Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000002

System Type: STANDARD

Situs: 8253 NW 27 ST RUR

Legal Description: T11N-R06E-S29-6TH PRINCIPAL MERIDIAN-Lot:6 & 2

Owner: REED, ALICE
7901 NW 27 ST
LINCOLN NE
68524

Permit Fee:	$290.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$290.00
Issued:	08/30/2007
Expires:	08/29/2008

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

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.

Bruce D. Dart, PhD
Health Director

DIRTWORKS PLUS INC
6667 NW 48TH ST
LINCOLN NE 68524

A

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000002

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 8253 NW 37th (no rural route) City Lincoln NE, Zip 68524

Legal Description 29 11 6 Principal Meridian Lots 6 & 7 NE & 37 & 41 SE
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Alice Reed/Allen Doerk Signature Jean Reed - DUP per Alice Reed

Address 8253 NW 37th City/State/Zip Lincoln NE 68524

☐ Check if owner designed system Home Phone # 785-2260 Work Phone 437-[illegible] 4927

C. Contractor

Name Dirtworks Plus LLC Company Name Steve Doerk/Pat Stachmus

Address 6607 NW 48th ste 1 City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 325-0529 / 560-1208

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub 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. 2832

1. **Health Department** Date rec'd 5/21/07 Date frwd 5/24/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 8/16/07
Amt Paid 290.00
Rec'd By ew Cash/Check No. 9620

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8253 NW 27th (no rural route) City Lincoln NE, Zip 68524

Owner Alice Reed Addresss Same

Soil Type (SCS): Lecony Percolation Rate: 26 min./inch

Date of Tests 5/17/07 to 5/18/07 Weather: Precipitation 0 Temperature 75°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	28	5/17	8A	5/18	8A	5/18	1200	6	5/18	1230	30	1 1/4	24
2	27	5/17	8A	5/18	8A	5/18	1200	6	5/18	1230	30	1 1/4	24
3	26	5/17	8A	5/18	8A	5/18	1200	6	5/18	1230	30	1"	30
4	30	5/17	8A	5/18	8A	5/18	1200	6	5/18	1230	30	1 1/8	27
5	28	5/17	8A	5/18	8A	5/18	1200	6	5/18	1230	30	1 3/8	22
6	29	5/17	8A	5/18	8A	5/18	1200	6	5/18	1230	30	1 1/16	28

Sum of Percolation Rates: 155

Average of Rates: 25.833

Rate Used for Calculation: 26

Person Conducting Percolation Tests

Name: Scott Nelson - Diet Works Plus

Phone: 402-325-0529

Address 6667 NW 48th Ste 1
Lincoln NE 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Waiting for floodplain designation.

Signature of Reviewing Official _____ Date 8/13/07

FORM 23-101 10-96
8-30-2007 11:34:36

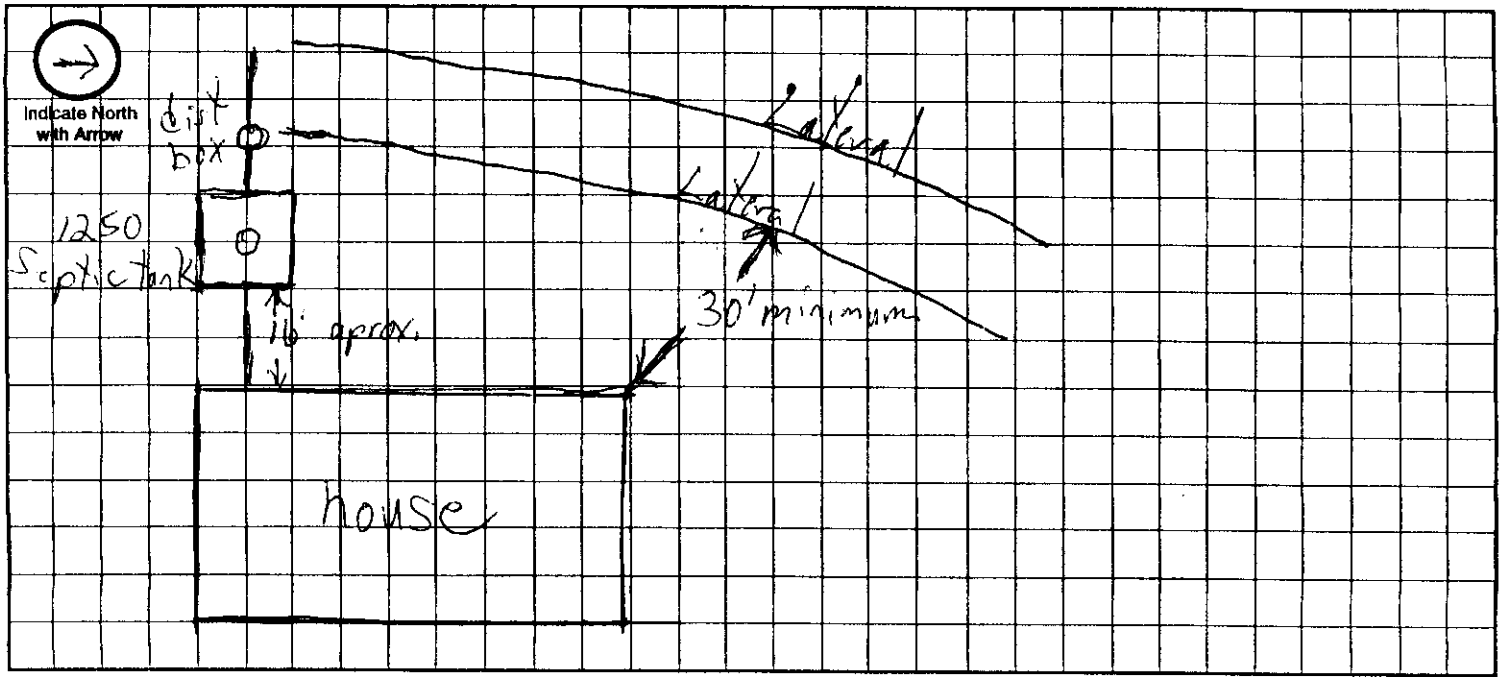
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C Reed.

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 26 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1000 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: Infiltrator Hi-Cap

