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

A

Permit Number HS002585

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 12301 Trails End Rd. (no rural route) City Malcolm, NE Zip 68524

Legal Description SS T10 R9 Pawnee Estates 3 5
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 04-05-103-005-000

B. Owner

Name Lacey Rohe Signature

Address 12301 Trails End Rd City/State/Zip Malcolm NE 68524

Home Phone 402 314 2740 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3
Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

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 9-14-23 Amount Paid $470
Received By JAD Cash/Check No. CC6764

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 12301 Trails End Rd (no rural route) City Malcolm NE, Zip 68524

Owner Evelyn Johnson Address

Date of Tests 8-1-23 to 8-2-23 Weather: Precipitation <.1" Temperature 76

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	8-1	11:00	8-2	11:00	8-2	11:00	6	8-2	11:30	30	3/4	40
2	36	"	"	"	"	"	"	6	"	"	"	3/4	40
3	36	"	"	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis

Phone: 4024321082

Address 1722 W. Avalanche Rd Lincoln NE, 68521

Soil type (NRCS Maps/Other) 2296 Malcolm silt loam

Groundwater Depth > 8'

Sum of Percolation Rates: 120

Average of Rates: 40

Rate Used for Calculation: 40 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date


12301 Trails End Rd.
1500g Tank GPS:
N 40.866209
W-96.886108
Tank to:
Exsisting Sewer
Tie in = 12'
Dist. Box = 15'
SWC House = 74'
Well = 237
Laterals to:
Well = 245'
House = 94'
40'
N

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) 04-05-103-005-000

Owner Lacey Rohe Address 12301 Trails end Rd. 68524

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 74 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 26 in.
4. Distance to:
   Well 237 ft.
   Pressure line ____ ft.
   Property Line ____ ft.
   Foundation 74 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft. S

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: 3
3. Length of each lateral (linear): ft. 120 ft. 120 ft. 40 ft. ____
4. Drainfield size: 1260 sq. ft.
5. Distance to:
   Well 245' ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater 281

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: 9-12-23

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

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. HS002585

System Type: Standard

Situs: No Site Address Specified

Issued: 9/15/2023

Expires: 9/15/2024

Description: PAWNEE ESTATES, BLOCK 3, Lot 5

Owner: ROHE, DAVID & LACEY
12301 TRAILS END
MALCOLM, NE 68524

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

STEVEN LEWIS
1722 W AVALANCHE RD
LINCOLN, NE 68521

SCANNED

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

A

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

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Home Phone 402 314 2740 Work Phone

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Designer Name Firm Work Phone

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Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 560

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

Comments

Date rec'd 9/15/23 Date frwd 9/15/23

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 Rhuel

Date 9/28/23

Business Office Use Only

Date Received 9-14-23 Amount Paid $470

Received By JAD Cash/Check No. CC8764

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

Form A Updated: 1/13