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

ON-SITE WASTE WATER SYSTEM
SYSTEM REPLACEMENT PERMIT

System Type: STANDARD **No. HS000023**

Situs: 9800 N 27 ST RUR Permit Fee: $305.00

Legal Description: T11N-R07E-S19-Lot: 15 SW

Owner: WELCH, RICHARD W & DEBRA L
1951 PHILADELPHIA DR
LINCOLN NE
68521

Total Fees: $305.00

Issued: 10/13/2007
Expires 10/12/2008

Bruce D. Dart, PhD, Health Director

Dear Water Well Permit Holder:

The above document is your permit to replace an existing On-site Waste Water System at the location listed. Please contact this office once replacement is complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

WELCH, RICHARD W & DEBRA L
1951 PHILADELPHIA DR
LINCOLN NE 68521

LLCHD HS000023

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

A

Permit Number HS000023

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

REPLACEMENT

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 9800 N. 27th St (no rural route) City Lincoln, NE Zip 68336

Legal Description 19 11 7 (1/4, 1/4, Section, Township, Range) Subdivison ____ Addition ____ Block ____ Lot ____

Geographical Location (if known): Longitude: ____ Latitude: ____ Total Acres: 3.04

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

B. Owner

Name Richard + Debra Welch Signature Debra L Welch

Address 1951 Philadelphia Dr City/State/Zip Lincoln Ne 68521

☐ Check if owner designed system Home Phone 476-7776 Work Phone 610-1506

C. Contractor

Name: BNL Plumbing - Mike Kroese Company Name BNL Plumbing

Address ____ City/State/Zip Lincoln Ne

☐ Check if contractor designed system Work Phone ____

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day ____

Type of Wastewater ☑ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☑ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits System Replacement
Date rec'd 10/8/07
Date frwd 10/8/07
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 10/9/07

Business Office Use Only
Date Received ____ Amount Paid ____
Received By ____ Cash/Check No. ____

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

10-12-2007 11:54:56

B

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

Permit Number: HS 000023

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7800 No. 27th (no rural route) City DAVEY NE, Zip

Owner RICH + DEB WEICH Addresss 1951 PHILADELPHIA DR 68521

Soil Type (SCS): Percolation Rate: 16.8 min./inch

Date of Tests OCT 5 to OCT 6 Weather: Precipitation NONE Temperature 70° 50°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1		OCT 5	12:30	OCT 5	4:30	OCT 6	9:00	6	OCT 6	1:00	30	1 1/2	20
2		OCT 5	12:30	OCT 5	4:30	OCT 6	9:00	6	OCT 6	1:00	30	1 3/4	17
3		OCT 5	12:30	OCT 5	4:30	OCT 6	9:00	6	OCT 6	1:00	30	1 3/4	17
4		OCT 5	12:30	OCT 5	4:30	OCT 6	9:00	6	OCT 6	1:00	30	2	15
5		OCT 5	12:30	OCT 5	4:30	OCT 6	9:00	6	OCT 6	1:00	30	1 3/4	17
6		OCT 5	12:30	OCT 5	4:30	OCT 6	9:00	6	OCT 6	1:00	30	2	15

Sum of Percolation Rates: 101
Average of Rates: 16.8
Rate Used for Calculation: 16.8

