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

A

Permit Number H5002660

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* 3900 W. Holdrege St. (no rural route) City Lincoln NE Zip 68528

Legal Description ____ 17 10 06 Principal Meridian 27

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

PID ____ *Approx. Address (If to be determined) ____

B. Owner

Name Mick & Barb Erickson Signature ____

Address 3900 W. Holdrege St. City/State/Zip Lincoln, NE 68528

Home Phone 402-525-4152 Work Phone N/A

C. Certified Installer

Name: Jacob D. Metz Signature ____

Address 4810 N. 57th St. Suite I. City/State/Zip Lincoln, NE 68507

Work Phone 402-942-4037

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 10

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 ____ 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 5-20-24 Amount Paid $470

Received By JAO Cash/Check No. CC0627

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 3900 W. Holdrege St. (no rural route) City Lincoln NE, Zip 68528

Owner Mick & Barb Erickson Address 3900 W. Holdrege St. Lincoln, NE 68528

Date of Tests 5/16/2024 to 5/17/2024 Weather: Precipitation dry Temperature 75° F

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	Water Level Drop G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				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	30	5/16	610p	5/16	640p	5/17	305p	6	5/17	335p	30	1¼"	24
2	30	5/16	615p	5/16	645p	5/17	306p	6	5/17	336p	30	1"	30
3	30	5/16	620p	5/16	650p	5/17	309p	6	5/17	339p	30	1"	30
4	30	5/16	630p	5/16	700p	5/17	310p	6	5/17	340p	30	1¼"	24
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jacob D Metz
Phone: 402-942-4037
Address 4810 N. 57th St. Suite I.
Lincoln, NE 68507

Sum of Percolation Rates: 108
Average of Rates: 27
Rate Used for Calculation: 27

Soil type (NRCS Maps/Other) Burchard clay loam 6 to 11 percent slopes
Groundwater Depth Greater than 9 feet.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

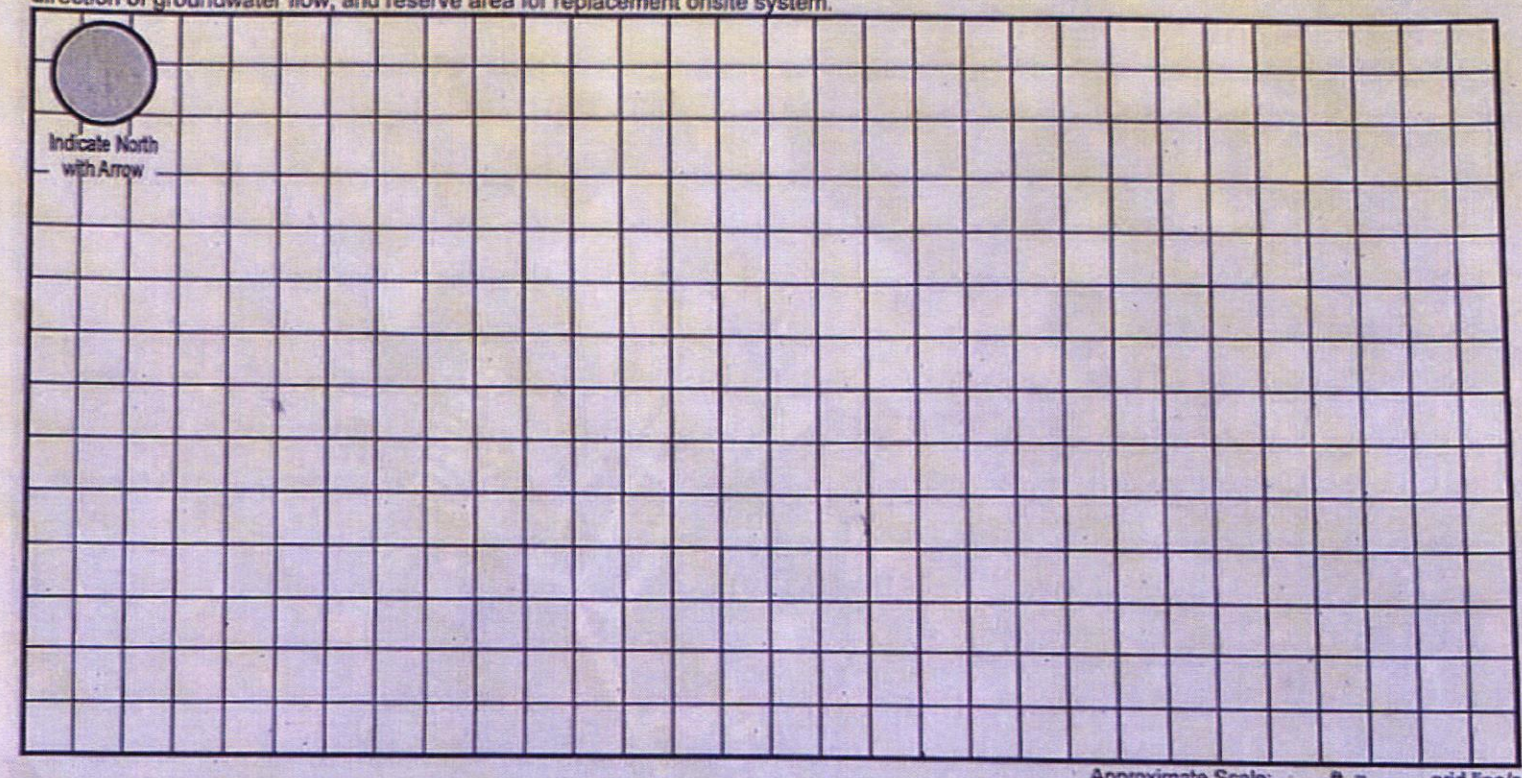
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
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C

