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. HS000104

System Type: STANDARD

Situs: 10300 PIONEERS BLVD LC

Legal Description: T09N-R07E-S01-Lot 40

Owner: ZOZ, PAUL W TRUSTEE
10300 PIONEERS BLVD
WALTON NE
68461

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	05/23/2008
Expires:	05/23/2009

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

PEAK PLUMBING
4100 SW 2ND
LINCOLN NE 68522

LLCHD HS000104

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

A

Permit Number HS000104

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 10300 Pioneers Blvd (no rural route) City Lincoln, NE Zip 68461

Legal Description 1 9 7 38
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: 20.04

B. Owner

Name Paul Zoz Signature

Address 10300 Pioneers Blvd City/State/Zip Lincoln NE 68461

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Matt NyGard Colt Jordan Company Name Peak Plumbing

Address 4100 SW 2nd City/State/Zip Lincoln, NE 68522

☒ Check if contractor designed system Work Phone 402-202-3241

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 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 5/20/2008 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 5/20/08 Amount Paid 305 oo
Received By Cash/Check No. 1107

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

Form A Updated: 5-07

5-21-2008 14:19:13

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

A

Permit Number
HS000104

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 10300 Pioneers Blvd (no rural route) City Lincoln, NE Zip 68461

Legal Description 1 9 7 4038 (M)

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: 20.04

B. Owner

Name Paul Zoz Signature _____

Address 10300 Pioneers Blvd City/State/Zip Lincoln NE 68461

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

C. Contractor

Name: Matt NyGard Call Jordan Company Name Peak Plumbing

Address 4100 SW 2nd City/State/Zip Lincoln, NE 68522

☒ Check if contractor designed system Work Phone 402-202-3241

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

Designer Name _____ Firm _____ Work Phone _____

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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 5/26/2008 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 _____

* W. passed per test + Vac Dist Systems' location *

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 H5000104

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 10300 Pioneers Blvd City Lincoln, NE Zip 68461
(no rural route)

Legal Description 1 9 7 38
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: 20.04

B. Owner

Name Paul Zoz Signature

Address 10300 Pioneers Blvd City/State/Zip Lincoln NE 68461

❑ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Matt NyGard (will forward) Company Name Peak Plumbing

Address 4100 SW 2nd City/State/Zip Lincoln, NE 68522

☒ Check if contractor designed system Work Phone 402-202-3241

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

Designer Name Firm Work Phone

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

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Site visits
Date rec'd 5/26/2008 ACTION ❑ Approved ❑ Disapproved
Date frwd Signature

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

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Comments
Date rec'd ACTION ❑ Approved ❑ Disapproved
Date frwd 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

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

SCANNED

A

Permit Number H5000104

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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Address 10300 Pioneers Blvd (no rural route) City Lincoln, NE Zip 68461

Legal Description 1 9 7 38

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: 20.04

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Name Paul Zoz Signature _____

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

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

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Site visits _____
Date rec'd 5/20/2008 Date frwd _____
ACTION ❑ Approved ❑ Disapproved Signature _____

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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 5/20/08 Amount Paid 305.00
Received By _____ Cash/Check No. 1107

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

Form A Updated: 5-07

SOIL ABSORPTION DATA REPORT

Project
Location
Job No.
Date

SOIL TEST PROPERTY

LOCATION: 10300 Pioneers Blvd Lincoln
Township: 9N
Range: 7E
Section & 1/4 Section: 1

OWNER: U Build it Homes
Bill to: Randy Fisbeck
10909 So 63
Lincoln 68516

Property Dimensions: _____ feet x _____ feet

Property Area: _____ acres

Property ID: _____

DATES OF TESTS: 4/3 to 4/10/08

SOIL TYPE: PbC3 + JUc

Silty Clay		Sandy Loam	
Silty Loam		Sandy Clay	
Clay Loam		Clayey Sand	
Silty Clay Loam		Silty sand	
		Sand	

WEATHER:
Precipitation: —
Temperature: 50s

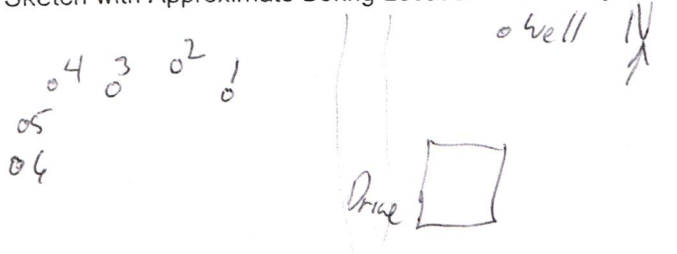
PERCOLATION TEST DATA

		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min)	Date (Mo. Day)	Time (Hr. Min)	Date (Mo. Day)	Time (Hr. Min)	Water Level (in.)	Time (Hr. Min)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min. / in.)
1	30	4/3	4/00	4/4	10/45	4/4	1/25	~~14½~~ ~~13⅝~~	1/55	20	30	½	60
2			PM		AM			21¼		21¾		½	60
3								22		22⅝		⅝	48
4								21½		22¼		¾	40
5								20⅜		20⅞		⅞	34
6								23⅛		23¾			48
7													
8													

Test Conducted By: Brad Smith

Sum of Percolation Rates: 290
Average of Rates (Min/Inch): 48
Inches Per Minute: 60

[Field Sketch with Approximate Boring Locations Attached]



3 Bdrm - ~~1000~~ 1250 gallon Tank w/ 263 lateral

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

Owner _____ Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of
Reviewing Official _____ Date _____

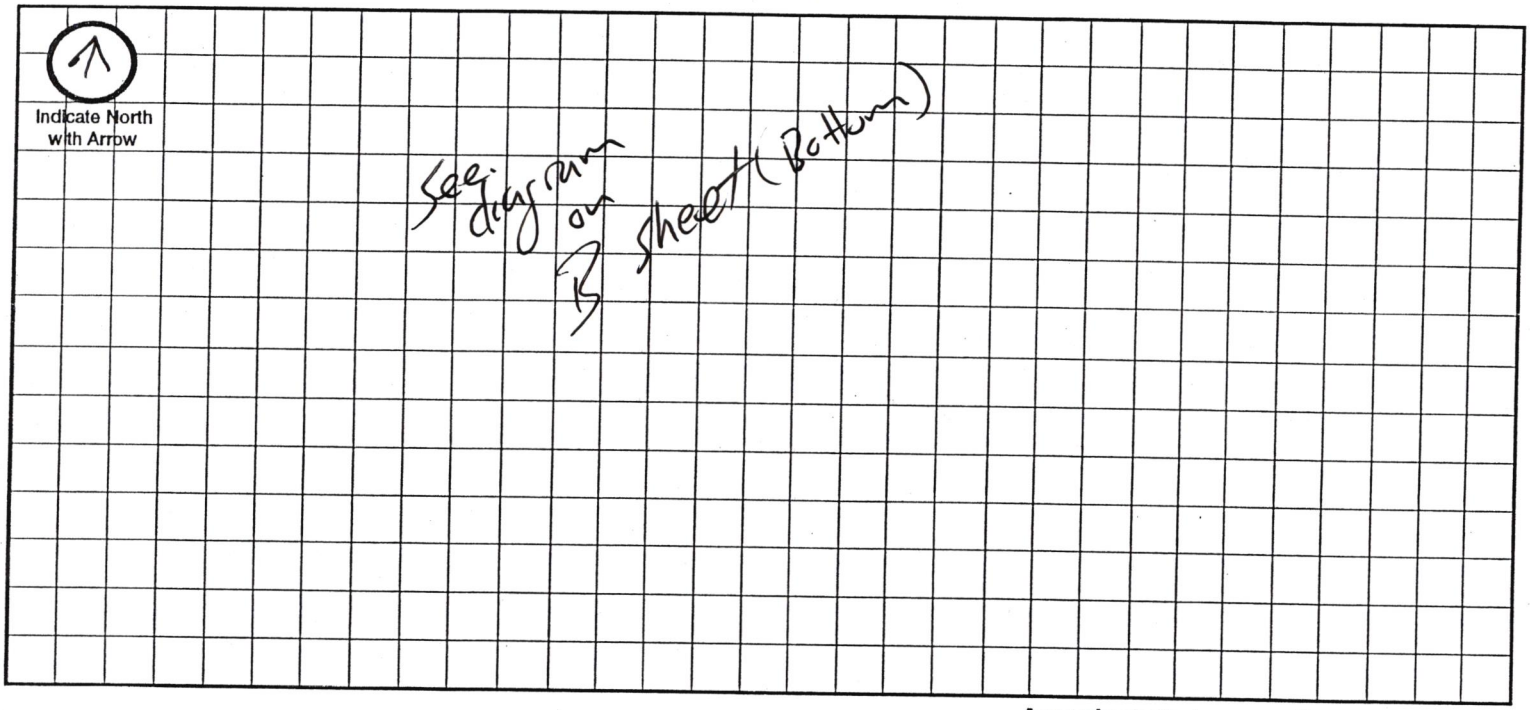
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 10300 Pioneers 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 60 (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: Infiltrator 3' width

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 ft. Number of Trenches 3 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 _____

"Ken Schroeder" <kschroed@co.lancaster.ne.us>
05/22/2008 03:45 PM

To "Nate Hartman" <nhartman@lincoln.ne.gov>
cc
bcc
Subject Lot 40 IT section 1 (9-7)

Nate,

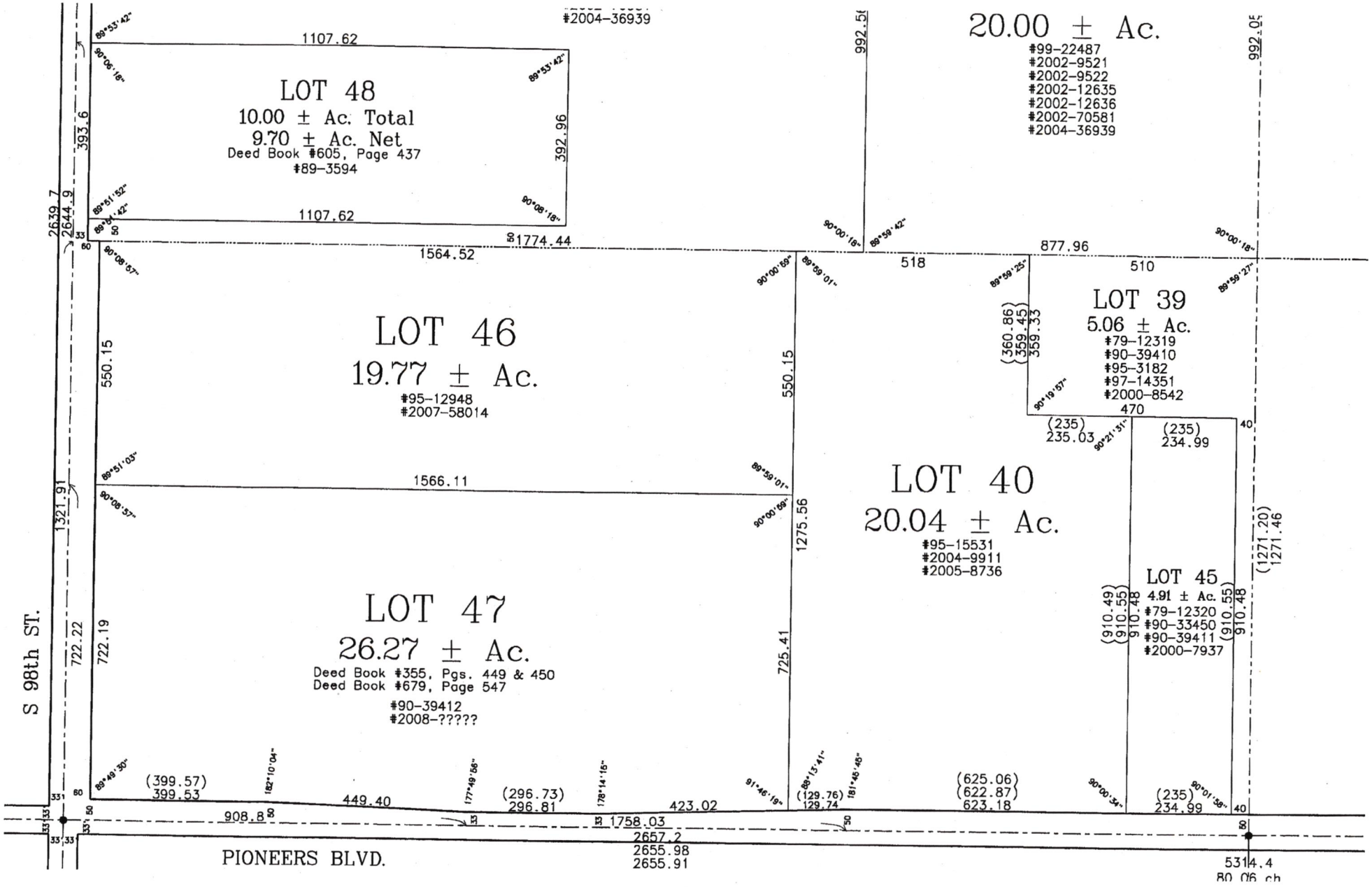
This is to follow up on our phone conversation today in reference to a Sewage Disposal System Permit for Lot 40 of irregular tracts located in the Sw 1/4 of Section 1, T-9-N, R-7-E of the 6th P.M. Lancaster County, Nebraska.

Attached are copies of part of the SW 1/4 of section 1 (9-7) showing Lot 40 of irregular tracts which is a 20.04 acre tract in the east part of old lot 38 I.T.

Lancaster County Engineering Department indicates approval for a wastewater system on said Lot subject to the confirmation of any flood plain elevation prior to construction.

Kenneth D. Schroeder, R.L.S.
Lancaster County Engineering Dept.
444 Cherrycreek Road, Bldg. "C"
Lincoln, NE 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692


PART OF 1 9-7.tif


#2004-36939
1107.62
LOT 48
10.00 ± Ac. Total
9.70 ± Ac. Net
Deed Book #605, Page 437
#89-3594
393.6
392.96
1107.62
2639.7
2644.9
1774.44
1564.52
992.51
20.00 ± Ac.
#99-22487
#2002-9521
#2002-9522
#2002-12635
#2002-12636
#2002-70581
#2004-36939
992.05
877.96
518
510
LOT 39
5.06 ± Ac.
#79-12319
#90-39410
#95-3182
#97-14351
#2000-8542
(360.86)
(359.45)
359.33
470
(235)
235.03
(235)
234.99
LOT 46
19.77 ± Ac.
#95-12948
#2007-58014
550.15
550.15
1566.11
LOT 40
20.04 ± Ac.
#95-15531
#2004-9911
#2005-8736
1321.91
1275.56
(1271.20)
1271.46
LOT 45
4.91 ± Ac.
#79-12320
#90-33450
#90-39411
#2000-7937
(910.49)
910.55
910.48
(910.55)
910.48
LOT 47
26.27 ± Ac.
Deed Book #355, Pgs. 449 & 450
Deed Book #679, Page 547
#90-39412
#2008-?????
722.22
722.19
725.41
S 98th ST.
(399.57)
399.53
449.40
(296.73)
296.81
423.02
(625.06)
(622.87)
623.18
(129.76)
129.74
(235)
234.99
908.8
1758.03
2657.2
2655.98
2655.91
5314.4
80.06 ch
PIONEERS BLVD.

16-01-300-009-000
PIONEERS BLVD
10300 Pioneers Blvd
no address assigned
Part of Lot 36 I.T.