LLCHD HS000062

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

A

Permit Number HS000062

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 2225 Spr 116th City Walton, NE Zip
(no rural route)

Legal Description 31 10 08 windhoek 6th 1 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: Latitude:

❑ Check if system mail address is not the same as the owner's address Total Acres: 3.02 acres

B. Owner

Name Curtis Burbach Signature

Address City/State/Zip

❑ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Pride Homes MH Heinecke Company Name

Address 15452 1st City/State/Zip Lincoln

❑ Check if contractor designed system Work Phone 434 3220

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

Designer Name Brad Southwick Firm Southwick Sewer Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 5 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
Date rec'd 2/5/08
Date frwd 2/5/08
ACTION ☑ Approved ❑ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 2/11/08
Date frwd 2/11/08
ACTION ☑ Approved ❑ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 2/11/08
Date frwd 2/11/08
ACTION ☑ Approved ❑ Disapproved
Signature

Installation Final Written Approval
By
Date

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

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

Form A Updated: 5-07

2-11-2008 15:58: 9

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

B

Permit Number: HS000062

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

6th addition

Lot 1 Windhoek

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

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

Date of Tests 1-13 to 1-14-06 Weather: Precipitation _____ Temperature _____

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	24	1/13	5:00	1/14 6:45	1/14	1/14	8:45	21 3/8	1/14	9:15	30	3/4	40
2			PM	AM			A	20 1/4		A		5/8	48
3								16 7/8				7/8	34
4								19 1/2				1	30
5								20				7/8	34
6								18 3/8				3/4	40

Sum of Percolation Rates: 226
Average of Rates: 38
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Dunton C1178
Phone: 430-7606
Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

2-11-2008 15:58:12

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

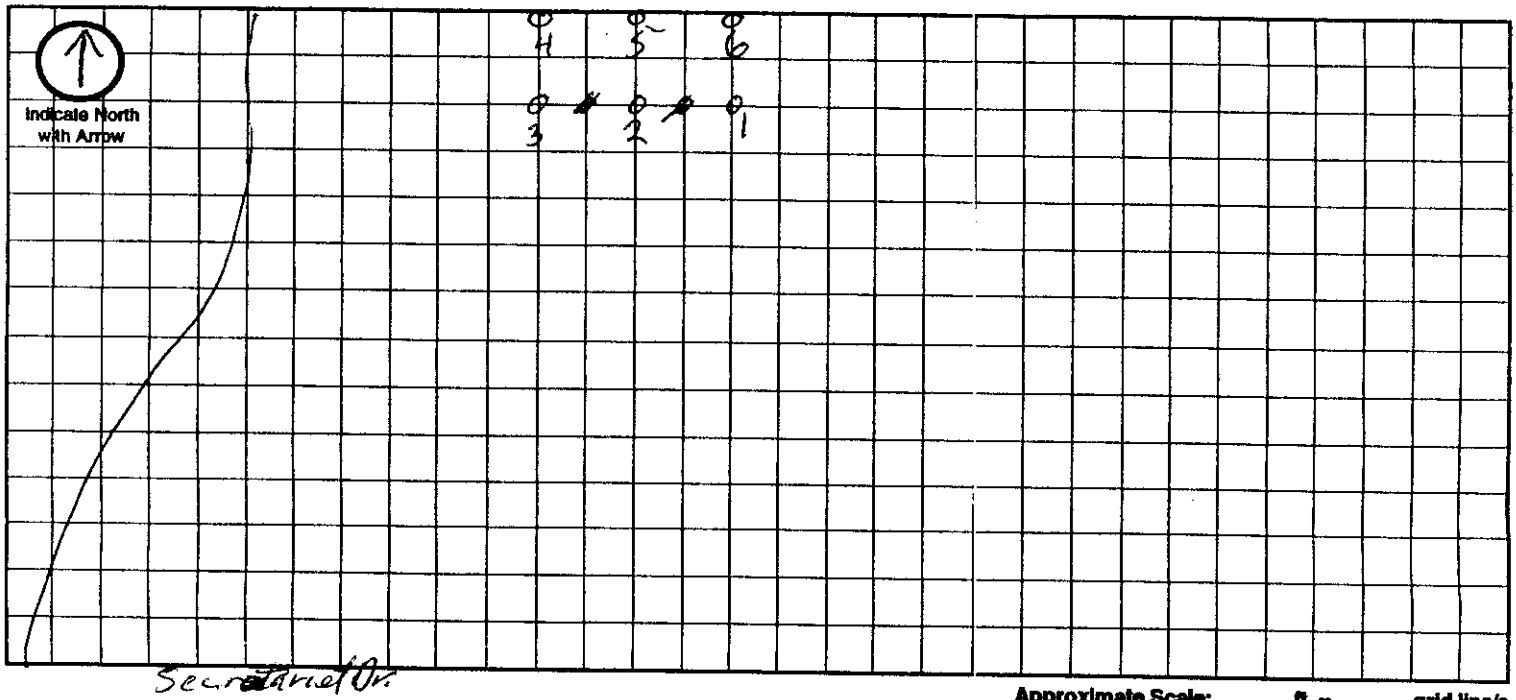
C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Lot 1

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 40 (min. per inch) Soil Type: SUC Land Slope: 2 %

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 Brad Smith Date 1-14-06

FORM 23-102 10-96

2-11-2008 15:58:16

LLCHD HS000062

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Environmental Public Health Division
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A