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) 3900 W. Holdrege St. City Lincoln NE, Zip 68528

B. Proposed Septic Tank/s

Septic Tank Cap. 1530 gals Tank Material: ☐ Concrete ☐ Plastic ☒ Other Infiltrator ☐ 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 27 (min/inch = mpi) No. of Bedrooms 3 Soil Type Burchard clay loam 6 to 11 percent slope Land Slope 6-11 %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 750 Sq. Ft.

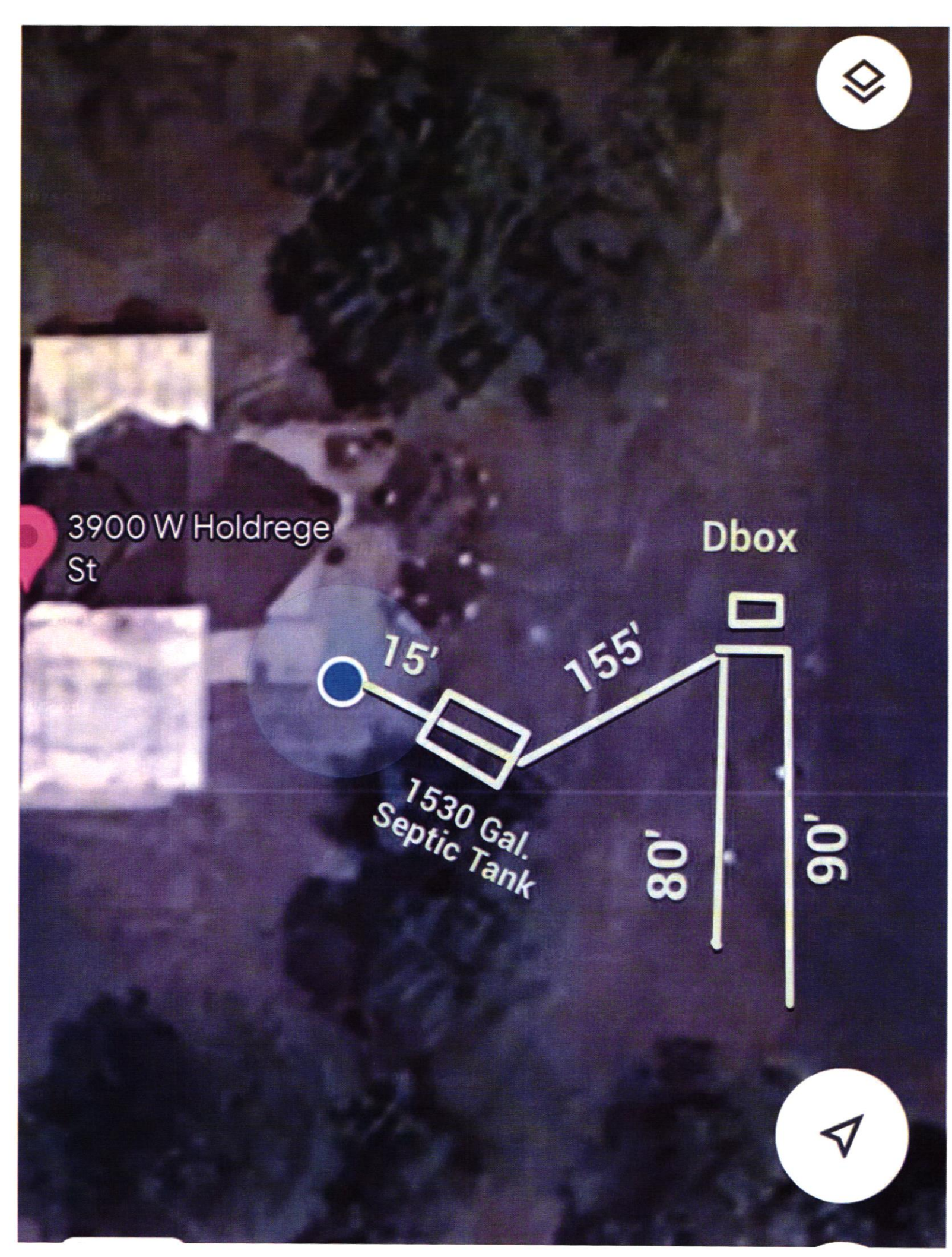
Total length of laterals 170 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☒ Other EZ Flo

No. of Absorption Trenches 2 Width 3' No. of Drop Boxes ____ Distribution Box 1

No. of Absorption Beds ____ Width ____ No. of Distribution Lines per Bed ____

Installer Jake Metz Date: 5/20/2024

Updated 2/18


3900 W Holdrege St
Dbox
15'
155'
1530 Gal. Septic Tank
80'
90'