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

A

Permit Number HS002537

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* 1295 W Raymond Road City Raymond, NE Zip 68428
(no rural route)

Legal Description NE NE 4 11 6E 30
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID _____ *Approx. Address (If to be determined) _____

B. Owner

Name Edyn Ballard Signature Edyn Ballard

Address 1295 W Raymond Road City/State/Zip Raymond NE 68428.

Home Phone 1503 Work Phone _____

C. Certified Installer

Name: AWS Well CO Signature Steve Ways

Address PO Box 246 City/State/Zip Mead, NE 68041

Work Phone 402-624-3895

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 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

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 5-15-23 Amount Paid $140
Received By JAV Cash/Check No. 23670

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

Form A Updated: 4/15

Onsite Wastewater Treatment System Soil Percolation Test Data Sheet

	EDYN BALLARD		Phone	(402) 318-9663	
Address	1295 W RAYMOND ROAD	RAYMOND		NE	68428
		City		State	Zip

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

NE	NE	4	11	6E	LANCASTER
1/4	1/4	Section	Township	Range	County

Lot # | Subdivision

Soil Type (Check one)

Sand | Silt | Clay | Sandy Clay | Loamy Sand | Silty Clay

Silty Clay Loam [X] | Sandy Loam | Silt Loam

Dates of Test

Start Date 5/3 End Date 5/4 2023

Weather Conditions

Precipitation NA | Avg. Temp (^{0}F) 55

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** (m ÷ l) (Minutes per inch)
1	30	5/3	12:00	5/4	12:00	5/4	12:00	26	12:30	23.7	30	2.3	13.0
2	30	5/3	12:00	5/4	12:00	5/4	12:00	26	12:30	24	30	2	15.0
3	30	5/3	12:00	5/4	12:00	5/4	12:00	26	12:30	23.5	30	2.5	12.0
4	30	5/3	12:00	5/4	12:00	5/4	12:00	27	12:30	25	30	2	15.0

Certified Professional: Stuart Way 1981

Sum Of Percolation Rates	55.0
Avg. of Percolation Rates	13.8

Stuart Way

Signature

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. HS002537

System Type: Standard

Situs: No Site Address Specified

Issued: 5/16/2023

Expires: 5/16/2024

Description: S4, T11, R6, 6th Principal Meridian, LOT 30 NE

Owner: BALLARD, EDYN E
1503 RAYMOND RD
RAYMOND, NE 68428

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

STUART WAY
PO BOX 246
MEAD, NE 68041

7021 2720 0003 0159 4751

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Extra Services & Fees *(check box, add fee as appropriate)*

☐ Return Receipt (hardcopy) $

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5-19-23

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Stre

City, State, ZIP+4®

JOHNSON, JAMES C & PAMELA S
1005 BRIARWOOD DR
LAKEWOOD, NY 14750

PS Form 3800, April 2015 PSN 7530-02-000-9047 **See Reverse for Instructions**

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- A receipt (this portion of the Certified Mail label).
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  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt;* attach PS Form 3811 to your mailpiece; for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.
  - Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
  - Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
  - Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

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MENDEZ, MARGARET LORENA
4200 CORNHUSKER HWY LOT#10
LINCOLN, NE 68504

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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- ☐ Retur
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- ☐ Certi
- ☐ Adul
- ☐ Adul

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5-19-23

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LINCOLN, NE 68504

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Street

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