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Legal Description 31 10 08 Windhoek 6th 1 1
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

Geographical Location (if known): Longitude: Latitude:

❑ Check if system mail address is not the same as the owner's address Total Acres: 3.02 acres

B. Owner

Name Curtis Burhoop Signature Curt Burhoop

Address City/State/Zip

❑ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Pride Homes Mitchinchant Company Name

Address 15450 1st City/State/Zip Lincoln

❑ Check if contractor designed system Work Phone 434 3220

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Site visits Date frwd 2/5/08 Signature

2. Supt. Bldg. Insp. or Village Clerk Date rec'd **ACTION** ❑ Approved ❑ Disapproved
Comments Date frwd Signature

3. City or County Engineer Date rec'd **ACTION** ❑ Approved ❑ Disapproved
Comments Date frwd Signature

Installation Final Written Approval
By

Date

Business Office Use Only
Date Received 2/6/08 Amount Paid 305.00
Received By SM Cash/Check No. 15151

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

Form A Updated: 5-07

2-11-2008 15:58:19

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. HS000062

System Type:	STANDARD
Situs:	2275 S 116 ST RUR
Legal Description:	T10N-R08E-S31-1-Lot 1
Owner:	BURHOOP CURTIS % PRIDE HOMES

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00

Issued:	02/11/2008
Expires:	02/10/2009

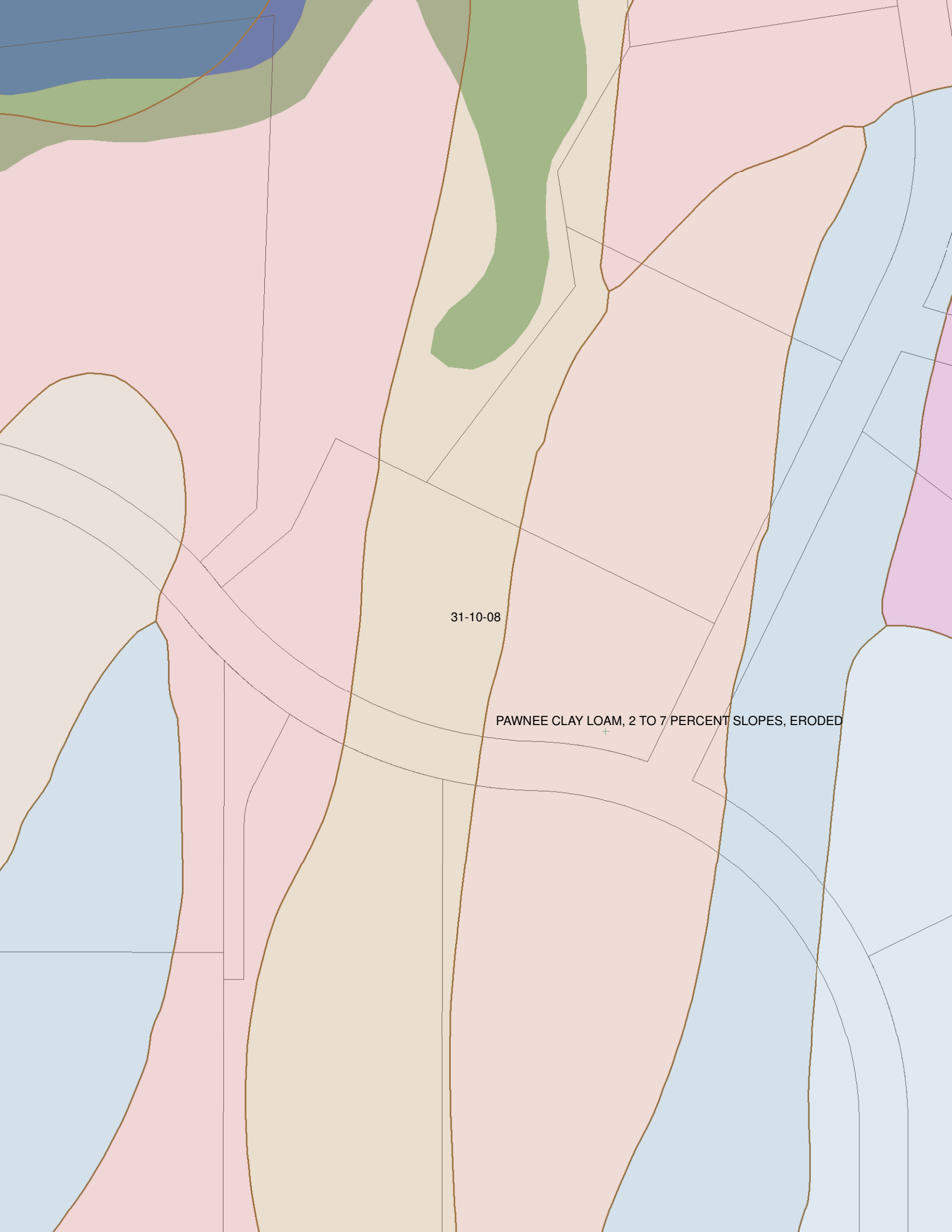
Bruce D. Dart, PhD, Health Director

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

PRIDE HOMES INC
1544 S 1ST
LINCOLN NE 68502


31-10-08
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED