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

A

Permit Number HS0025986

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 4140 Princeton Road (no rural route) City Firth, NE Zip 68358

Legal Description S17 T1 R1 53

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

Geographical Location (if known): Lat/Long: 40.57000 N 96.66334 W PID 1417300021000

B. Owner

Name Rod Koehler Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E St Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 14

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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
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 $490
Received By Cash/Check No. 0215

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 4140 Princeton Road (no rural route) City Firth NE Zip 68358

Owner Rod Koehler Address 4140 Princeton Road

Date of Tests 9-12-23 to 9-13-23 Weather: Precipitation ∅ Temperature 70's

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	48	9/12	9:30a	9-13	7:30a	9-13	11A	6	9-13	11:30a	30	3/4	40
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	40
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	40
4	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1/2	60
5	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1/2	60
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blair Johnson
Phone: 402 610 2270
Address 9533 E State Hwy 41
Adams NE 68301

Soil type (NRCS Maps/Other) Pawnee, Burchard modarny

Groundwater Depth 120ft.

Sum of Percolation Rates: 240
Average of Rates: 48
Rate Used for Calculation: 59

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: 402-441-8022

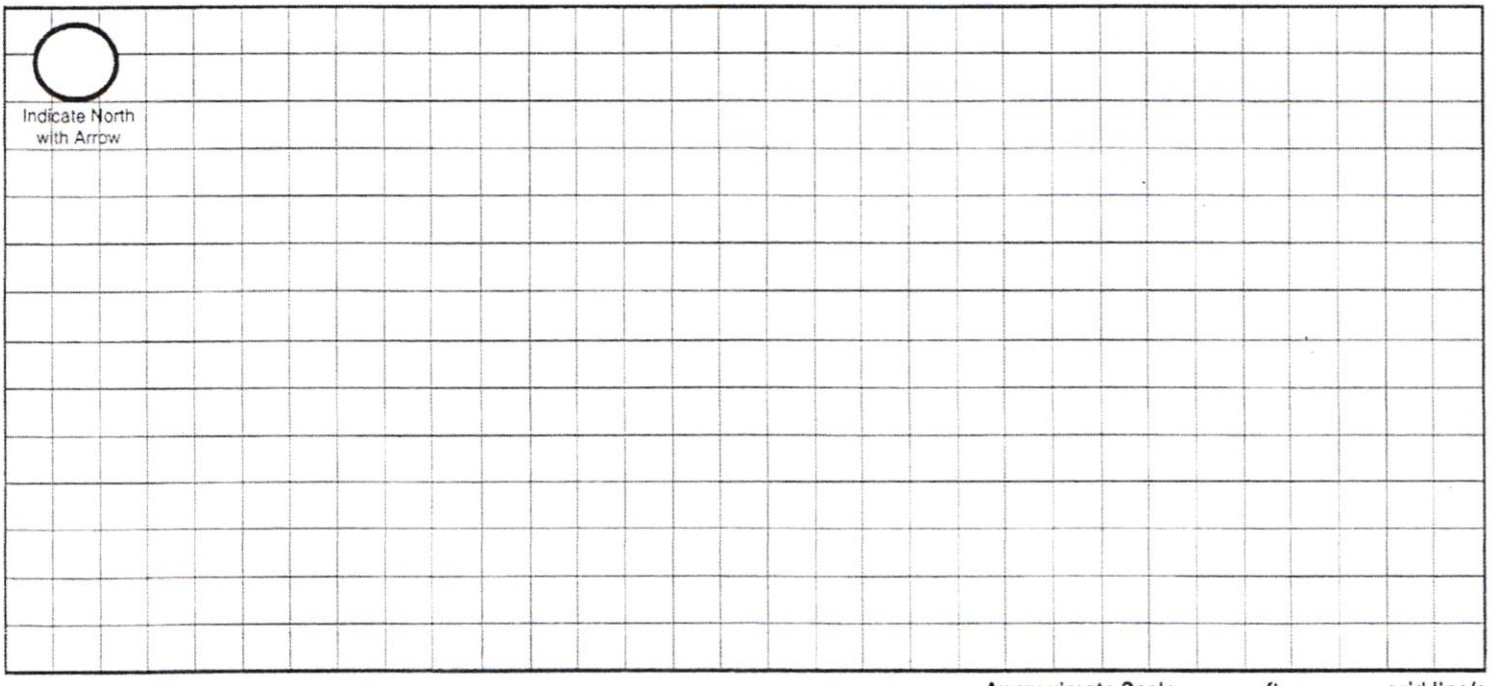
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 41140 Princeton Road City Firth NE, Zip 68358

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 4 Soil Type Pawnee/Burchard natural Land Slope_____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1400 sq.ft.

Total length of laterals 320 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other

No. of absorption trenches 3 Width 36 No. of drop boxes 2 Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☑	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor_____ Date_____

Installer [signature] Date 9-13-2023

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. HS002586

System Type: Standard

Situs: No Site Address Specified

Issued: 9/15/2023

Expires: 9/15/2024

Description: S17, T7, R7, 6th Principal Meridian, LOT 53 SW

Owner: KOEHLER, RODNEY W & CHERYL A
4140 PRINCETON RD
FIRTH, NE 68358

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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301

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

A

Permit Number
HS002586

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 4140 Princeton Road (no rural route) City Firth, NE Zip 68358

Legal Description _____

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

Geographical Location (if known): Lat/Long: 40.57000 N 96.66334 W PID 1417300021000

B. Owner

Name Rod Koehler Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Blain Johnson Signature _____

Address 8533 E St Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 14

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

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

1. **Health Department,** Site visits 10/?/22 06
   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 Doug Rowe
Date 10/16/23

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

SCANNED

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

A

Permit Number HS002586

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 4140 Princeton Road (no rural route) City Firth, NE Zip 68358

Legal Description S17 T1 R1 53

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

Geographical Location (if known): Lat/Long: 40.57000 N 96.66334 W PID 1417300021000

B. Owner

Name Rod Koehler Signature

Address City/State/Zip

Home Phone Work Phone 450-7168

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E St Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 14

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

Type of Wastewater ☑ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

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

1. Health Department Date rec'd 9/15/23 ACTION ☒ Approved ☐ Disapproved
Site visits Date frwd 9/15/23 Signature

2. Supt. Bldg. Insp. or Village Clerk Date rec'd ACTION ☐ Approved ☐ Disapproved
Comments Date frwd Signature

3. City or County Engineer Date rec'd ACTION ☐ Approved ☐ Disapproved
Comments Date frwd Signature

Installation Final Written Approval
By

Date

Business Office Use Only
Date Received 9-14-23 Amount Paid $490
Received By JBB Cash/Check No. W2158

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

Form A Updated: 5/10

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

Exhibit 5

Permit Number: HS002586

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/16/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4140 Princeton 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 1,400 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 320' Type of Distribution: ❑ Chamber ❑ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 3 Width 4.5 Factor No. of Drop Boxes 2 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 _____ N/A

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 10/17/23
Follow-Up Covered prior to inspection Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 10/16/23

Field Note Drawing (See Reverse Side):

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 4140 Princeton Road (no rural route) City Firth NE Zip 68358

Owner Rod Koehler Address 4140 Princeton Road

Date of Tests 9-12-23 to 9-13-23 Weather: Precipitation ϕ Temperature 70's

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)
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2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	40
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4	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1/2	60
5	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1/2	60
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blain Johnson

Phone: 402 610 2270

Address 9533 E State Hwy 41
Adams NE 68301

Soil type (NRCS Maps/Other) Pawnee, Burchard modamy

Groundwater Depth 120ft.

