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

A

Permit Number
HSDO2633

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 6240 Princeton Road (no rural route) City Firth, NE Zip 68358

Legal Description 16 7 7 35

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

PID 1916400007000 LC

B. Owner

Name Eric Malina Signature

Address City/State/Zip

Home Phone 402 416 5582 Work Phone

C. Certified Installer

Name: Blair Johnson Signature

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

Work Phone

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 20 ??

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 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 2-26-24 Amount Paid 470.00
Received By LC Cash/Check No. 2451

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 6240 Princeton Rd (no rural route) City _____ NE. Zip _____

Owner Eric Malina Address _____

Date of Tests Nov 3 '23 to Nov 4 '23 Weather: Precipitation Ø Temperature 40°-50° cloudy

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	48	11/3	10a	11/4	8a	11/4	12p	6	11/14	12:30p	30min	3/4	40
2	48	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	40
3	48	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1	30
4	48	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Blain Johnson
Phone: 402 610 8270
Address 9533 E Hwy 41
Adams NE 68301
Soil type (NRCS Maps/Other) Wymore
Groundwater Depth 120 ft

Sum of Percolation Rates: 150
Average of Rates: 37.50
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

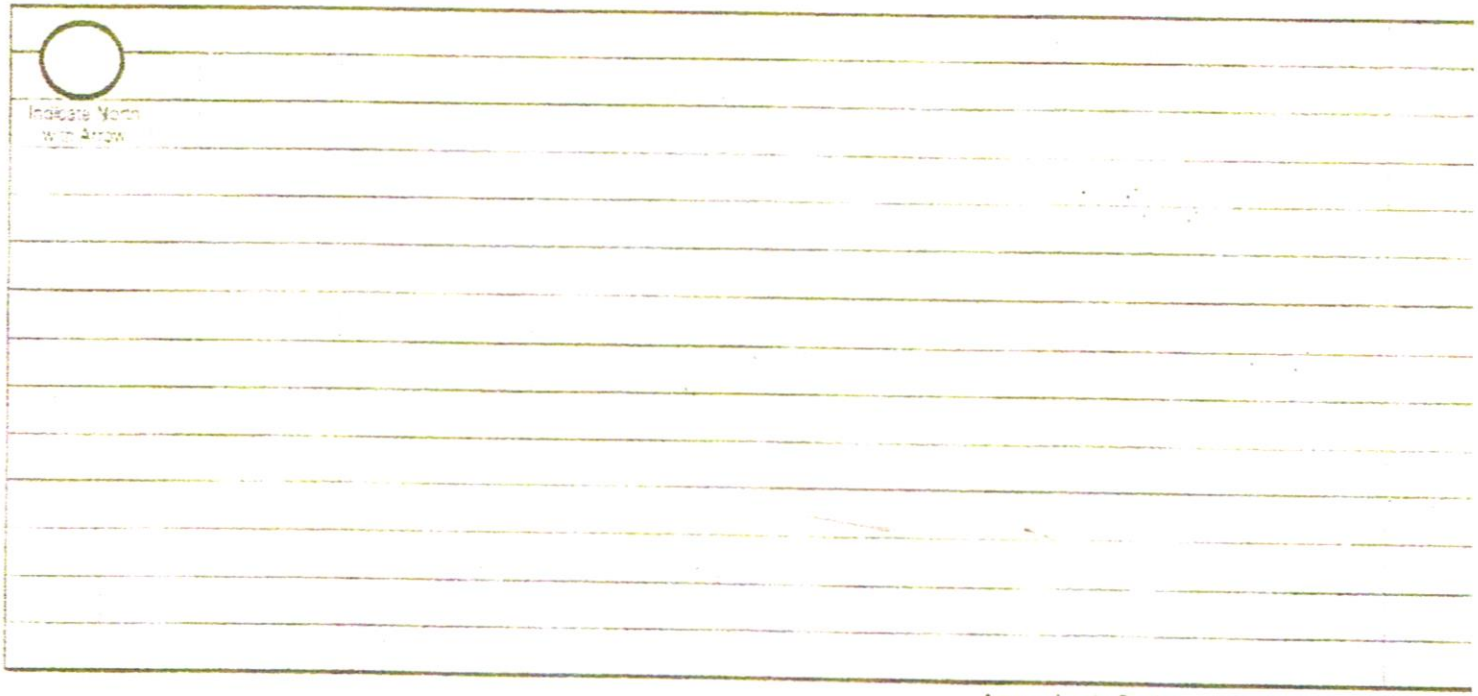
C

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/

A. Onsite System Location

Address (no rural route) 6240 Princeton Road City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ✓ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon Max. seepage 1/8" per day

C. Reserve Area for Replacement Onsite System

✓ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min./inch = mpi) No. of Bedrooms 4 Soil Type wymore 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 EZ Flow

No. of absorption trenches _____ Width _____ No. of drop boxes _____ 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 ☐	NA ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 2-25-24

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. HS002633

System Type: Standard

Situs: No Site Address Specified

Issued: 2/27/2024

Expires: 2/27/2025

Description: S16, T7, R7, Acres 6th Principal Meridian, LOT 35 SE

Owner: MALINA, ERIC GLENN & ELIZABETH
LUETTA
PO BOX 311
HICKMAN, NE 68372

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 HWY 41
ADAMS, NE 68301