Person Conducting Percolation Tests

Name: MIKE KRUSE
Phone: 610 0595
Address 2521 KUHOO CT. # 1
LINCOLN NE 68521

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96
10-12-2007 11:55: 0

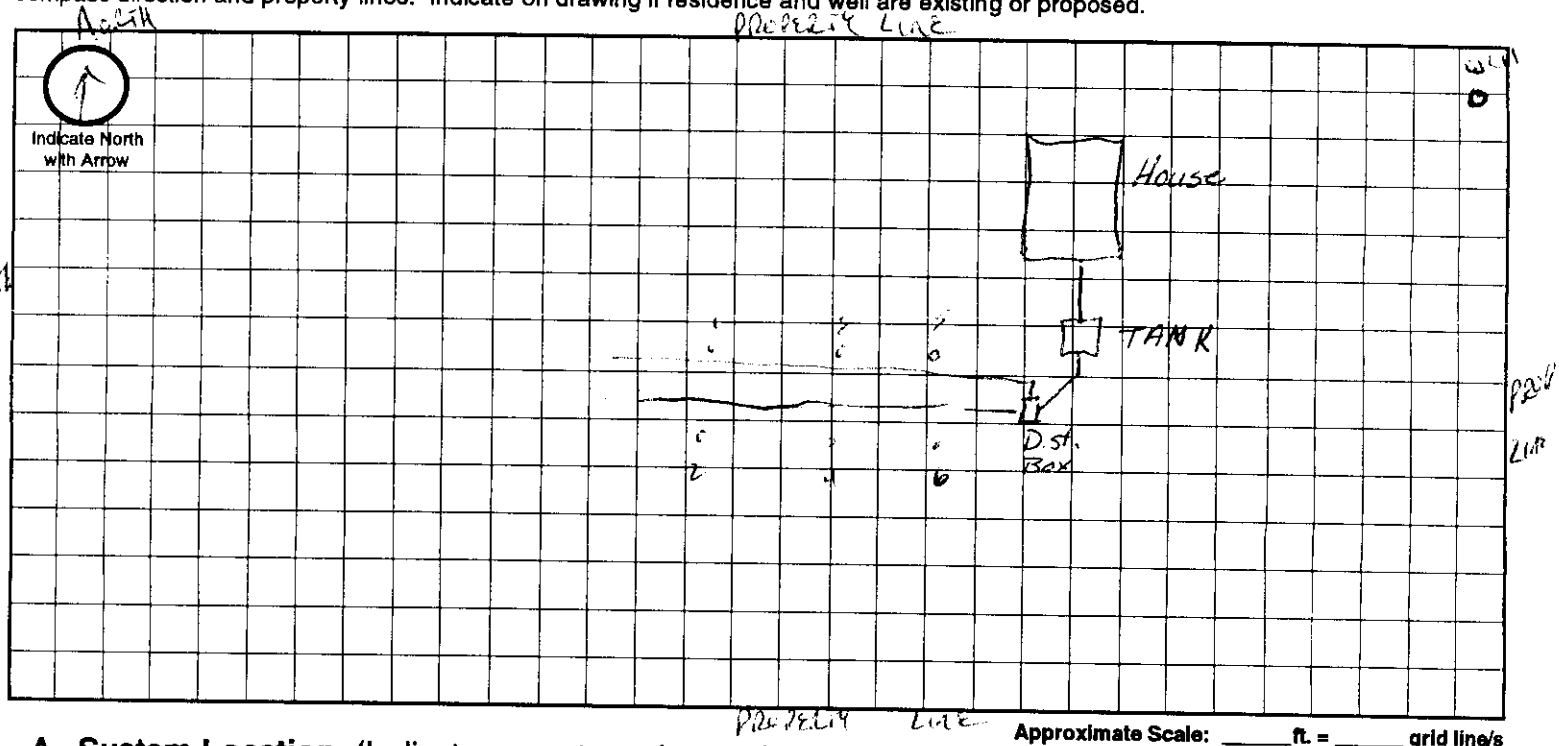
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000023

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 9800 No 27th City DAVEY NE, Zip 68336

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 16.8 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 650 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATOR

Capacity of Septic Tank 1017 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 210 ft. Number of Trenches 3 Trench Width 3

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 Mike Hurst Date OCT 5 2007

FORM 23-102 10-96

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

ON-SITE WASTE WATER SYSTEM
SYSTEM REPLACEMENT PERMIT

System Type: STANDARD

No. HS000023

Situs: 9800 N 27 ST RUR

Permit Fee: $305.00

Legal Description: T11N-R07E-S19-Lot: 15 SW

Owner: WELCH, RICHARD W & DEBRA L
1951 PHILADELPHIA DR
LINCOLN NE
68521

Total Fees: $305.00

Issued:
Expires

Bruce D. Dart, PhD, Health Director

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Bruce D. Dart, PhD
Health Director

