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

A

Permit Number: 07380334101

Sewage Disposal System

Request for Site Clearance and Permit

$500.00 / 103

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

3.13

A. System Location (Indicate correct number and street)

Address 17855 KNOTTING HILLS DRIVE City LINCOLN NE, Zip 68527
(no rural route)

Legal Description LOR 5977 — 1/4 — 1/4 — Section 24 — Township 10 — Range 8 — Subdivision WYNDAM PLACE — Addition 3RD — Block 1 — Lot 1

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address PID: 23-24-106-001-000

B. Owner

Name ROBERT WITTLER Signature Robert Wittler

Address 8607 LEXINGTON AVE. City/State/Zip LINCOLN, NE 68505

☐ Check if owner designed system Home Phone 402 477 0919 Work Phone 402 429 7151

C. Contractor

Name MITCH MARTIN Company Name AQUA PLUMBING

Address 1025 West 10TH City/State/Zip CRETE, NE 68333

☒ Check if contractor designed system Work Phone 402.826.2101

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+UNFINISHED BSMT Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify Extension through 12/1/08

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 5/21/2007 Date frwd 5/21/2007 ACTION ☑ Approved ☐ Disapproved Signature _____
   * Was sized for 5 beds.
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-22-07 Date frwd 5-22-07 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-21-07 Date frwd 5-21-07 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 8/11/08

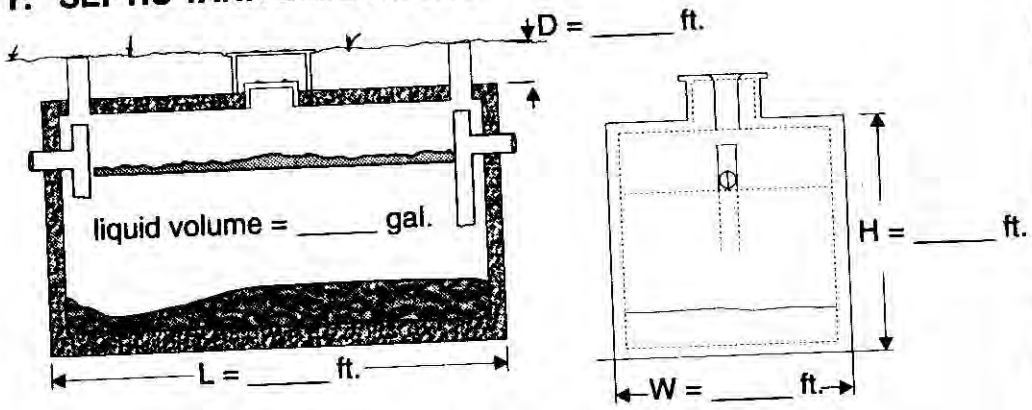
Business Office Use Only
Date Rec'd 05/21/07
Amt Paid 290.00
Rec'd By _____ Cash/Check No. 10006411616

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

KEY

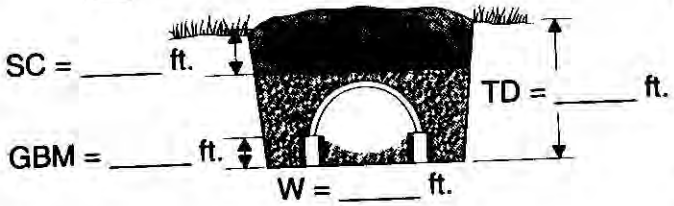
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

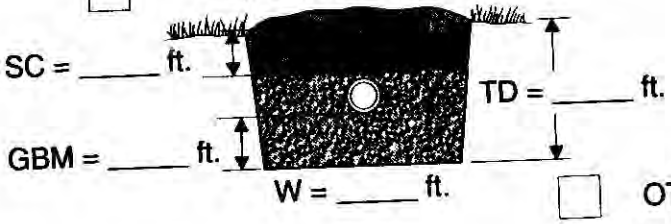


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

Fax 464-6810

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 17855 Knotting Hills Dr. (no rural route) City Lincoln NE, Zip 68527

Owner Robert Wittler Address

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

Date of Tests 5/17/07 to 5/18/07 Weather: Precipitation — Temperature 60

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	30	5/17	9:00	5/18	1:00	5/18	2:05	7 1/2	5/18	2:35	30	1/2	60
2			A		P			5 1/4				3/4	40
3								9 3/4				3/4	40
4								6 5/8				5/8	48
5								8 3/4				3/4	40
6								5 1/2				1/2	60
7								7 1/2				1/2	60

Sum of Percolation Rates: 348
Average of Rates: 50
Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 105 Locust P.O. Box 191
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

