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

A

Permit Number HS002604

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 15335 SW 14th (no rural route) City Malcolm, NE Zip 68404

Legal Description 1/4 16 1/4 Section 8 Township 6 Range Subdivison Addition Block 49 Lot 63

PID 08-16-400-007-00

B. Owner

Name Marc LeBaron Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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 George Borneman Design flow in gallons per day 100

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 ACTION ☐ Approved ☐ Disapproved
Date frwd 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
Date

Business Office Use Only
Date Received 10-24-23 Amount Paid $470
Received By JAO Cash/Check No. CC 1950

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

Form A Updated 1

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 15335 SW 14th St (no rural route) City Martell NE, Zip 68404

Owner Marc Lebaron Address 600 W. E St. Lincoln 68522

Date of Tests 8-15 to 8-16 Weather: Precipitation Ø Temperature 80

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	8-15	1400	8-16	1400	8-16	1400	6	8-16	1430	30	3/4	40
2	"	"	"	"	"	"	"	6	"	"	"	3/4	40
3	"	"	"	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address 1722 W. Avalanche Rd.
Lincoln NE, 68521

Sum of Percolation Rates: 120
Average of Rates: 40
Rate Used for Calculation: 40 mpi

Soil type (NRCS Maps/Other) 7684 Wymore silty clay
Groundwater Depth 28

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. HS002604

System Type: Standard

Situs: No Site Address Specified

Issued: 10/30/2023

Expires: 10/30/2024

Description: S16, T8, R6, 6th Principal Meridian, LOTS 49 NE & 63 SE

Owner: CARDWELL RANCH II LLC
600 W E ST
LINCOLN, NE 68522

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

SCOTT MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446