Sum of Percolation Rates: 240

Average of Rates: 49

Rate Used for Calculation: 59

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: 402-441-8022

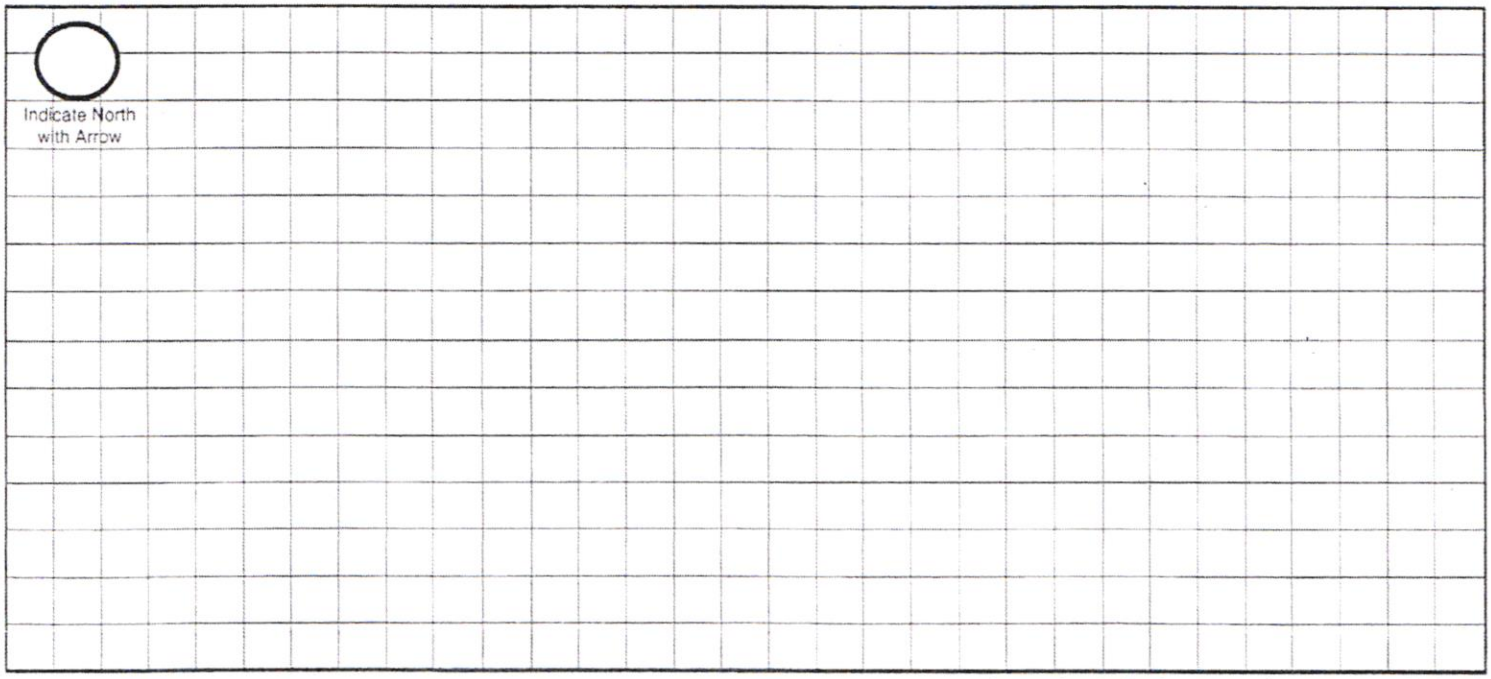
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

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Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 4140 Princeton Road City Firth NE, Zip 68358

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 4 Soil Type Pawnee/Burchard complex Land Slope_____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1400 sq.ft.

Total length of laterals 320 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other

No. of absorption trenches 3 Width 36 No. of drop boxes 2 Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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Field (ft)	100 ☑	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor_____ Date_____

Installer [signature] Date 9-13-2023