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. HS000098

System Type: LAGOON

Situs: 2541 W. Claire

Legal Description: T09N-R06E-S09-Lot 30

Owner:

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

Issued: 05/12/2008
Expires: 05/12/2009

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

JOHN'S PLUMBING CO
1730 S 6TH
LINCOLN NE 68502

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

A

Permit Number
HS000098

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 2541 W Claire (no rural route) City Lincoln, NE Zip 68523

Legal Description S9, T9, R6, 6th PM, Lot 30
(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: 29.62

B. Owner

Name Lincoln Equestrian Center LLC Signature _____

Address 2541 W. Claire City/State/Zip Lincoln Ne 68523

❑ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: John Ralls Company Name Ralls Construction

Address 6602 Pheasant Run City/State/Zip Lincoln NE 68

❑ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm Easement Trenching Work Phone 432-7880

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 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 _____ Date frwd _____
ACTION ❑ Approved ❑ Disapproved
Signature _____

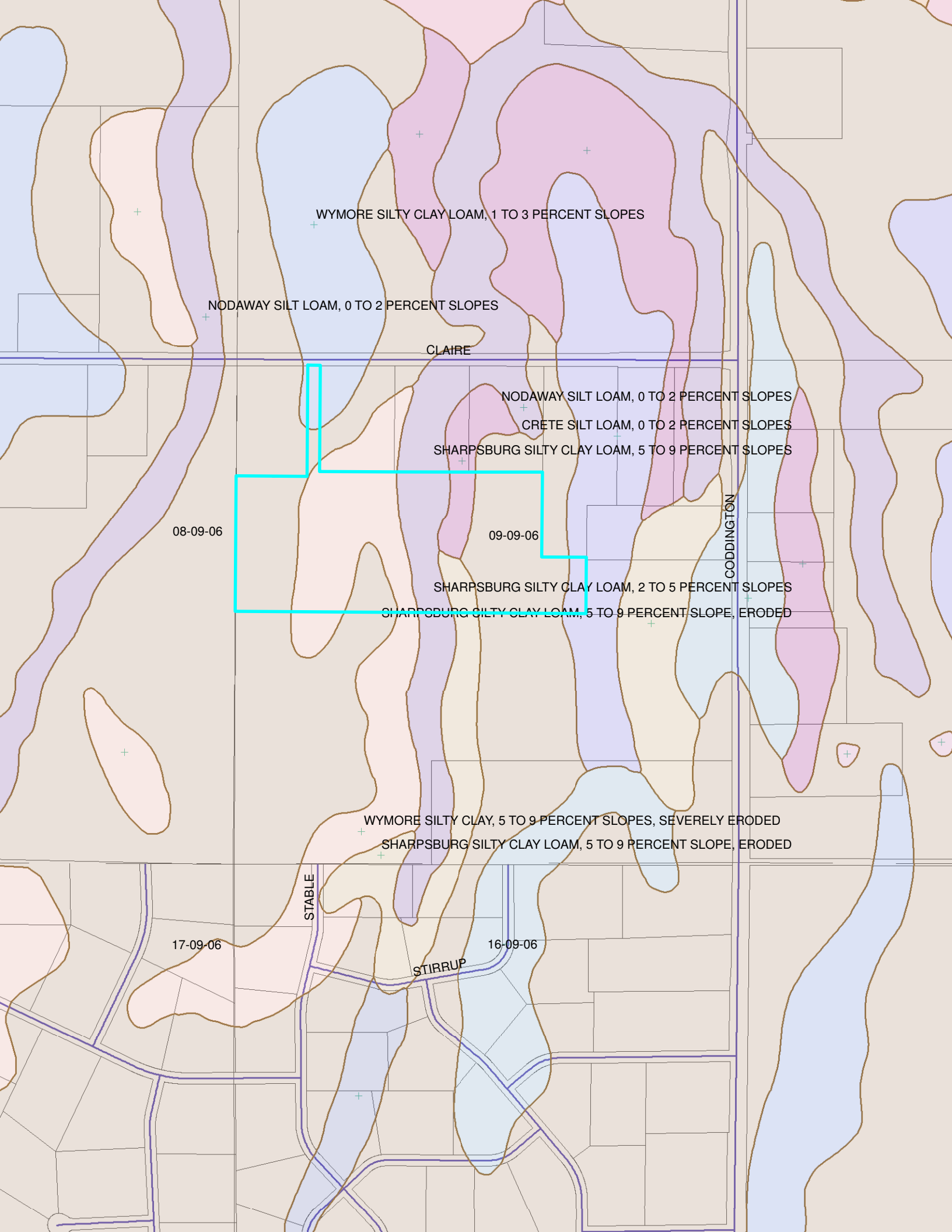
3. City or County Engineer
Comments _____
Date rec'd _____ Date frwd _____
ACTION ❑ Approved ❑ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 5/9/08 Amount Paid 305.00
Received By JDF Cash/Check No. 19174

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

Form A Updated: 5-07


WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
CLAIRE
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
CRETE SILT LOAM, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
08-09-06
09-09-06
CODDINGTON
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
STABLE
17-09-06
16-09-06
STIRRUP

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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A

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B. Owner

Name Lincoln Equestrian Center LLC Signature _____

Address 2541 W. Claire City/State/Zip Lincoln Ne 68523

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: John Ralls Company Name Ralls Construction

Address 6602 Pheasant Run City/State/Zip Lincoln NE 68

☐ Check if contractor designed system Work Phone _____

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

Designer Name [signature] Firm Casement Trenchless Work Phone 432-7880

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

1. Health Department
Site visits _____
Date rec'd 5/11/08
Date frwd 5/14/08
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments _____
Date rec'd 5-12-08
Date frwd 5-12-08
ACTION ☑ Approved ☐ Disapproved
Signature Bruce Briney

Installation Final Written Approval
By Doug Mee
Date 9/16/08

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

A

Permit Number

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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B. Owner

Name Lincoln Equestrian Center LLC Signature

Address 2541 W. Claire City/State/Zip Lincoln Ne 68523

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: John Rolls Company Name Rolls Construction

Address 6602 Pheasant Run City/State/Zip Lincoln NE 68

☐ Check if contractor designed system Work Phone

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

Designer Name [illegible] Firm [illegible] Work Phone

E. This system will serve a

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Signature

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Comments
Date rec'd
Date frwd
ACTION ☑ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By Doug Mrsny
Date 9/16/08

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 254 W. Claire AVE. (no rural route) City Lincoln NE, Zip

Owner Addresss

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

Date of Tests 6/21 to 6/22 Weather: Precipitation ~ 1/2" Temperature 80+

Holes were Covered

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)
~~7~~	~~36~~	~~H:00~~											
1	36	6/21	11:00	6/22	2:00	6/22	5:30	33½	6/22	6:00	30	1¼	24
2	37	6/21	11:00	6/22	2:00	6/22	5:30	31	6/22	6:00	30	1	30
3	37	6/21	11:00	6/22	2:00	6/22	5:30	29¼	6/22	6:00	30	¾	40
4	38	6/21	11:00	6/22	2:00	6/22	5:30	31½	6/22	6:00	30	¾	40
5	36	6/21	11:00	6/22	2:00	6/22	5:30	32¼	6/22	6:00	30	¾	40
6	36	6/21	11:00	6/22	2:00	6/22	5:30	31⅛	6/22	6:00	30	⅞	34

Sum of Percolation Rates: 208
Average of Rates: 38
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Claude Oie PE-3939
Phone: 486-4444
Address 6645 S. 66th St. Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

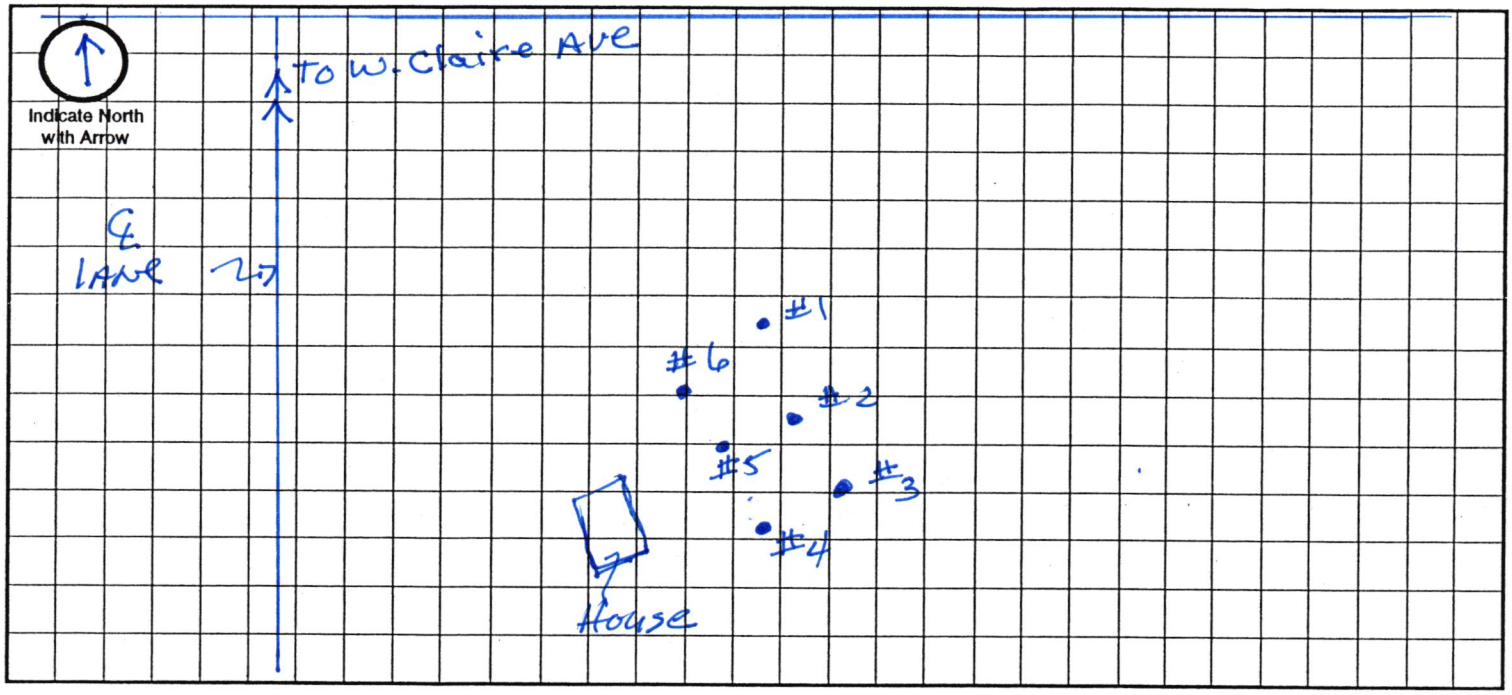
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 2541 W Claire Ave City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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 _____ Date _____