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 2 Trench Width 4

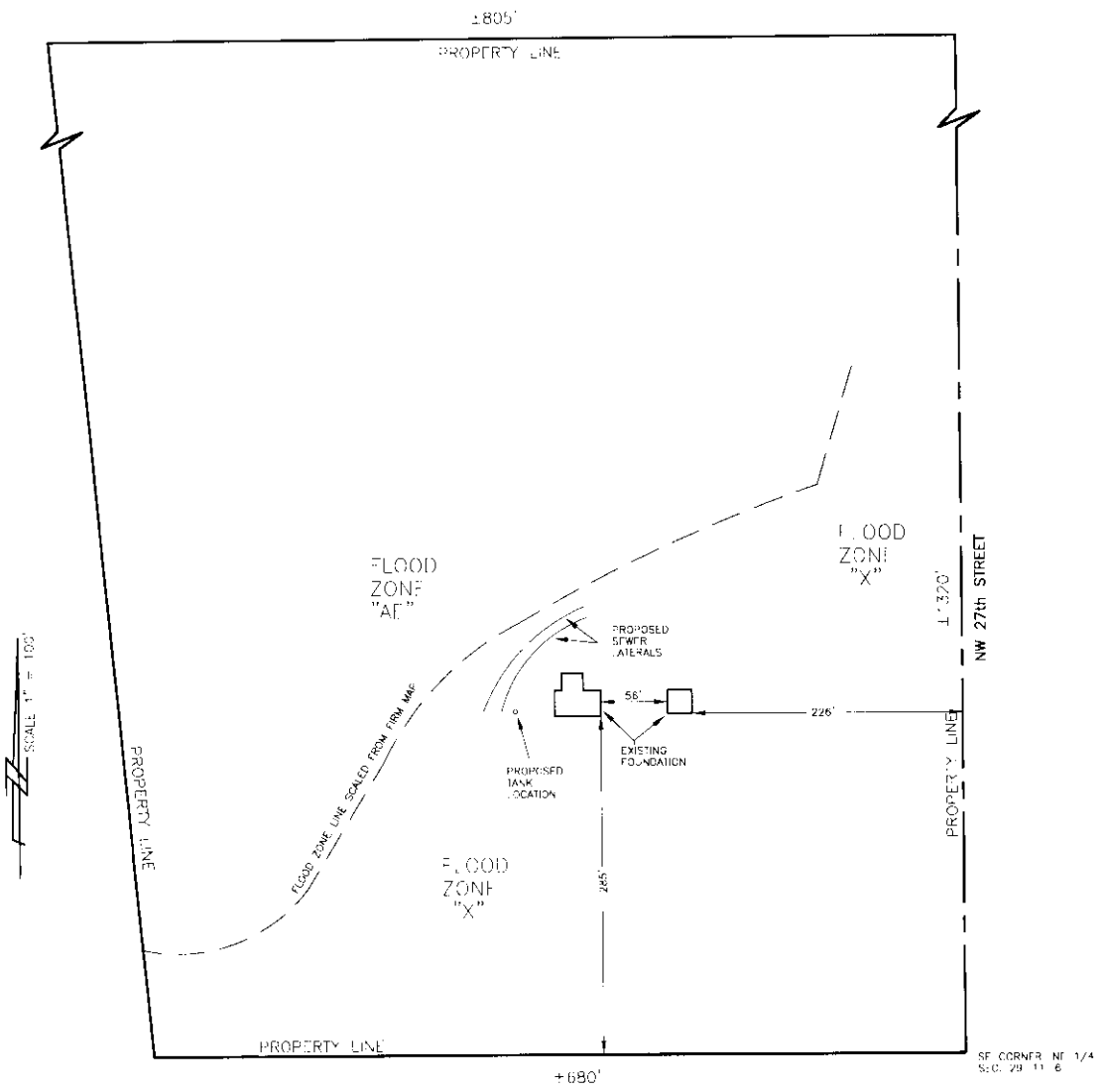
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

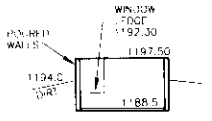
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☑	200 ☑	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Pat Stephens Date 8/10/07



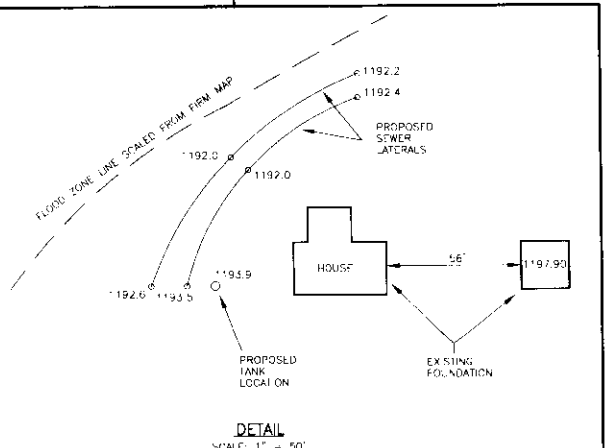


HOUSE DETAIL
NOT TO SCALE

NOTE:

The Base Flood Elevation was determined by using the Base Flood Elevation Determination map furnished by the Nebraska Dept. Natural Resources, dated October 18, 2006.

The Base Flood Elevation is 1189.0 NGVD 1929



DETAIL
SCALE: 1" = 50'

LEGAL DESCRIPTION

LOT 21 IRREGULAR TRACT, LOCATED IN THE NORTHEAST QUARTER OF SECTION 29, TOWNSHIP 11 NORTH, RANGE 6 EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA.

