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

A

Permit Number HS002640

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 721 W. Sprague Rd (no rural route) City Sprague, NE Zip 68430

Legal Description S 34 T8 R6 58

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

PID 08-34-200-013-000

B. Owner

Name Mike Kennedy Signature

Address City/State/Zip

Home Phone 402 430 9511 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 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres

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 ☐ 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 4-19-24 Amount Paid $470.00

Received By Cash/Check No. CC8764

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

Form A Updated: 1/13

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 721 W. Sprague Rd (no rural route) City Sprague NE, Zip 68430

Owner Mike Isenhardy Address 2500 Arlene Ave.

Date of Tests 4-25-23 to 4-26-23 Weather: Precipitation Ø Temperature 69°

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	36	4-25	1500	4-26	1500	4-26	1500	6	4-26	1530	30	1	30
2	"	"	"	"	"	"	"	6	"	"	"	3/4	40
3	"	"	"	"	"	"	"	6	"	"	"	1	30
								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

Soil type (NRCS Maps/Other) 7585

Groundwater Depth 8'

Sum of Percolation Rates: 100

Average of Rates: 33.3

Rate Used for Calculation: 30-40

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. HS002648

System Type: Standard

Situs: No Site Address Specified

Issued: 4/23/2024

Expires: 4/23/2025

Description: S34, T8, R6, 6th Principal Meridian, LOT 58 NE

Owner: KENNEDY, MICHAEL & CRYSTAL
2500 ARLENE AVE
LINCOLN, NE 68502

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 68522