WELCH, RICHARD W & DEBRA L
1951 PHILADELPHIA DR
LINCOLN NE 68521

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

ON-SITE WASTE WATER SYSTEM
SYSTEM REPLACEMENT PERMIT

System Type: STANDARD **No. HS000023**

Situs: 9800 N 27 ST RUR Permit Fee: $305.00

Legal Description: T11N-R07E-S19-Lot: 15 SW

Owner: WELCH, RICHARD W & DEBRA L
1951 PHILADELPHIA DR
LINCOLN NE
68521

Total Fees: $305.00

Issued: 10/13/2007
Expires 10/12/2008

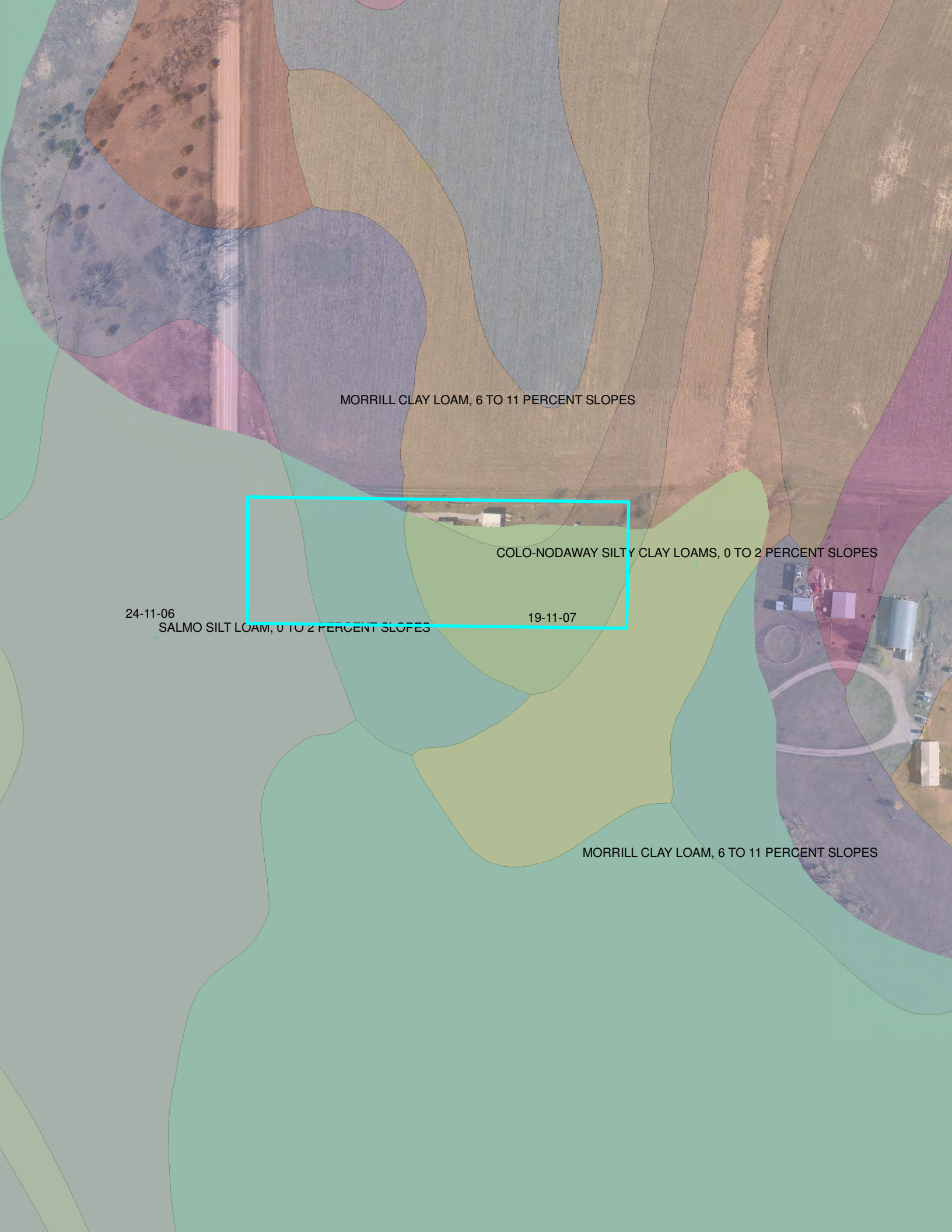
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Bruce D. Dart, PhD
Health Director

WELCH, RICHARD W & DEBRA L
1951 PHILADELPHIA DR
LINCOLN NE 68521


MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
24-11-06
SALMO SILT LOAM, 0 TO 2 PERCENT SLOPES
19-11-07
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date OCT 8 2007

System Location (Indicate correct number and street)

Address 9800 No 27TH (no rural route) City DAVEY NE, Zip 68336

A. Building Sewer

1. Material: cast Iron
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: 46 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 200 + ft.
   stream 200 + ft.
   pressure line 100 + ft.
   property line 74 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1017 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 36 in.
   Over outlet, diameter — in.
   Riser: ☐ above ☒ below grade 6 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 200+ ft.
   Stream 200+ ft.
   Pressure line 100+ ft.
   Property line 40 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 18 ft.

D. Absorption Field

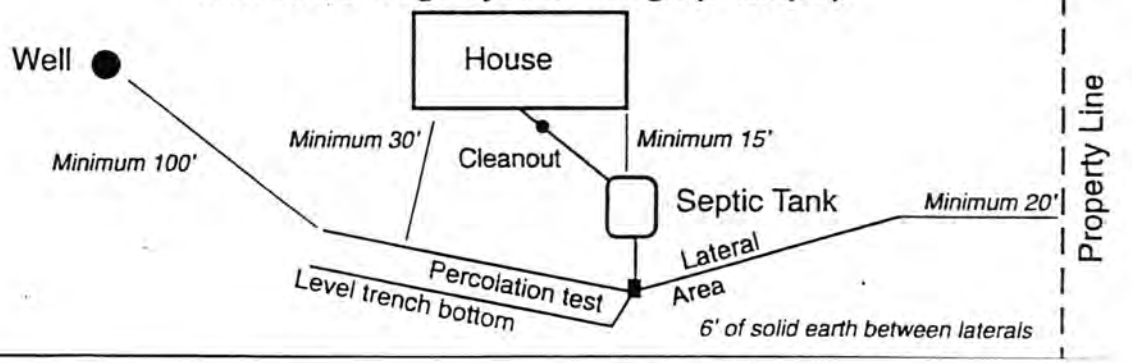
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 74 ft. 98 ft.
   94 ft. ft., ft.
3. Trench dimensions: Width 3 ft.
   Slope 4 in/100 ft.
   Average depth 24 in
4. Filter material: Dirt
   Depth of material 24 in.
5. Distances to: Well or suction line 200+ ft.
   Stream 200+ ft.
   Pressure line 100+ ft.
   Property line 28 ft.

Indicate North with Arrow

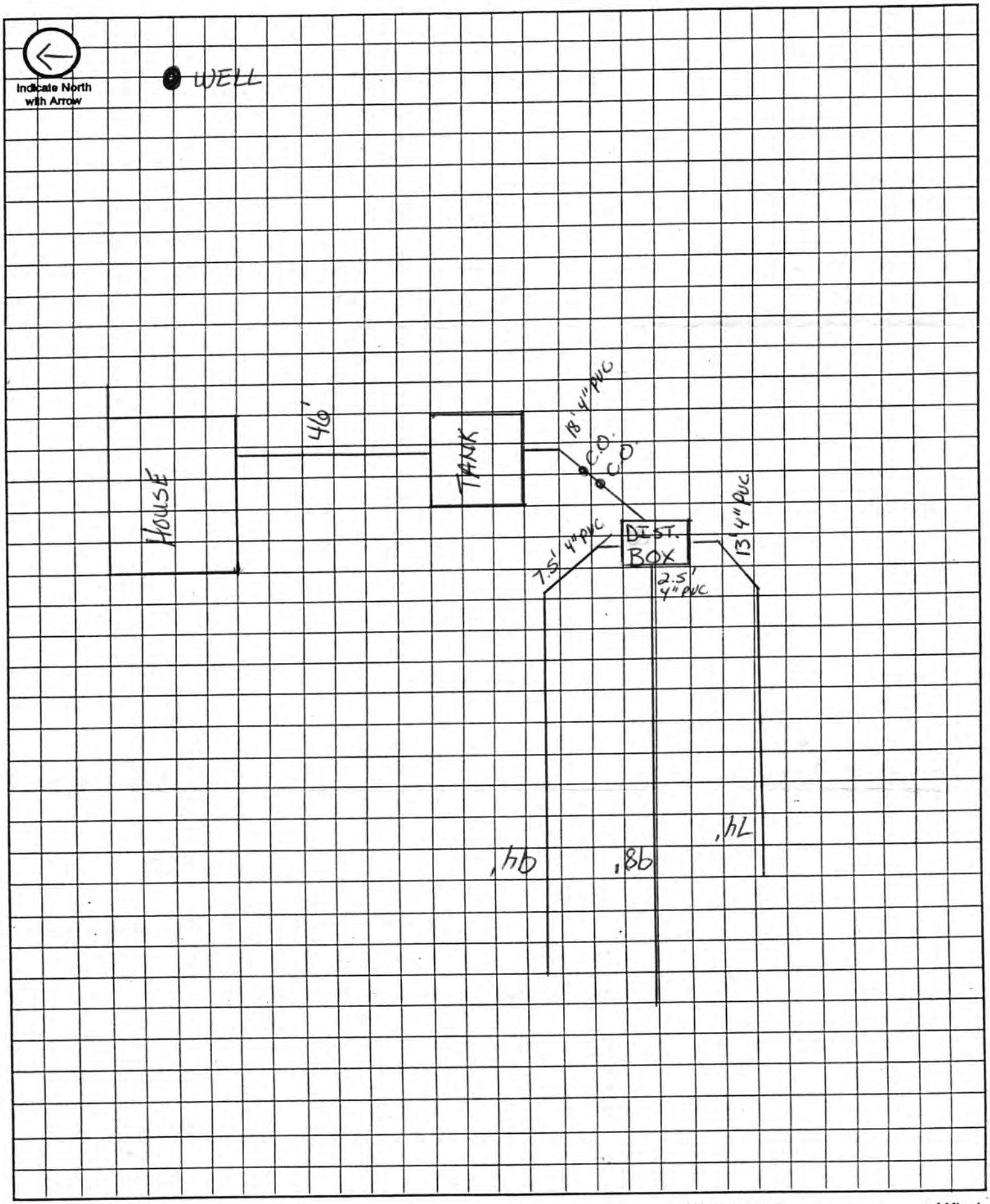
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

FILE NO. 1996

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

DECEMBER 20, 1983
THIS LICENSE OR PERMIT EXPIRES

MAX STORY ROUTE 1, BOX 28 DAVEY, NE 68338
LICENSEE OR PERMITTEE — ADDRESS

T11N, R7E, SEDTION 19, LOT 15 Irregular Tract
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NONTRANSFERABLE ALTER PREMIT

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	XXXXXX 110.16	XXXXXX 148.14	XXXXX 6-2

SERIAL NO.	DATE	AMOUNT
64538	3	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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. 1996

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

DATE: June 14, 1983

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 7E 6th PM ; Section 19 ;
Block ____ ; Lot 15 I.T. ; Addition ~~SW¼ Township 11 North Davey Pa~~
Street Address Rt. 1 BOX 28 68336

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 3
Describe ____
Other Use ☐
Describe ____

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

4. Description of proposed alteration, extension or repair: New Lateral & Baffle Dist. Box

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

6. Estimated cost of project:

a. Materials	$ 330 00
b. Labor	$ 221 00
c. Other	$ 367 00
TOTAL	$ 918 00

Mary R Hay
Signature of Applicant (owner or lessee)

Rt #1, Box 28 Davey Nb
Address

(Do not write below this line)

