate,

S27, T12, R6 Lot 28 SW, is a buildable lot.

Todd Stutzman
Plans Examiner II
402-441-7097
tstutzman@lincoln.ne.gov

Nate C. Hartman

From: John V. Berry
Sent: Thursday, February 23, 2023 11:12 AM
To: Nate C. Hartman
Subject: Sewage Disposal System, PID #13 27 300 008 000
Attachments: Lot 28 GIS Floodplain.pdf; Lot 28 GIS.pdf; Lot 28.pdf

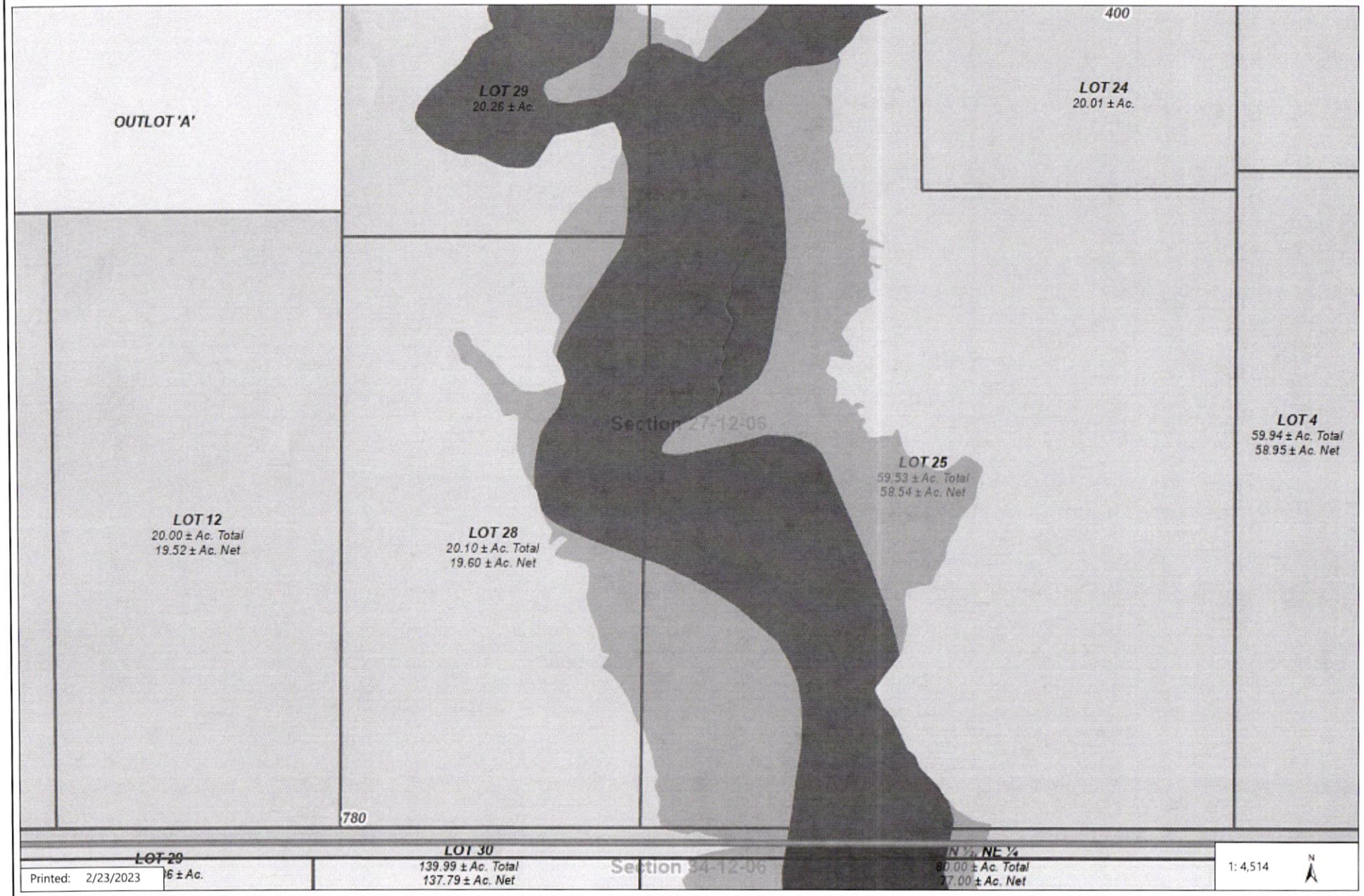
Nate,

Lancaster County Engineering Department indicates approval for a Sewage Disposal System for Lot 28, Irregular Tracts, located in the SW 1/4 of Section 27, Township 12 North, Range 6 East, of the 6th Principal Meridian, Lancaster County, Nebraska.
Property Address; 780 W. Branched Oak Road, Davey, NE. 68366. As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.

John V. Berry RLS #535
Lancaster County Surveyor
444 Cherrycreek Road, Bldg "C"
jberry@lancaster.ne.gov
Phone (402) 441-7681

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 2/23/2023

1: 4,514

N

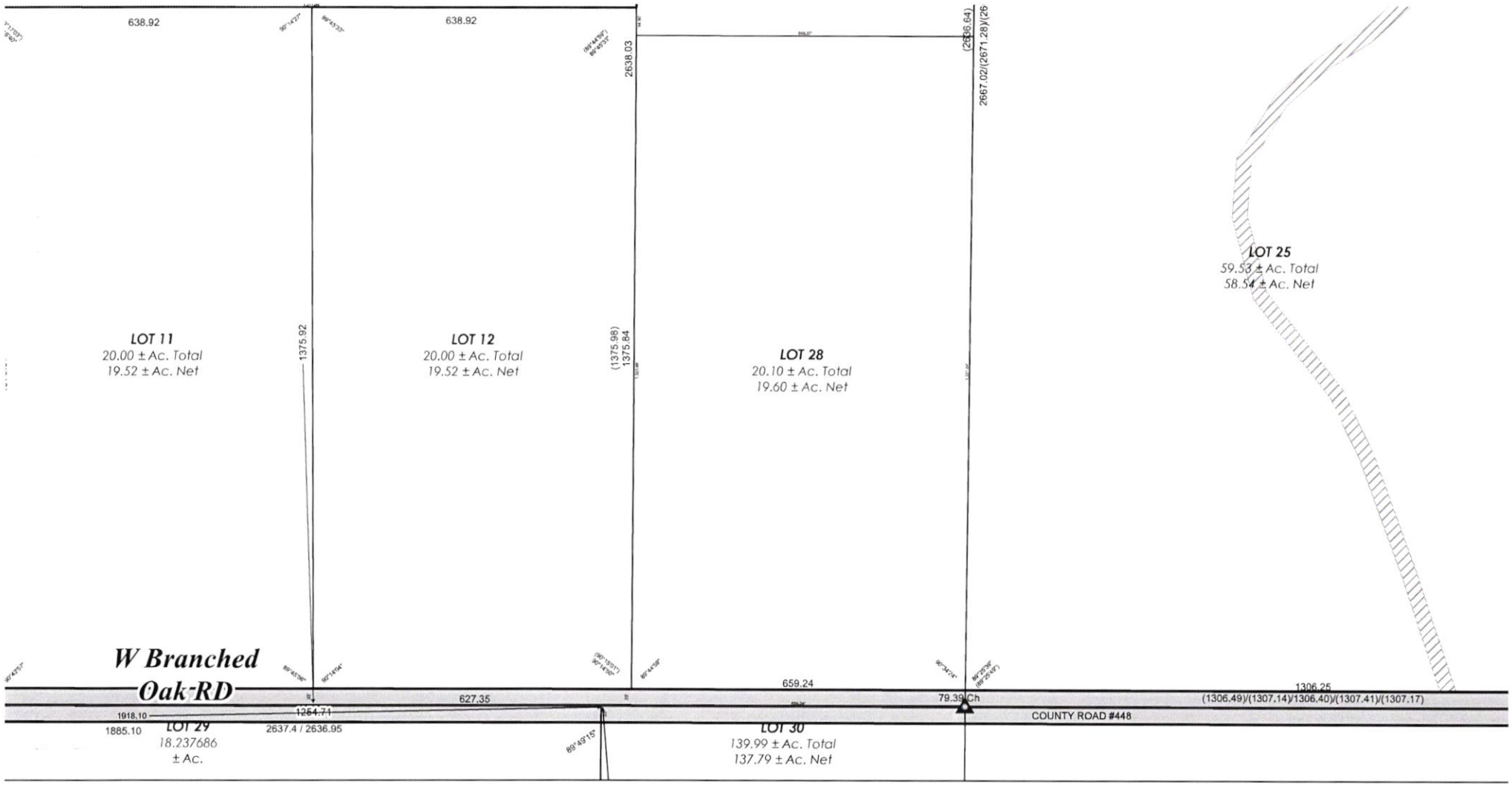
Disclaimer: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Disclaimer: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.


638.92
638.92
2638.03
(2666.64)
2667.02/(2671.28)/(26
LOT 11
20.00 ± Ac. Total
19.52 ± Ac. Net
1375.92
LOT 12
20.00 ± Ac. Total
19.52 ± Ac. Net
(1375.98)
1375.84
LOT 28
20.10 ± Ac. Total
19.60 ± Ac. Net
LOT 25
59.53 ± Ac. Total
58.54 ± Ac. Net
W Branched
Oak RD
659.24
627.35
79.39 Ch
1306.25
(1306.49)/(1307.14)/1306.40)/(1307.41)/(1307.17)
1918.10
1885.10
1264.71
2637.4 / 2636.95
COUNTY ROAD #448
LOT 29
18.237686
± Ac.
LOT 30
139.99 ± Ac. Total
137.79 ± Ac. Net