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

A

Permit Number HS002563

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* 9722 W Sprague Rd City Crete, NE Zip 68333
(no rural route)

Legal Description 27 8 5 6th Principal Meridian 12 Sw

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

PID 022730000 6000 *Approx. Address (If to be determined)

B. Owner

Name James Phipps Signature

Address 9722 W Sprague Rd City/State/Zip Crete Ne 68333

Home Phone 402 826 1791 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln Ne 68523

Work Phone 402 310 9160

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 20 +
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

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 7-05-23 Amount Paid $460
Received By CAT Cash/Check No. CC 4668

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

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 9722 W Sprague Rd (no rural route) City Crete NE, Zip 68333

Owner James Phipps Address 9722 W Sprague Rd.

Date of Tests 6-29-23 to 6-30-23 Weather: Precipitation 0 Temperature 87°

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		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36"	6-29	7 AM	6-30	8 AM	6-30	8 AM	6	6-30	8:30	30	½	60
2	"	"	"	"	"	"	"	6	"	"	"	⅝	48
3	"	"	"	"	"	"	"	6	"	"	"	½	60
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 168
Average of Rates: 56
Rate Used for Calculation: 50-60

Soil type (NRCS Maps/Other) Wymore silty clay loam (7684)
Groundwater Depth Over 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. HS002563

System Type: Standard

Situs: No Site Address Specified

Issued: 7/7/2023

Expires: 7/7/2024

Description: S27, T8, R5, 6th Principal Meridian, LOT 12 SW

Owner: SCHULTZ, VERNA L REVOCABLE TRUST
9722 W SPRAGUE RD
CRETE, NE 68333

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

KEVIN LEWIS
4810 W CLAIRE AVE
LINCOLN, NE 68523

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

SCANNED

A

Permit Number HS002563

Onsite Wastewater Treatment System Permit Application

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☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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Address* 9722 W Sprague Rd City Crete, NE Zip 68333
(no rural route)

Legal Description 27 8 5 6th Principal Mer'd. 12 Sw
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 0227300006000 *Approx. Address (If to be determined)

B. Owner

Name James Phipps Signature
Address 9722 W Sprague Rd City/State/Zip Crete Ne 68333
Home Phone 402 826 1791 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature
Address 4810 W Claire Ave City/State/Zip Lincoln Ne 68523
Work Phone 402 310 9160

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☐ Check and complete if engineer designed system P.E. License Number:
Designer Name Firm Work Phone

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☐ 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

1. Health Department
Site visits 8/10/23 DB
Comments
Date rec'd 7/7/23
Date frwd 7/7/23
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 Doug Mace
Date 8/14/23

Business Office Use Only
Date Received 7-05-23 Amount Paid $460
Received By DMT Cash/Check No CC 4668

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

Form A Updated: 4/15

System Replacement

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

Exhibit 5

Permit Number: HS002563

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/14/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9722 W. Sprague 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 1,080 Sq. Ft. Tank Size 1,000 gals

Total length of laterals ~240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

_____

No. of Absorption Laterals 2 Width 4.5 Factor 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:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

N/A

Comments:

Inspections prior to Final Approval
Initial DC Date 8/10/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mull

Date 8/14/23

Field Note Drawing (See Reverse Side):