SURVEYOR'S CERTIFICATE

I, THE UNDERSIGNED, A DULY REGISTERED LAND SURVEYOR IN AND FOR THE STATE OF NEBRASKA, DO HEREBY CERTIFY THAT I CAUSED A SURVEY TO BE MADE OF THE FORGOING DESCRIBED PROPERTY, AND THAT THE RESULTS OF SAID SURVEY ARE TRULY AND ACCURATELY DEPICTED HEREON, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

IN TESTIMONY WHEREOF WITNESS MY HAND AND SEAL THIS 24th DAY OF AUGUST, 2007.

Billy Joe Kerr

BILLY JOE KERR, LS #483

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

LOCATION SKETCH
NOT TO SCALE

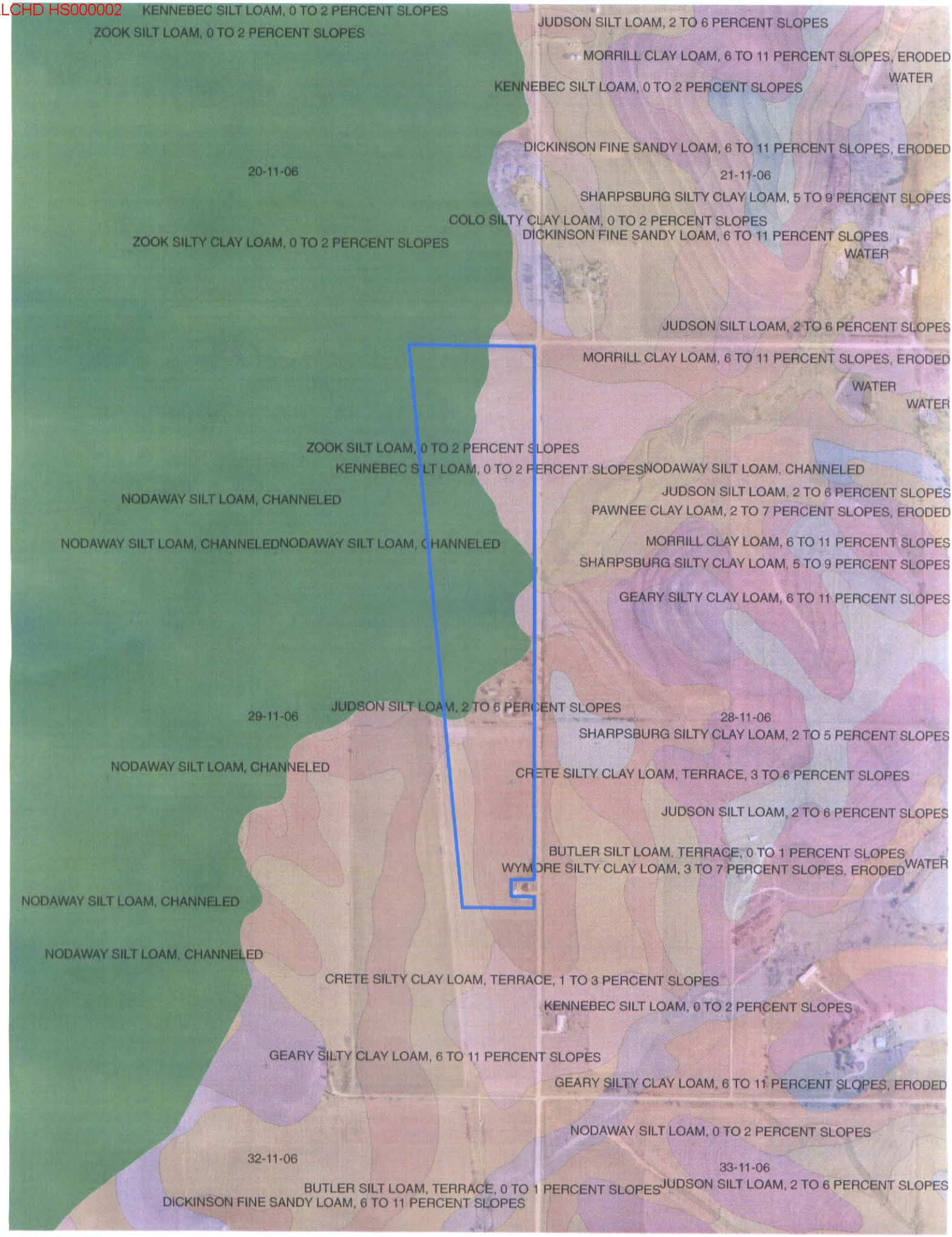
NW	NE
SW	SE

ELEVATION SURVEY

8253 NW 27th STREET
LOT 21 I.T., IN THE NE 1/4
SEC. 29, T 11 N, R 6 E
LANCASTER COUNTY, NEBRASKA

K & M INC. LAND SURVEYING
540 W. INDUSTRIAL LAKE DR. #1
LINCOLN, NE 68528
(402) 476-3020
(402) 476-3138 FAX

PROJ. # 0702034 | DATE: 8 24 2007 | Bk-Pg 163-39


KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
ZOOK SILT LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
WATER
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
20-11-06
21-11-06
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
ZOOK SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
WATER
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