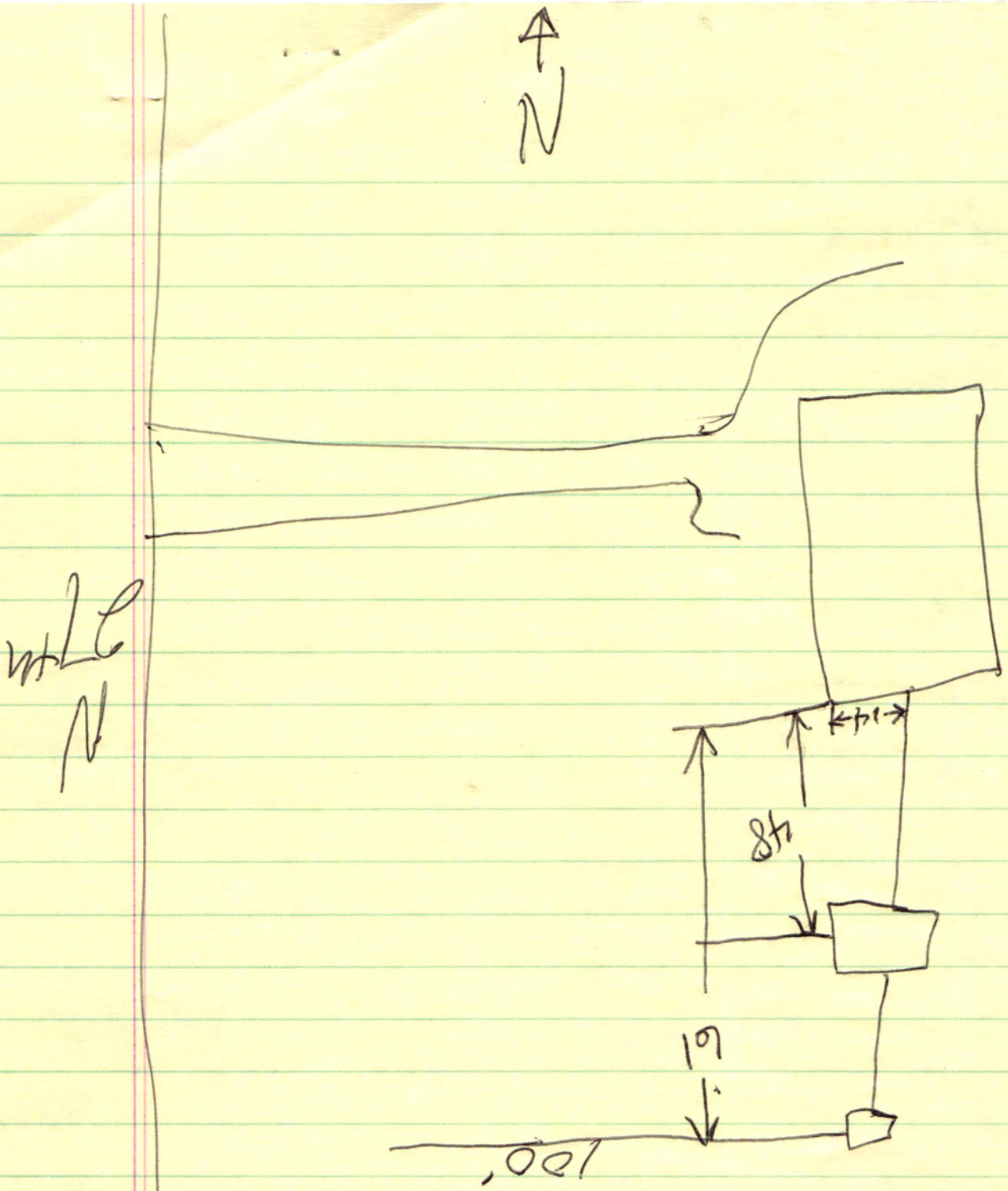
REVIEWING ACTION

1. Date Rec'd: 6/14/83
Filing Fee: $ 30 00

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hook

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/20/83 by: Jerrold Hook



Victoria L. Dahl

MAX STOREY