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

A

Permit Number HS 002549

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 7900 N 162nd St. (no rural route) City Lincoln, NE Zip 68527

Legal Description S26 T11 R8 4

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

PID 24-26-300-003-000

B. Owner

Name Don Bley Signature

Address SAME City/State/Zip

Home Phone 402-580-9887 Work Phone

C. Certified Installer

Name: Jeff Schoeneck Signature Jeff Schoeneck

Address 1645 CR T City/State/Zip Cedar Bluffs, NE 68015

Work Phone 402-720-9209

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 >3

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 Date rec'd

Date frwd

Comments

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 5-30-23 Amount Paid $400

Received By JAC Cash/Check No. CC 4156

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

Form A Updated: 1-13

Soil Absorption Test Data Sheet

Owner Information:

Owner: Don Bley Phone: 402-580-9887

Address: 7900 N 162nd St, Lincoln, NE 68527

Location: Same

Latitude 40.8894 Longitude -96.5014

Township _____ Range _____ Sec. _____ 1/4 sec. _____

County: Lancaster Area: >3 Acres

Soil Type

Aksarben Silty Clay Loam

No Evidence of Seasonal Water Table Within 8ft of Surface

Test Dates

Start Date	End Date
5/4/23	5/5/23

Test Day Weather

Weather Cloudy Temp. 61F

Precipitation Light Drizzle/Showers

Percolation test data:

Hole No.	Hole Depth (in.)	Final Percolation Readings: Start Date Mo./Day	Start Time (Hr./Min.)	Start Water Level (in.)	End (Hr./Min.)	End Water Level (in.)	Final Results: Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
1	24	5/5/23	10:45 AM	7.65	11:15 AM	6.70	30	0.95	31.6
2	24	5/5/23	10:46 AM	7.30	11:16 AM	6.60	30	0.70	42.9
3	24	5/5/23	10:47 AM	7.60	11:17 AM	6.55	30	1.05	28.6
4	24	5/5/23	10:48 AM	7.8	11:18 AM	6.70	30	1.10	27.3
5	24	5/5/23	10:49 AM	7.9	11:19 AM	7.25	30	0.65	46.2
6	24	5/5/23	10:50 AM	7.75	11:20 AM	6.90	30	0.85	35.3

Jeffery N. Schoenbeck, P.E. - E8989
Horizon Envirotech, LLC
1291 Co Rd V
Fremont, NE 68025
(402) 720-9209
Phone

Sum of Percolation rates = 211.7

Number of test holes = 6.0

Average of rates in Minutes/inch = 35.3

*If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.


Soil Percolation Test Site Sketch
Prepared By:
Jeffery N. Schoeneck, P.E.
Horizon Evirotech, LLC
402-720-9209
Legend
7900 N 162nd St
7900 N 162nd St
N
100 ft
Google Earth

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. HS002549

System Type: Standard

Situs: No Site Address Specified

Issued: 6/1/2023

Expires: 6/1/2024

Description: S26, T11, R8, 6th Principal Meridian, LOT 4 SW

Owner: BLEY FAMILY TRUST
7900 N 162 ST
LINCOLN, NE 68527

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

JEFF SCHOENECK
1645 CR T
CEDAR BLUFFS, NE 68015

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

SCANNED

A

Permit Number HS 002549

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department

Site visits 5/31/23 DS Date rec'd

Date frwd

Comments

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 Doug Arnold

Date 6/1/23

Business Office Use Only

Date Received 5-31-23 Amount Paid $460

Received By JAS Cash/Check No. cc 4156

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: HS002549

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/1/23 Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7900 N 162nd 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:

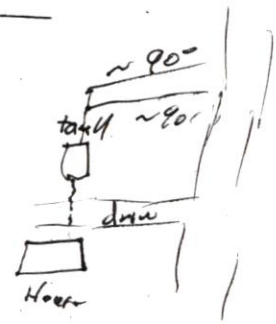
☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 825 ft Sq. Ft. Tank Size 1,500 gals

Total length of laterals ~190' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 2 Width 4.5 Gacto- 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: NA

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DG Date 5/31/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Rund

Date 6/1/23

Field Note Drawing (See Reverse Side):