WATER
WATER
ZOOK SILT LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, CHANNELED
NODAWAY SILT LOAM, CHANNELED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
29-11-06
28-11-06
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
CRETE SILTY CLAY LOAM, TERRACE, 3 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
BUTLER SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WATER
NODAWAY SILT LOAM, CHANNELED
NODAWAY SILT LOAM, CHANNELED
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
32-11-06
33-11-06
BUTLER SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Oct. 4, 1982

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N; Range 6E; Section 29;
Block _____; Lot 7 I I; Addition _____
Street Address Route #5

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2 Describe _____

Other Use ☐
Describe _____

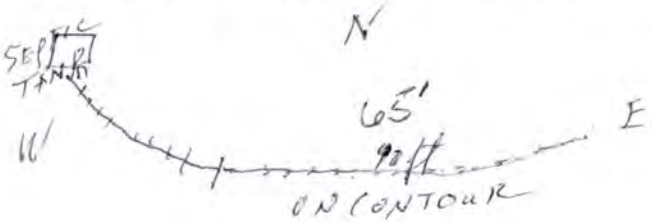
3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: CONTOUR EXTEND LOW — PERFORATED PLASTIC SEWER PIPE - 90 FEET

5. Work to be done by: Owner ☒; or Contractor ☐, _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	74 —
b. Labor	$	110 —
c. Other	$	
TOTAL	$	184 —



Signature of Applicant (owner or lessee)

