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

A

Permit Number
#5002553

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 4120 Taliesin Dr (no rural route) City Lincoln, NE Zip 68520

Legal Description S2 T9 R7 IRREGULAR EAST 4

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

PID 16-02-301-004-000

B. Owner

Name Richard Yanssicap Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Steven C Lewis Signature

Address 1722 W. Avalanche Rd. City/State/Zip Lincoln NE, 68521

Work Phone 402 432 1082

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

1. Health Department **ACTION** ☐ Approved ☐ Disapproved

Site visits Date rec'd Signature

Date frwd

Comments

2. Supt. Bldg. Insp. or Village Clerk **ACTION** ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

3. City or County Engineer **ACTION** ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 6-01-23 Amount Paid $460
Received By JAV Cash/Check No. CC-0764

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 4120 Taliesin Dr. (no rural route) City Lincoln NE, Zip 68520

Owner Richard Youngscap Address

Date of Tests 5-15-23 to 5-16-23 Weather: Precipitation 0 Temperature 67°

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	5-15	1530	5-15	1530	5-16	1530	6	5-16	1600	30	.5	60
2	"	"	"	"	"	"	"	6	"	"	"	.5	60
3	"	"	"	"	"	"	"	6	"	"	"	.5	60
4	"	"	"	"	"	"	"	6	"	"	"	.5	60
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address 1722 W. Avalanche Rd.
Lincoln NE, 68512

Sum of Percolation Rates: 240
Average of Rates: 60
Rate Used for Calculation: 60mpi

Soil type (NRCS Maps/Other) 7666 Mayberry Silty clay loam.
Groundwater Depth >81'

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: 402-441-8643

D Exhibit 4

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) 16-02-301-004-000

Owner Richard Youngscap Address 4120 Taliesin Dr, Lincoln NE, 68520

A. Wastewater Piping

1. Material: pvc Diameter: 4 in.
2. Distance between dwelling and septic tank: 20 ft.

B. Septic Tank

1. Material: Concrete
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well >100 ft.
   Pressure line NA ft.
   Property Line 100 ft.
   Foundation 20 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 50' 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: 6, 4 new
3. Length of each lataral (linear): ft. 30 ft. 30 ft. 40 ft. 60 140' existing
4. Drainfield size: 1140 sq. ft.
5. Distance to:
   Well >200' ft.
   Pressure line NA ft.
   Property line 20' ft.
   Depth of Groundwater >8'

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: 5/25/2023

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

Updated 4-15


Well
N
4120 Taliesin Dr.
20'
DB
63'
50'
42'
Exsisting 70' P&G
Exasisting 70' P&G
DB
30'
30'
40'
60'
Property Line

From:	Chris M. Schroeder
To:	Janet O"Neal; Connie L. Erickson; Jeffrey O. Chambers; Jeffrey A. Eggerss; Robin G. Bouma
Cc:	Nate C. Hartman
Subject:	RE: HS002553, 4120 TALIESIN
Date:	Friday, June 2, 2023 8:50:13 AM

Approved!

From: Janet O'Neal <JONeal@lincoln.ne.gov>
Sent: Friday, June 2, 2023 8:39 AM
To: Connie L. Erickson <CErickson@lincoln.ne.gov>; Jeffrey O. Chambers <JChambers@lincoln.ne.gov>; Jeffrey A. Eggerss <JEggerss@lincoln.ne.gov>; Robin G. Bouma <RBouma@lincoln.ne.gov>; Chris M. Schroeder <cschroeder@lincoln.ne.gov>
Cc: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: HS002553, 4120 TALIESIN

Steven Lewis submitted a septic application yesterday ($460), which I entered into Accela under HS002553. I received an email from him this morning saying this should have been an alteration permit ($245). He filled out the wrong paperwork.

I spoke with Jeff Eggerss, and he said he will make the necessary changes in Accela to make this Existing/Alteration. Jeff, please do your Accela magic.

Chris, please approve refunding the difference to Steven Lewis ($215).

Connie/Jeff C., once Chris approves the refund, please have a check issued to Steven Lewis, 1722 W. Avalanche Rd., Lincoln, NE 68522-1694.

Thank you!

Janet A. O'Neal
Senior Office Assistant
Lincoln-Lancaster County Health Dept.
Environmental Public Health
3131 O Street, Lincoln, NE 68510
Phone: 402-441-8002
Fax: 402-441-3890
Email: joneal@lincoln.ne.gov

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002553

System Type: Standard

Situs: No Site Address Specified

Issued: 6/6/2023

Expires: 6/6/2024

Description: IKIRU EAST, Lot 4

Owner: YOUNGSCAP, RICHARD L &
BARBARA
4120 TALIESIN DR
LINCOLN, NE 68520

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

STEVEN LEWIS
1722 W AVALANCHE RD
LINCOLN, NE 68521

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

SCANNED

A

Permit Number
#500 2553

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 4120 Taliesin Dr (no rural route) City Lincoln, NE Zip 68520

Legal Description 52 T9 R7 IKIRU EAST 4

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

PID 16-02-301-004-000

B. Owner

Name Richard Yanssap Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Steven C Lewis Signature

Address 1722 W. Avalanche Rd. City/State/Zip Lincoln NE, 68521

Work Phone 402 432 1082

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

1. Health Department

Site visits 5/25/23 DO Date rec'd 6/6/23 ACTION ☒ Approved ☐ Disapproved

Date frwd 6/6/23 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 Doug Mues

Date 6/12/23

Business Office Use Only

Date Received 6-01-23 Amount Paid $460

Received By JAD Cash/Check No CC-07624

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: H5002553

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/12/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4120 Taliesin 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: 2 bed.

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

Total square feet of drainfield 1,140 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 160' new 140' exist Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 4 new 1 exist Width 4.5 facts No. of Drop Boxes _____ Distribution Box _____

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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 5/25/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mabel

Date 6/12/23

Field Note Drawing (See Reverse Side):