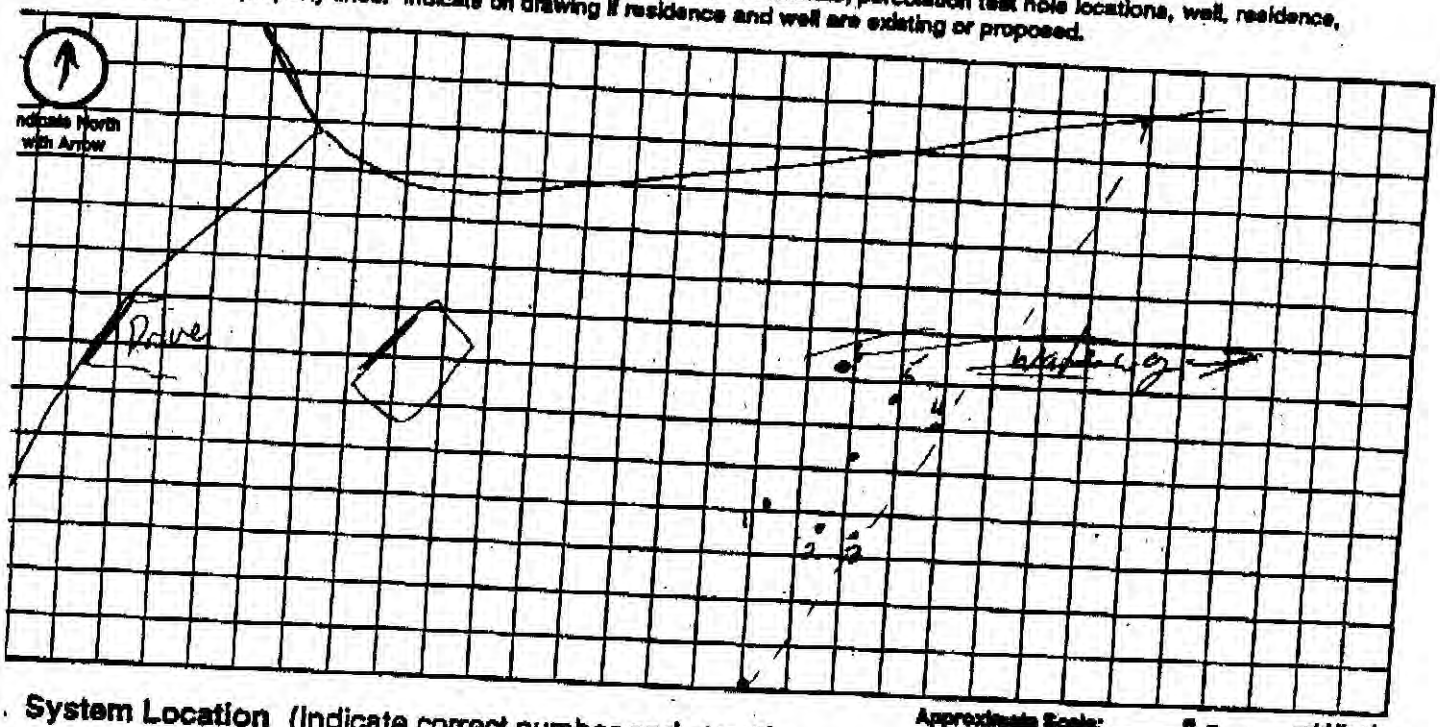
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C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

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



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

System Location (Indicate correct number and street)

ress (no rural route) 12855 Knotting Hill Dr City Lincoln NE, Zip 68527

Proposed Septic Tank/s

k Material: ☒ Concrete ☒ Plastic ☐ Other

Proposed Absorption System (See Form B for Percolation Information)

colation Rate 50 (min. per inch) Soil Type: SHO2 Land Slope: 6 %

e of Absorption System: ☒ Trench ☐ Bed ☐ Other

l Square Feet of Field Required: 1320 sq. ft.

e of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator Quick 4

acity of Septic Tank: 1250 gals Number of Absorption Beds: ____ Number of Distribution Laterals per Bed ____

l Length of Laterals 330 / 415 ft. Number of Trenches 3 Trench Width 3 (4)

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

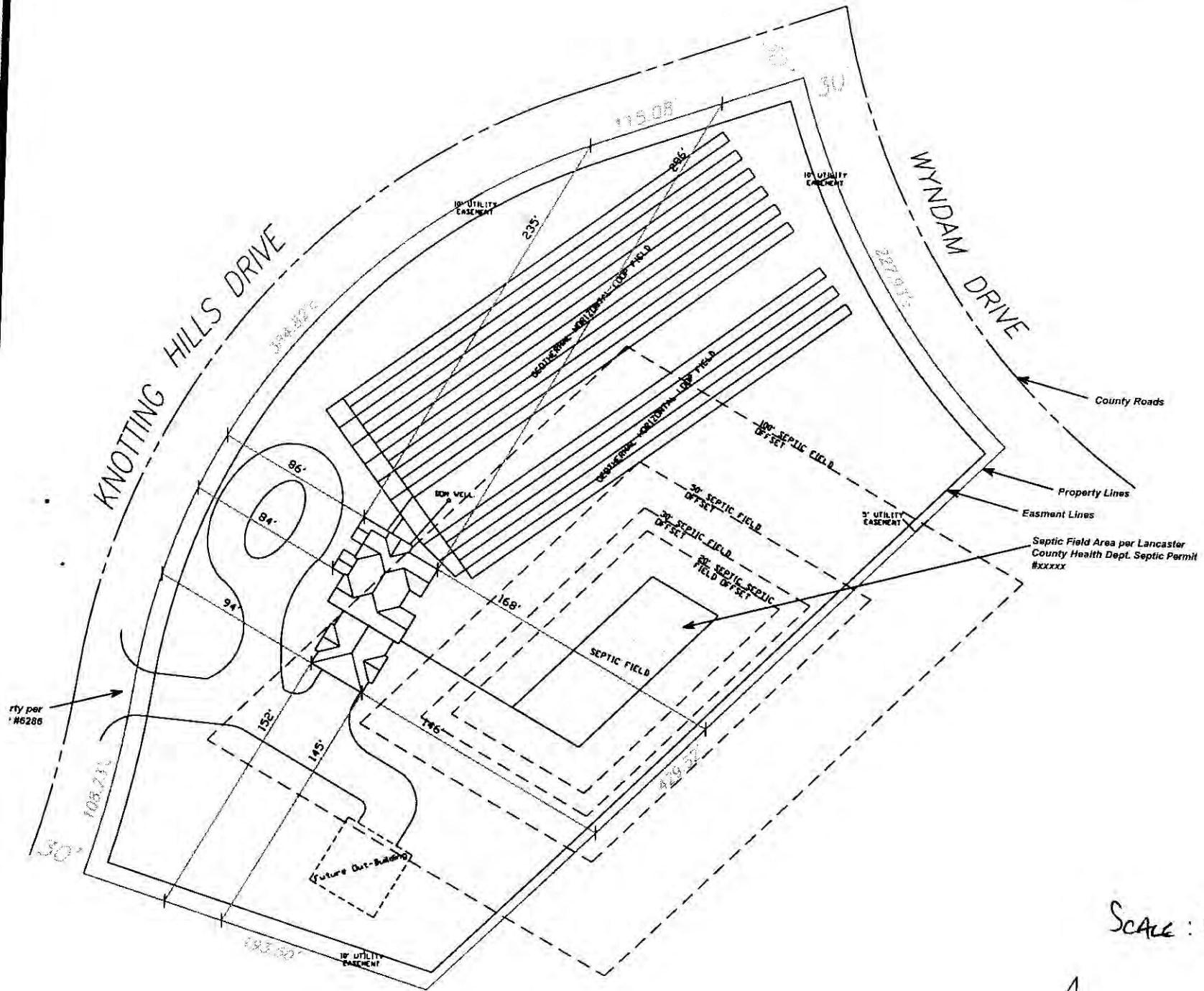
stance from	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
nk (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
ld (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
on (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

Building Contractor Robert Wooden Date 5/21/07

er Brad Southwick #048/C1178 Date 5/20/07

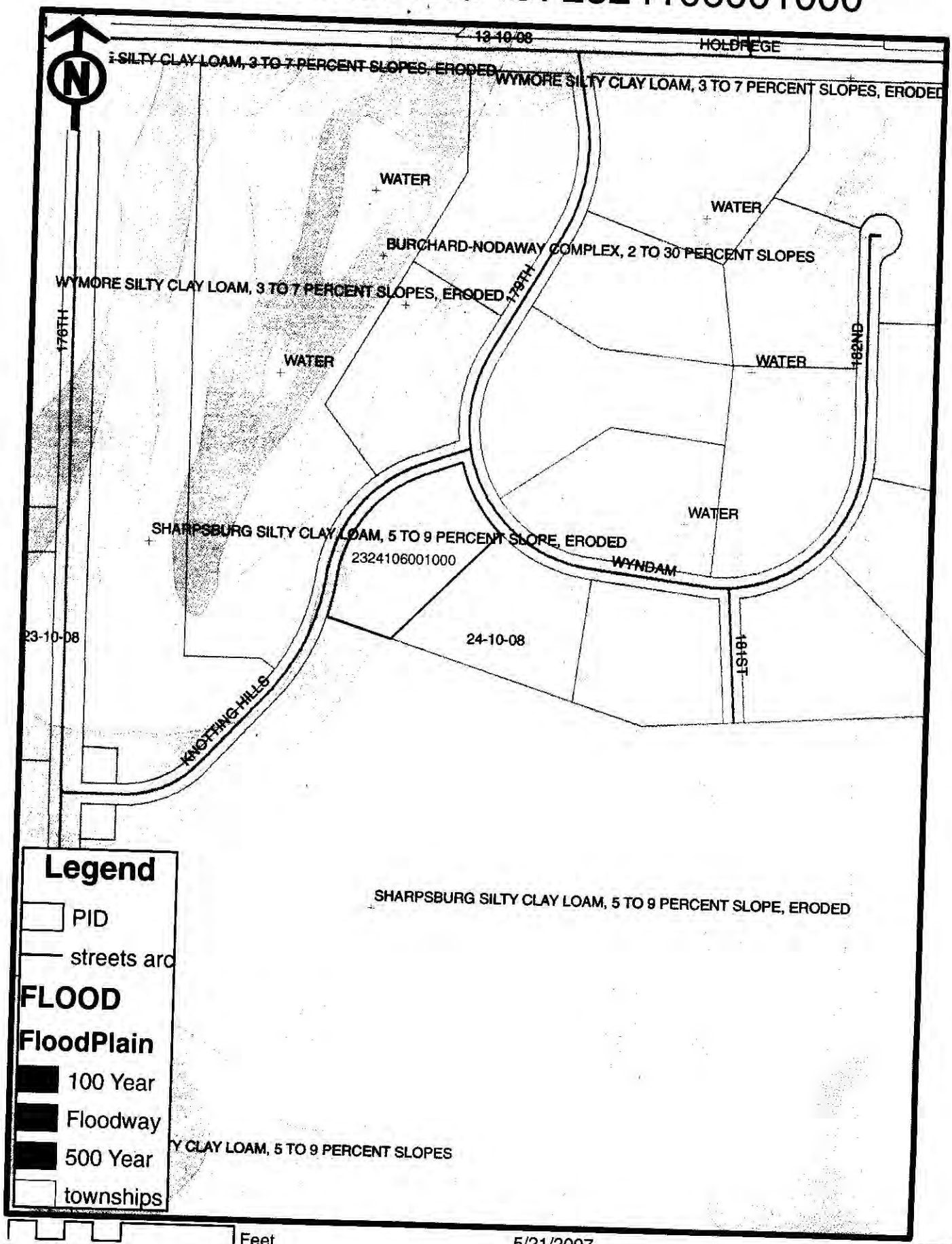
-102 10-96



SCALE : [redacted]

1

Site Clearance for.PID: 2324106001000



LINCOLN LANCASTER COUNTY HEALTH DEPARTM

CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

Lincoln-Lancaster County
Health Department
Bruce D. Dart, Ph.D., Health Director
3140 "N" Street
Lincoln, Nebraska 68510-1514
402-441-8000
TDD: 402-441-6284
fax: 402-441-8323
health@lincoln.ne.gov

April 10, 2008

Certified

Robert Wittler
8607 Lexington Ave
Lincoln, Ne 68505

COPY

Mr. Wittler:

According to our records, you obtained an onsite wastewater construction permit for Wyndam Place 3rd Addition, Block 1, Lot1. This permit will expire 30 days from the mailing of this letter. Failure to apply for a permit extension within this timeframe will result in having to reapply for a new onsite wastewater permit at a fee of $305.00 should you choose to continue build on this property.

If you choose to renew this permit, please send $80 to the Lincoln-Lancaster County Health Department (LLCHD) for a permit extension. The extension is valid for a period of 6 months.

If you do not wish to apply for the extension, please contact LLCHD so that we can maintain current record.

If you have any questions, please contact my office.

Sincerely,

Nate Hartman
Environmental Health Specialist
Lincoln-Lancaster County Health Department
(402) 441-8643

[redacted]

LINCOLN
The Community of Opportunity

COPY

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

010050

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380334101

Issued 05/21/07
Expires 05/21/07
Revenue Code 3157

Establishment
ROBERT WITTLER
T10N R8E SEC 24
WYNDAM PLACE-3RD BLK 1 LOT 1
17855 KNOTTING HILLS DR

FEES: $290.00

LINCOLN
HEALTH
DEPARTMENT

Permittee
ROBERT WITTLER
8607 LEXINGTON AVE
LINCOLN NE 68505

TOTAL: $290.00

EPH COPY

Bruce D. Dart

Bruce D. Dart, Health Director