Route #5, Juniata, NE 68955
Address

(Do not write below this line) 435-0238

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ _____

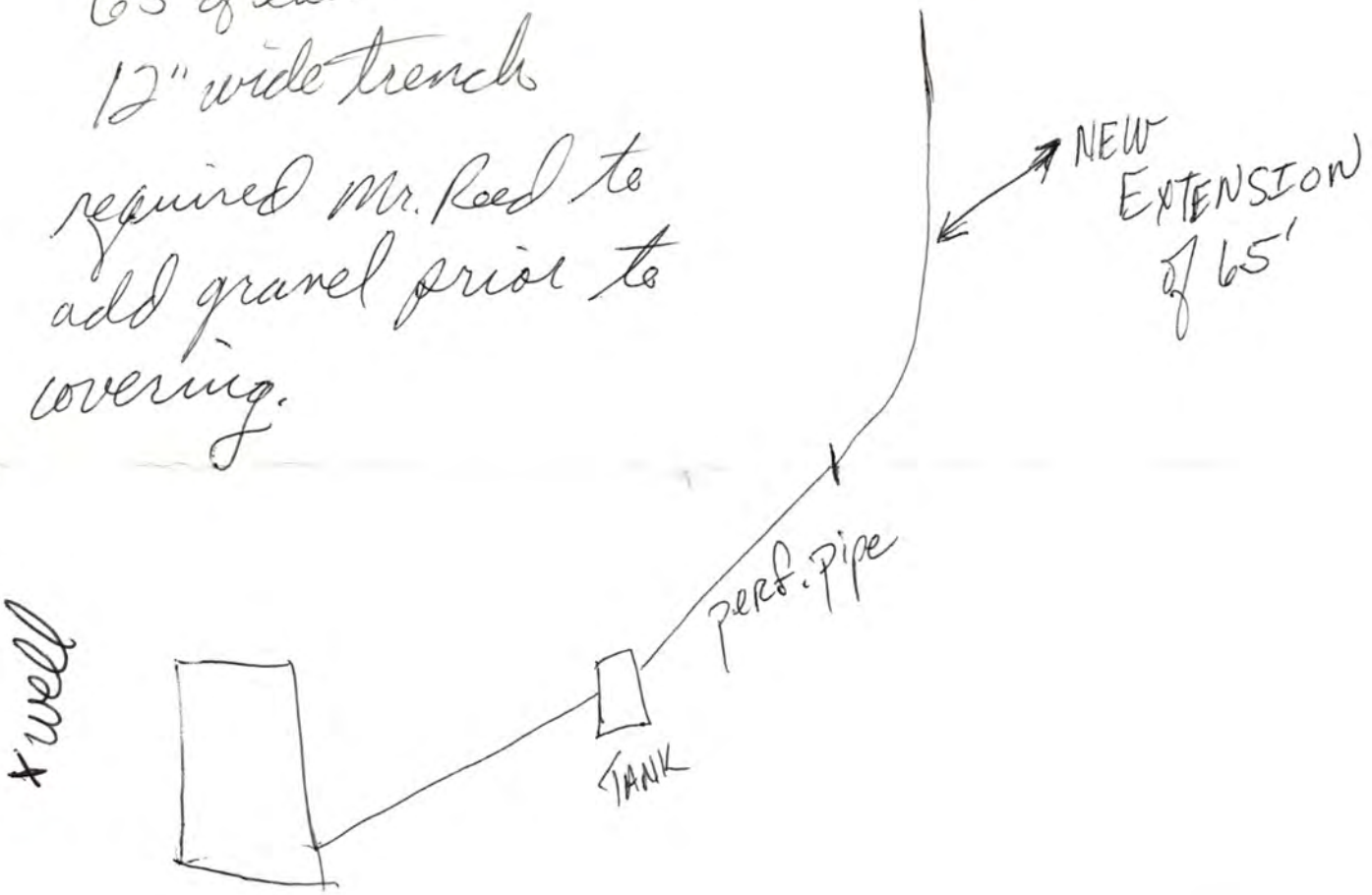
2. Site Visits:
Date: 10-5-82 by: JMM
Date: 10/27/82 by: JMM
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/27/82 by: Bruce Dixon

N

65' of lat.
12" wide trench
required Mr. Reed to
add gravel prior to
covering.



Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

SCANNED

A

Permit Number: HS000002

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein: 65-48 Reed

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 8253 NW 27th (no rural route) City Lincoln NE, Zip 68524

Legal Description 29 (1/4) 11 (1/4) 6 (Section) Township (Range) Principal Meridian Lots 6 & 7 NE & 37 & 41 SE (Subdivision) (Addition) (Block) (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Alice Reed/Allen Doerk Signature Jean Veale - DWP per Alice Reed

Address 8253 NW 27th City/State/Zip Lincoln NE 68524

☐ Check if owner designed system Home Phone # 785-2260 Work Phone 437-[illegible] 4927

C. Contractor

Name Dirtworks Plus INC Company Name Steve Dandroes/Pat Stechmyer

Address 6667 NW 48th St City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 325-0529 / 560-1208

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub 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. 2832

1. **Health Department** Date rec'd 8/25/07 Date frwd 8/24/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/4/07 Date frwd 9/4/07 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-4-07 Date frwd 9-4-07 ACTION ☑ Approved ☐ Disapproved Signature Jim Blazek

Installation Final Written Approval

By _____

Date 9/6/07

Business Office Use Only

Date Rec'd 8/16/07
Amt Paid 290.00
Rec'd By _____ Cash/Check No. 9620

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector