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. HS000107

System Type: STANDARD

Situs: 15585 N. 14th St.

Legal Description: T12N-R06E-S35-Lot 32

Owner:

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

Issued:	06/04/2008
Expires:	06/04/2009

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

TODD FAUVER
501 S 148TH ST
LINCOLN NE 68520

LLCHD HS000107

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

A

Permit Number
HS000107

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 15585 NORTH 14TH (no rural route) City RAYMOND, NE. NE Zip

Legal Description SOUTH EAST 35 12 NORTH 6 EAST OF 6TH PM. 32

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: 20.39

B. Owner

Name TODD FAUVER Signature

Address 551 SOUTH 148TH STREET City/State/Zip LINCOLN, NE. 68520

☐ Check if owner designed system Home Phone 402-432-6698 Work Phone

C. Contractor

Name: Leonard Harpa Company Name Hafa Well

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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 Must be
Date rec'd 6/2/08
Date frwd 6/3/08
ACTION ☑ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6/4/08 Amount Paid 305 cc
Received By Cash/Check No. 1071

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

Form A Updated: 5-07

6-5-2008 15:48:40

LLCHD HS000107

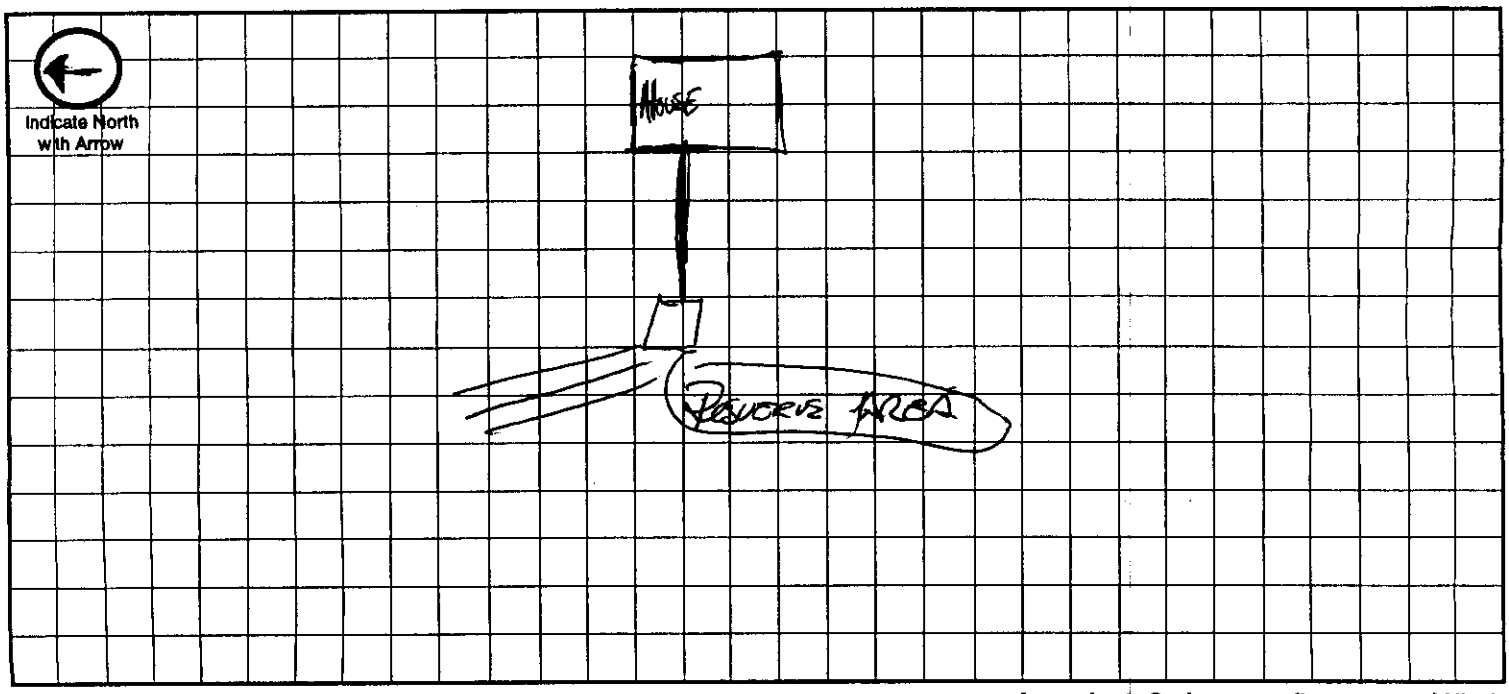
C

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

Permit Number: HS000107

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) 15585 North 14th City Raymond 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 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 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 5-23-08

Installer _____ Date 5-29-08

FORM 23-102 10-96

6-5-2008 15:48:44

B

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

Permit Number: HS000107

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15585 North 14th (no rural route) City Raymond NE, Zip _____

Owner Todd Fauver Addresss 551 South 148th Lincoln NE

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

Date of Tests 3/18 to 3/19 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	30	3/18	11:00	3/18	3:05	3/19	1:20	20	3/19	5:20	240	½	60
2	30	"	11:00	"	3:07	"	1:24	21	"	5:25	"	5/8	48
3	"	"	11:02	"	3:07	"	1:27	20	"	5:30	"	½	60
4	"	"	11:02	"	3:08	"	1:30	20	"	5:31	"	½	60
5	"	"	11:04	"	3:09	"	1:32	21	"	5:33	"	3/4	40
6	"	"	11:05	"	3:10	"	1:34	21	"	5:35	"	½	60
7	"	"	11:05	"	3:10	"	3:35	20	"	5:36	"	½	60

Sum of Percolation Rates: 388
Average of Rates: 56
Rate Used for Calculation: 60

Person Conducting Percolation Tests 11:01:48

Name: Brad Southwick
Phone: 430-7606
Address 105 Locust
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

LLCHD HS000107

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

A

Permit Number: HS000108

Sewage Disposal System

Request for Site Clearance and Permit

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

5-02

A. System Location (Indicate correct number and street)

Address 505 N. 14th St (no rural route) City Lincoln NE, Zip 68527

Legal Description SE 21 10 8 24
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (If known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Mike Fritz Signature Michael D. Fritz

Address 505 N. 14th St City/State/Zip Lincoln, NE 68527

☐ Check if owner designed system Home Phone 402-488-3105 Work Phone 402-471-5419

C. Contractor

Name existing home Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

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

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

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 6/2/08 Date frwd 6/3/08 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 6/3/08
Amt Paid 305
Rec'd By _____
Cash/Check No. 6741

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

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

B

Permit Number: HS000108

6-5-2008

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

B

Permit Number: HS000108

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 505 N. 148th St (no rural route) City Lincoln NE, Zip 68527

Owner Michael Fritz Address same

Soil Type (SCS): Pawnee Percolation Rate: 175 - failed min./inch

Date of Tests 5-6-08 to 5-7-08 Weather: Precipitation 0 1/4" overnight Temperature 63°

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	25	5-6	11:00a	5-6	3:00p	5-7	10:15a	6	5-7	10:45a	30	3/8	79
2	23	"	"	"	"	"	"	"	"	"	"	3/16	158
3	34	"	"	"	"	"	"	"	"	"	"	1/8	231
4	26	"	"	"	"	"	"	"	"	"	"	1/8	231
5	24	"	"	"	"	"	"	"	"	"	"	1/8	231
6	37	"	"	"	"	"	"	"	"	"	"	1/4	120

