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

**A**

Permit Number HS002656

# Onsite Wastewater Treatment System Permit Application

**Include Form B and C. Submit correct fee with this Application**

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

## PLEASE PRINT OR TYPE

### A. Onsite System Location

Address* 20060 NW 56th City Raymond, NE Zip 68428
(no rural route)

Legal Description NW SW 18 12 6E 14
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 13-18-300-002-000 *Approx. Address (If to be determined)

### B. Owner

Name Adam + Amanda Sanders Signature

Address 2610 NW 55th City/State/Zip Lincoln NE 68524

Home Phone 402-432-8641 Work Phone

### C. Certified Installer

Name: Quincy Hallstad Signature

Address 2577 O St Rd City/State/Zip Milford NE 68405

Work Phone 402-641-1404

### 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 5 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres
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**

**1. Health Department**
Site visits
Comments
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 5-22-24 Amount Paid $470
Received By JAO Cash/Check No. 1729

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

Form A Updated: 4/15

**Lincoln-Lancaster County Health Department (LLCHD)**
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

**B**

Permit Number:

# Onsite Wastewater Treatment System
## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address 20060 NW 56 (no rural route) City Raymond NE, Zip 68428

Owner Adam Sanders Address

Date of Tests 5-6 to 5-7 Weather: Precipitation Temperature 60

## 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 | 30 | 5-6 | 1100 | 5-7 | 1000 | 5-7 | 1000 | 6 | 5-7 | 1030 | 30 | 5 1/8 | 1.34 |
| 2 | 30 | 5-6 | 1100 | 5-7 | 1000 | 5-7 | 1000 | 6 | 5-7 | 1030 | 30 | 5 1/4 | 40 |
| 3 | 30 | 5-6 | 1100 | 5-7 | 1000 | 5-7 | 1000 | 6 | 5-7 | 1030 | 30 | 5 1/4 | 40 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Quincy Hallsted
Phone: 402 613 3312
Address 648 N 4th Seward

Sum of Percolation Rates: 114
Average of Rates: 38
Rate Used for Calculation:

Soil type (NRCS Maps/Other) Silty Clay Loam
Groundwater Depth >10

**DO NOT WRITE BELOW THIS LINE**

### Reviewing Action

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

Signature of Reviewing Official Date

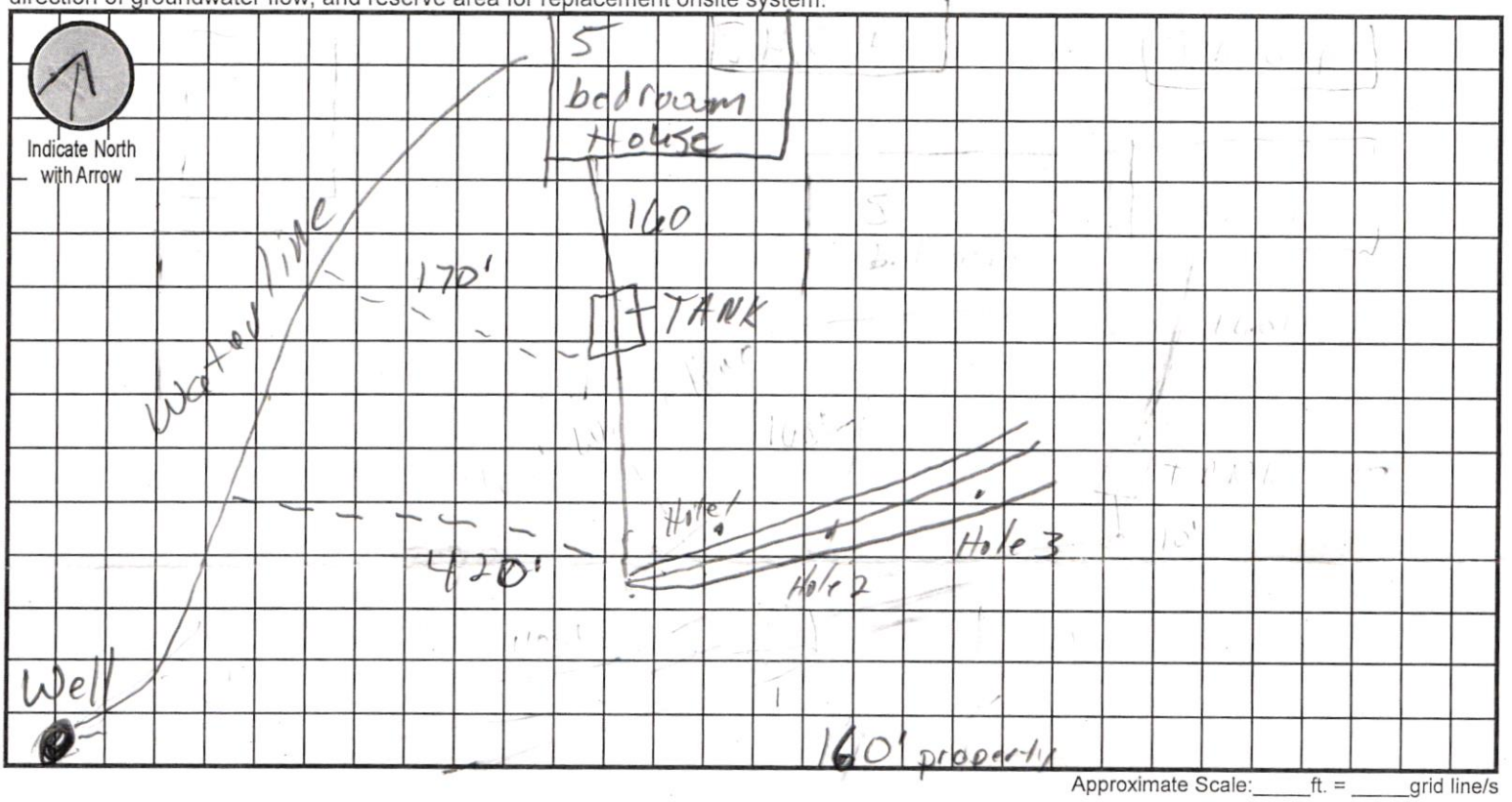
**Lincoln-Lancaster County Health Department**
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

**C**

Permit Number

# Onsite Wastewater Treatment System
# Preliminary Plan Specification

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




Approximate Scale:_____ft. = _____grid line/s

## A. Onsite System Location

Address (no rural route) 20060 NW 56th L City Raymond NE, Zip 68428

## B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

## C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

## D. Drainfield Absorption System

Percolation Rate_____(min/inch = mpi) No. of Bedrooms 5 Soil Type Silty Clay loam Land Slope 4 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield _____ Sq. Ft.

Total length of laterals _____ Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☑ Chambers ☐ Other _____

No. of Absorption Trenches 3 Width 36 No. of Drop Boxes 0 Distribution Box 1

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed 0

Installer _____ 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. HS002656**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 5/13/2024

Expires: 5/13/2025

**Description:** S18, T12, R6, Acres 6th Principal Meridian, LOT 14 SW

**Owner:** SANDERS, AMANDA K & ADAM D
2610 NW 55TH ST
LINCOLN, 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

QUINCY HALLSTED
2577 O ST RD
MILFORD, NE 68405