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. HS000092

System Type: STANDARD

Situs: 1501 DEER TRL RUR

Legal Description: T08N-R06E-S26-Lot 4

Owner:

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

Issued: 05/02/2008
Expires: 05/02/2009

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

KINNING/SNYDOW
PO BOX 6554
LINCOLN NE 68506

LLCHD HS000092

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

A

Permit Number HS000092

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 1501 Deer Trail (no rural route) City Roca, NE Zip 68430

Legal Description NW 25 8 6 Deer Trail Addn 4

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: _____

B. Owner

Name Quincy Krenzien [redacted] Quincy Krenzien

Address 4110 Everett St City/State/Zip Lincoln, NE 68504

☐ Check if owner designed system Home Phone 402-430-5020 [redacted] Phone 402-419-5316

C. Contractor

Name: Mike Kinning Kinning-Sydow Builders, Inc. Company Name _____

Address P.O. Box 4554 City/State/Zip Lincoln, NE 68504

☐ Check if contractor designed system Work Phone 402-421-1334

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

Designer Name Lloyd Jakowlek Firm Raymond Contracting, Inc Work Phone 402-890-6009

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 _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4/30/08 Date frwd 4/30/08
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

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

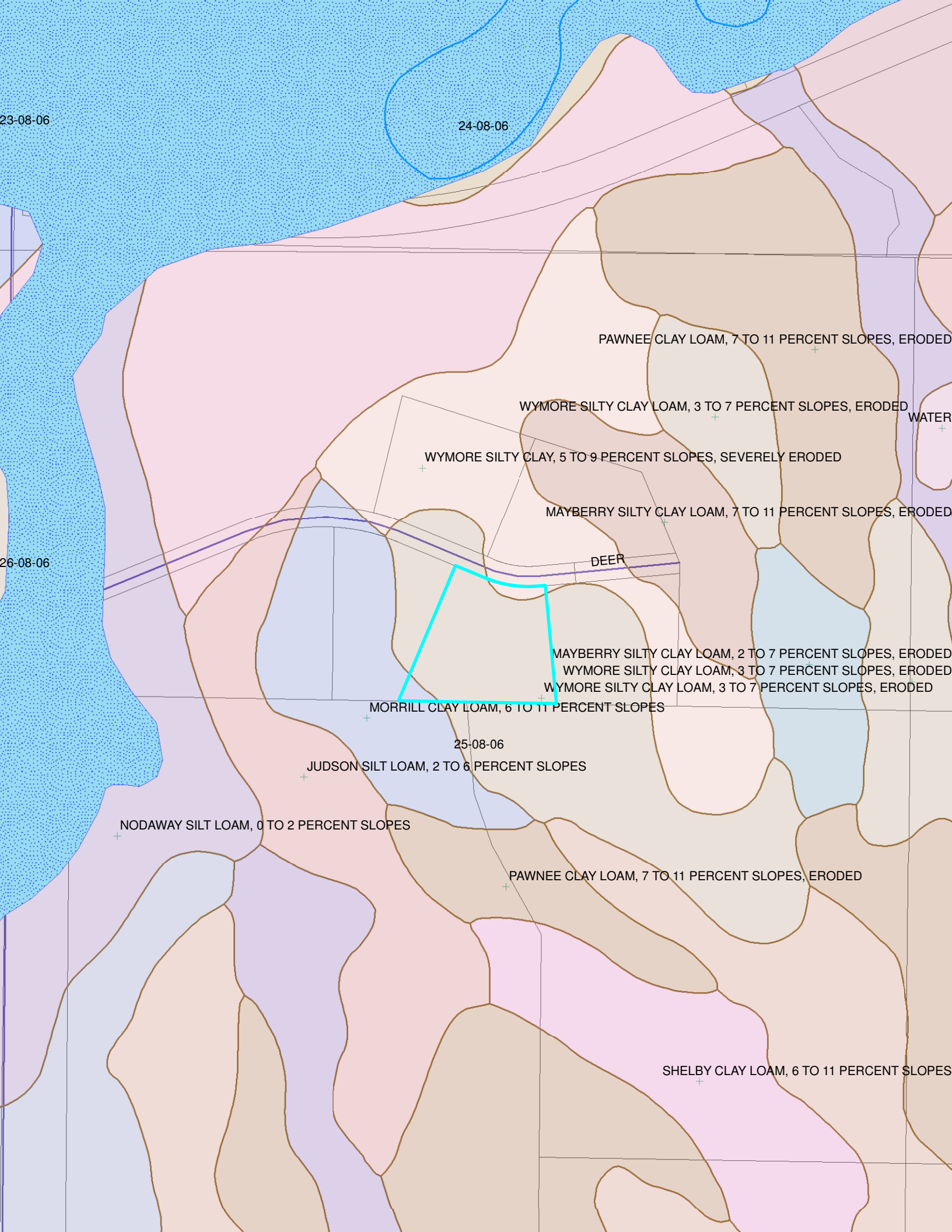
Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 5/1/08 Amount Paid 305.00
Received By LL Cash/Check No. 2976

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

Form A Updated: 5-07

5-6-2008 12: 6:47


23-08-06
24-08-06
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
26-08-06
DEER
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
25-08-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES

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

A

SCANNED

Permit Number H5000092

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)

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Legal Description NW 25 8 6 Deer Trail Addn 4
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: _____

B. Owner

Name Quincy Krenzien Signature Quincy Krenzien

Address 4110 Everett St City/State/Zip Lincoln, NE 68504

☐ Check if owner designed system Home Phone 402-430-5020 Work Phone 402-419-5316

C. Contractor

Name: Mike Kinning Kinning-Sydow Builders, Inc. Company Name _____

Address P.O. Box 6554 City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 402-421-1334

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Designer Name Lloyd Jakowlek Firm Raymond Contracting, Inc Work Phone 402-890-6009

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Site visits _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4/30/08 Date frwd 4/30/08
ACTION ☒ Approved ☐ Disapproved Signature [signature]

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

Installation Final Written Approval
By [signature]
Date 8/15/08

Business Office Use Only
Date Received 5/1/08 Amount Paid 305.00
Received By [signature] Cash/Check No. 24769

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

Form A Updated: 5-07

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

A

Permit Number H5000092

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Legal Description NW 25 8 6 Deer Trail Addn 4

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

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☐ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name Quincy Krenzien Signature Quincy Krenzien

Address 4110 Everett St City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone 402-430-5020 Work Phone 402-419-5316

C. Contractor

Name: Mike Kinning Kinning-Sydow Builders, Inc. Company Name _____

Address P.O. Box 6554 City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 402-421-1334

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting, Inc Work Phone 402-890-6009

E. This system will serve a

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

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1. Health Department
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Date rec'd _____
Date frwd _____
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4/30/08
Date frwd 4/30/08
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 5-2-08
Date frwd 5-2-08
ACTION ☒ Approved ☐ Disapproved
Signature James Dougherty

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

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 1501 Deer Trail (no rural route) City Roca NE, Zip 68430

Owner Quincy Krentzien Addresss 4110 Everett St Lincoln, NE 68506

Soil Type (SCS): Morrill/Wymore Percolation Rate: 21 min./inch

Date of Tests 9-28-06 to 9-29-06 Weather: Precipitation 0 Temperature 70°

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	36	9-28	12:00p	9-28	4:00p	9-29	9:00a	Le	9-29	1:00p	30	1 1/8	27
2	40	"	"	"	"	"	"	"	"	"	"	1 3/16	25
3	41	"	"	"	"	"	"	"	"	"	"	1 1/4	24
4	42	"	"	"	"	"	"	"	"	"	"	1 5/8	18
5	39	"	"	"	"	"	"	"	"	"	"	2 7/8	10
6	39	"	"	"	"	"	"	"	"	"	"	1 1/2	20

Sum of Percolation Rates: 124

Average of Rates: 21

Rate Used for Calculation: 21

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St
Raymond, NE 68428 #C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

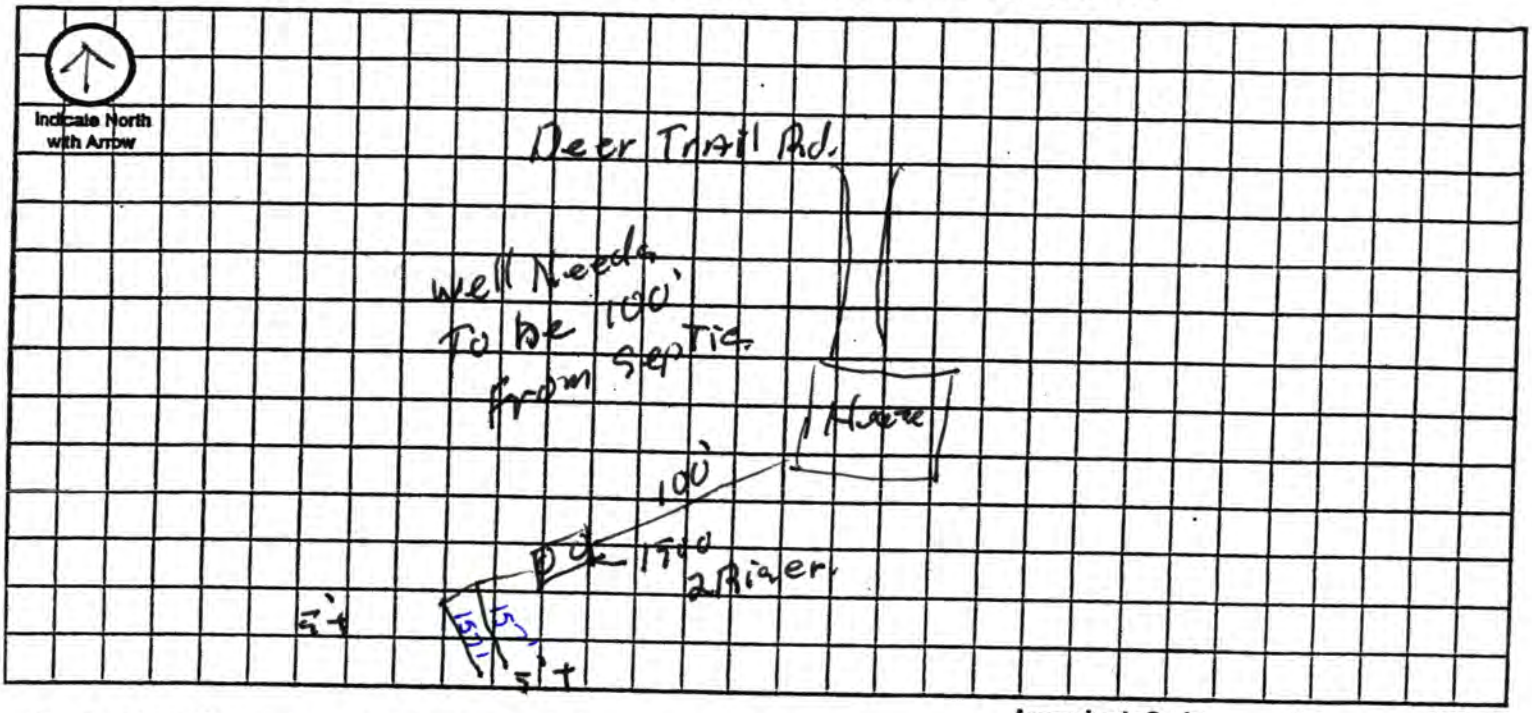
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

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) 1501 Deer Trail City Kiva NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 21 (min. per inch) Soil Type: Merrill/Waymore Land Slope: _____ %

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

Total Square Feet of Field Required: 1,250 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Graveless chambers, Infiltrator Quick 4

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 313 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 Mary Kinney Date 4-28-08

Installer Mitch Jahnke Date 4-23-08

AUG 20 2008

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 8-15-08 Legal Description NW 1/4 25 1/4 - 8 Section - 6 Township Range Deer Trail Addition Lot 4

Onsite System Location

Address (no rural route) 1501 Deer Trl City Roca NE, Zip 68430

Owner Quincy Krenzien Address 4110 Everett St Lincoln NE 68504

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: 5' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 115' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 50+ ft.

B. Septic Tank

☑ Label with Manufacturer, address and gallon capacity

1. Material: concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter 24" in.
   Riser: ☐ above ☐ below grade At grade in.
5. Inlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 18" in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. ☐ Distribution Box ☒ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: 3 Endcaps.
   Number available outlets: 2 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8', 18', 28' ft.

D. Drainfield Absorption

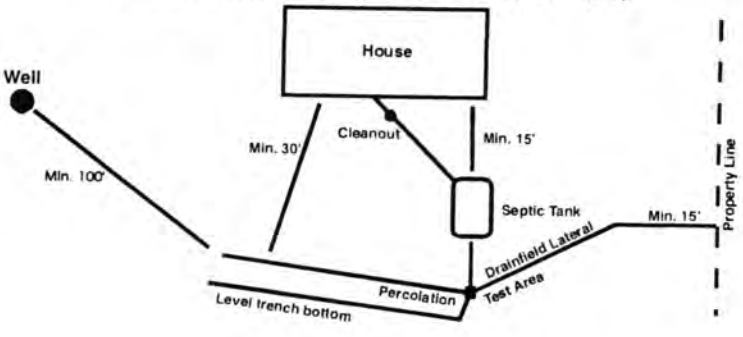
☒ Trench ☐ Bed ☒ Level Bottom

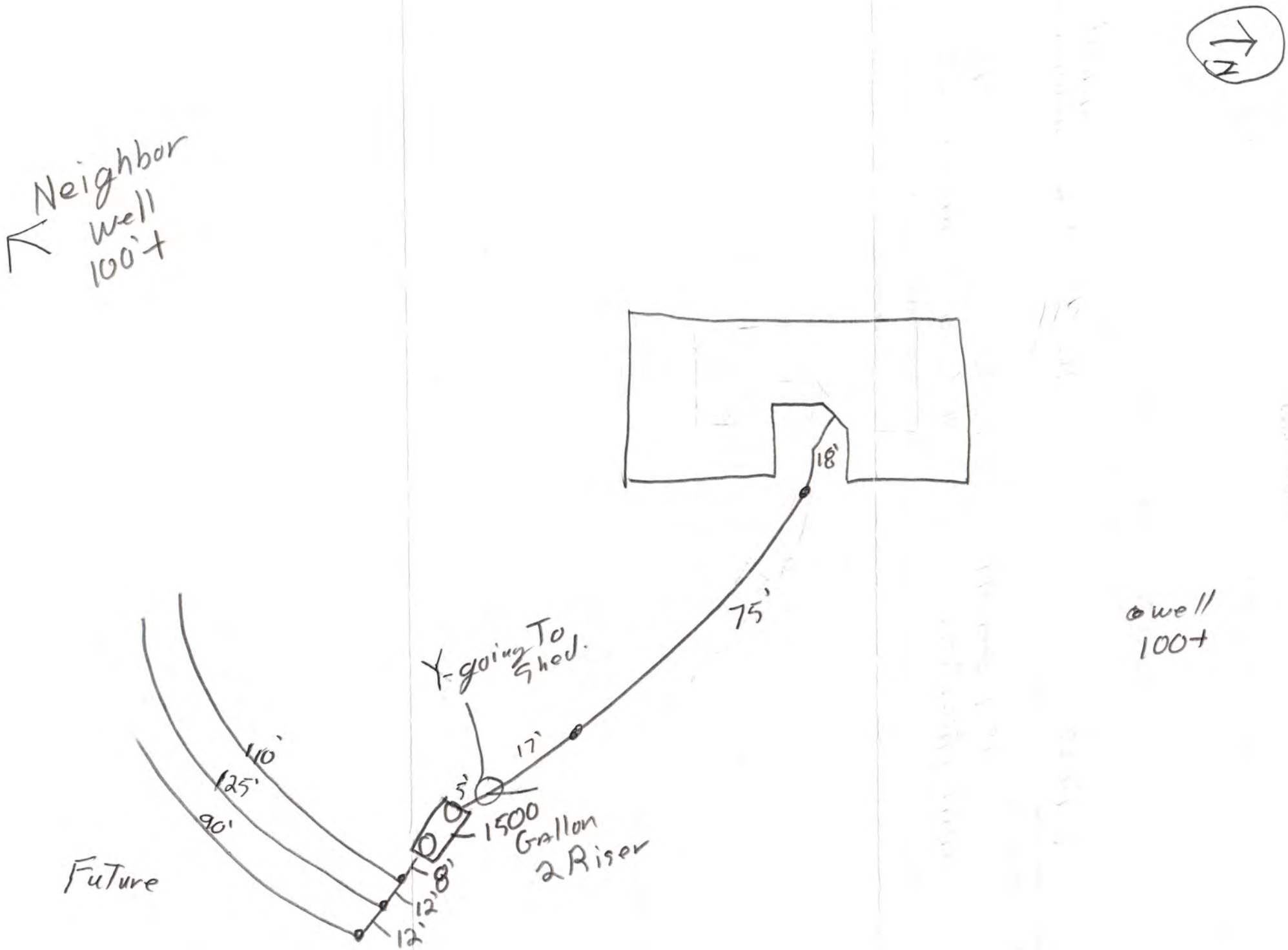
1. Type: ☑ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 34" wide 12" Tall
   Number of distribution lines in bed: 3
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 110 ft. 125 ft.
   90 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope FLAT ± 3" in/100 ft.
   Average depth 32-42 in
4. Filter material: DIRT
   Depth of material 32-42 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.
   House or building 100+ ft.
   Lake or Stream 100+ ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow




N
Neighbor well 100'+
18'
75'
Y- going To Shed.
17'
5'
1500 Gallon 2 Riser
110'
125'
90'
Future
12'
12'8'
well 100+