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3878

Address 13800 NW 70th St

Raymond, NE 68428 # C1193

Sum of Percolation Rates: 1,050

Average of Rates: 175

Rate Used for Calculation: failed

water remaining in all holes overnight

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

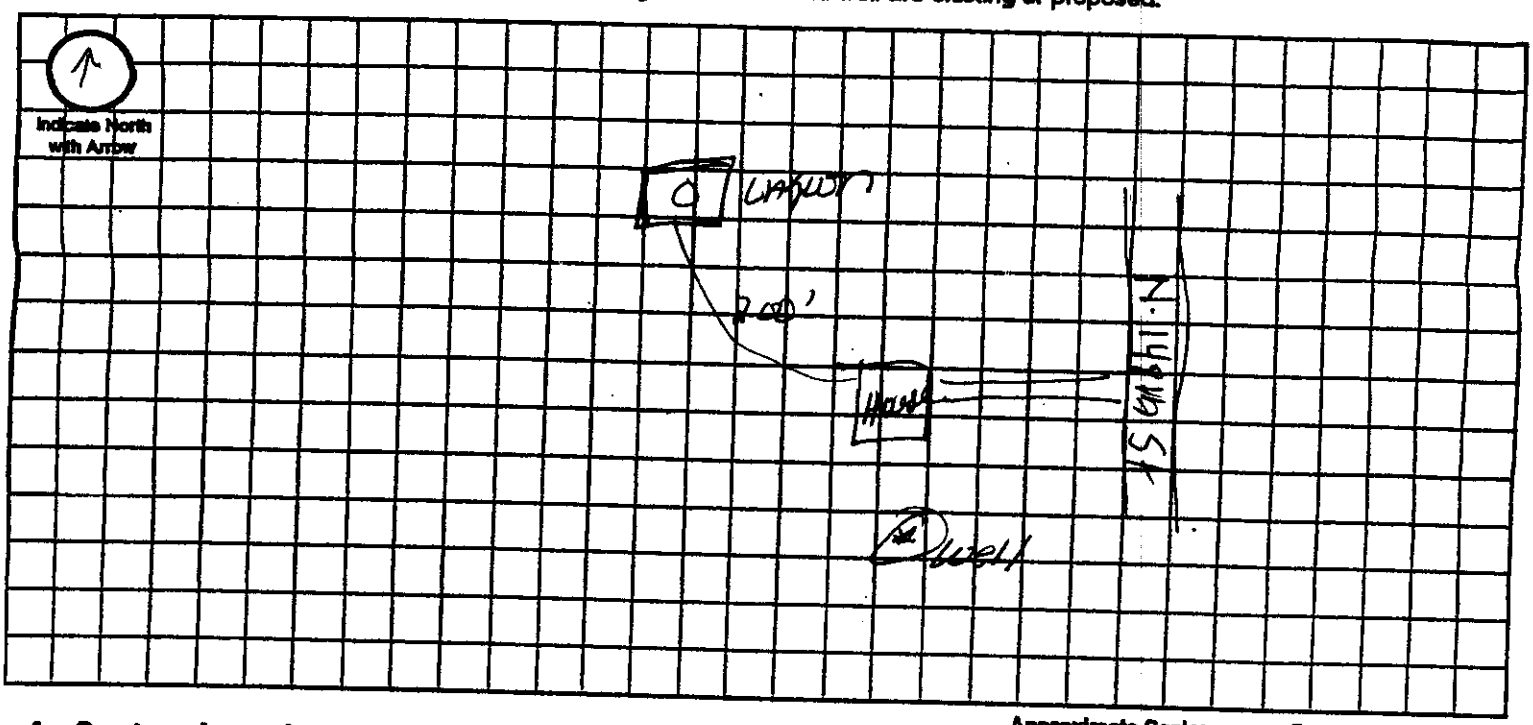
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000108

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) 505 N. 148th St City Lincoln NE, Zip 68527

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 Michael A. Tuttle Date 5/27/08

Installer Mark A. Jakubek Date 5-20-08

Shawn M Johnson/Notes
06/03/2008 01:40 PM

To Nate C Hartman/Notes@Notes
cc
bcc
Subject Re: Todd Fauver

Approved as long as septic stays out of the flood plain.

Shawn Johnson
Plans Examiner I
Department of Building and Safety
Lincoln, Ne 68508
(402) 441-6174
Nate C Hartman/Notes

Nate C Hartman/Notes
06/03/2008 01:27 PM

To Shawn M Johnson/Notes@Notes
cc
Subject Todd Fauver

Todd:

This email is being sent at you request. The property requesting septic approval is 35-12-6 Lot 32.

Thanks!!

Nate Hartman C.P.
Environmental Health Specialist I
NPDES Program Specialist
Lincoln-Lancaster County Health Department
(402)-441-8643



"Virg Dearmont"
<vdearmont@lancaster.ne.gov>
06/03/2008 01:44 PM

To "Nate Hartman" <nhartman@lincoln.ne.gov>
cc
bcc
Subject Septic permit No. HS-000107

Nate

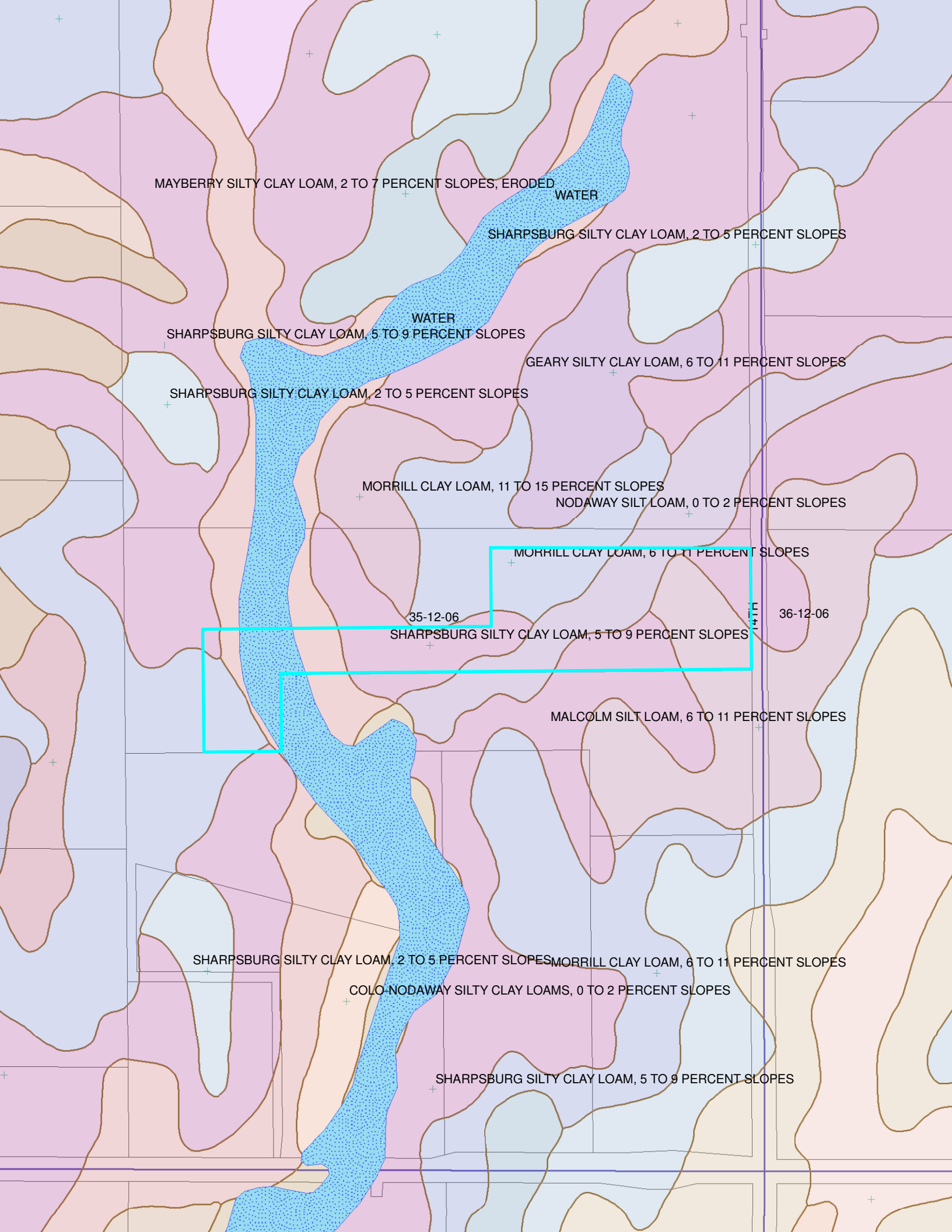
Lot 32 I.T. in the S.E.1/4 of Section 32, Township 12 North, Range 6 East, is a legal lot.
The permit would be approved provided the lagoon or septic system is constructed a foot above the floodplain which bisects the property

Virg

Virgil Dearmont
Lancaster County Engineering Department
444 Cherrycreek Road, Building C
Lincoln, NE 68528

Phone 402-441-7681
Fax 402-441-8692

Email: vdearmont@lancaster.ne.gov


MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
WATER
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
35-12-06
36-12-06
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES

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

SCANNED

A

Permit Number
H5000107

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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PLEASE PRINT OR TYPE

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

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B. Owner

Name TODD FAUVER Signature

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☐ Check if owner designed system Home Phone 402-432-6698 Work Phone

C. Contractor

Name: Leonard Harpa Company Name Hafer Well

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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

Designer Name Firm Work Phone

E. This system will serve a

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☐ 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 Must be Dry if out of floodplain
Date rec'd 6/2/08
Date frwd 6/2/08
ACTION ☑ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By Doug Amen
Date 2/12/09

Business Office Use Only
Date Received 6/4/08 Amount Paid 305**
Received By Cash/Check No. 1071

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

Form A Updated: 5-07