LLCHD HS000110

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

A

Permit Number HS000110

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 _____ City Crete, NE Zip 68333
(no rural route)

Legal Description West ½ of Sect 19 T8N R5E of 6PM 21
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 Bob Brauz Signature _____

Address 6118 South 115th Street City/State/Zip Omaha Ne 68137

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

C. Contractor

Name: Keith Kroshel Company Name Kroshel Excavating

Address ~~[illegible]~~ 734 Bldr Blvd PO 291 City/State/Zip Wilber Ne 68465

☐ Check if contractor designed system Work Phone 641 7898

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 _____ Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☒ Commercial Establishment/Other Facility Specify Weekend out Building 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 Date rec'd 6/9/08 **ACTION** ☒ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature _____

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

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

Installation Final Written Approval
By _____
Date 6/9/08

RJUN 09 2008
CK # 5110

Business Office Use Only
Date Received 6/9/08 Amount Paid 305.00
Received By RCF Cash/Check No. 5110

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

Form A Updated: 5-07

LLCHD HS000110

JUN 09 2008

B

Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
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Permit Number: HS000116

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

SW 142nd - ¼ S.
System Location (Indicate correct number and street)
Address W1/2 of Sec 19 T8N R5E of 6PM (no rural route) City Crete NE, Zip 68333
Lancaster Cty

Owner Bob Brunz Addresss Omaha

Soil Type (SCS): _____ Percolation Rate: 21-30 min./inch

Date of Tests 5-13 to 5-14 Weather: Precipitation 0 Temperature 65°F

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	24	5-13	3:00	5-14	3:00	5-14	3:00	6"	5-14	5:00	2hrs	1.25	24
2	24	5-13	3:00	5-14	3:00	5-14	3:00	6"	5-14	5:00	2hrs	1.5	20
									4-Times				
									every 30 min				

Sum of Percolation Rates: _____
Average of Rates: 22
Rate Used for Calculation: 21-30

Person Conducting Percolation Tests

Name: Keith Kregel Kregel Excavating
Phone: 641-7891
Address PO 291 Wilbur NE 68465

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

6-11-2008 14:59: 8

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

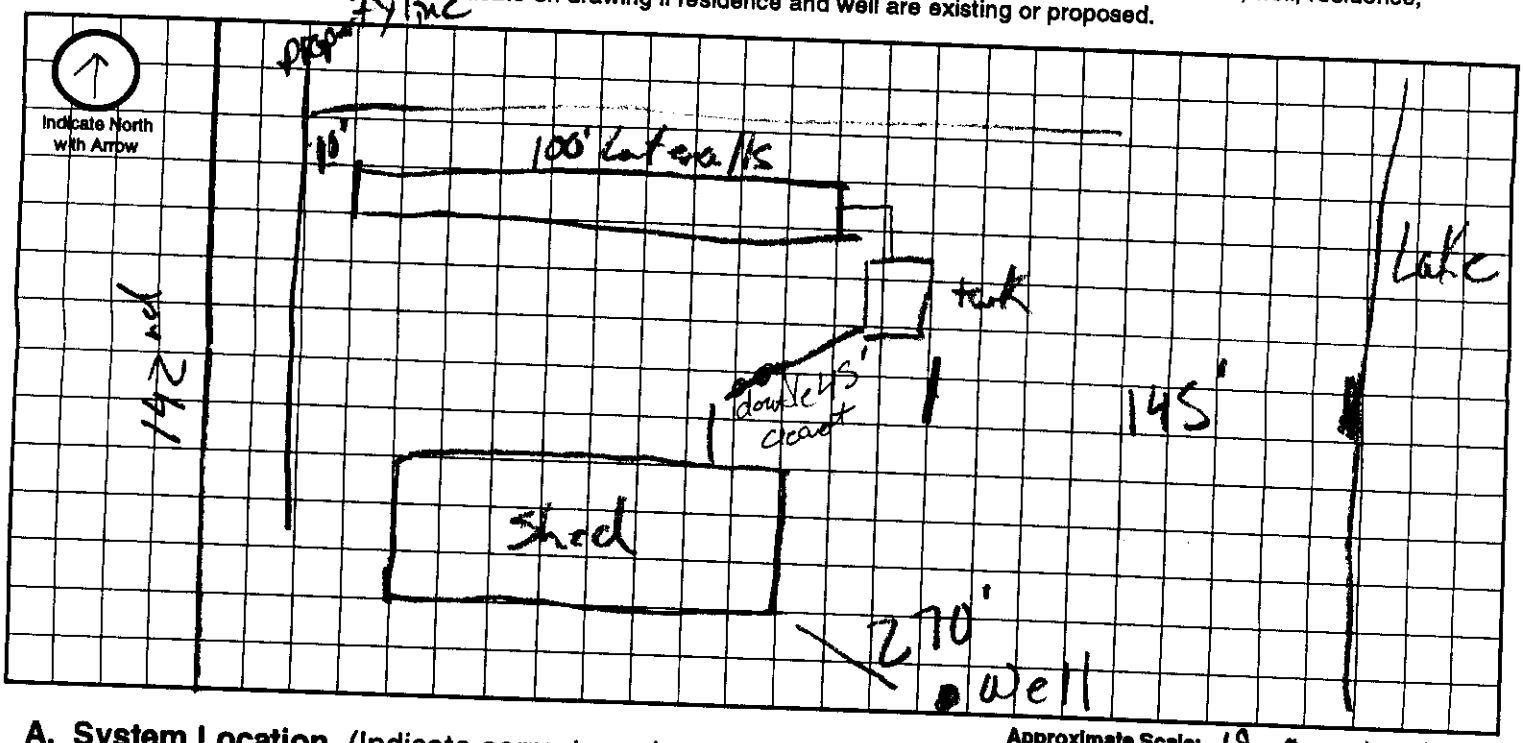
C

Permit Number: HS000110

Sewage Disposal System
Preliminary Plan Specifications

JUN 09 2008

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) West 1/2 of Sec 19 T8N R5E of 6PM City Crete NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ■ Plastic ☐ Other _____

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

Percolation Rate 21-30 (min. per inch) Soil Type: _____ Land Slope: 3 %

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

Total Square Feet of Field Required: 300 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: 3" Bio diffuser

Capacity of Septic Tank 1,050 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 100 ft. Number of Trenches 1 Trench Width 36"

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 Mark Kreshel Excavating Date 5-14-08

FORM 23-102 10-96

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. HS000110

System Type: STANDARD

Situs:

Legal Description: T08N-R05E-S19-Lot 21

Owner:

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

Issued:	06/09/2008
Expires:	06/09/2009

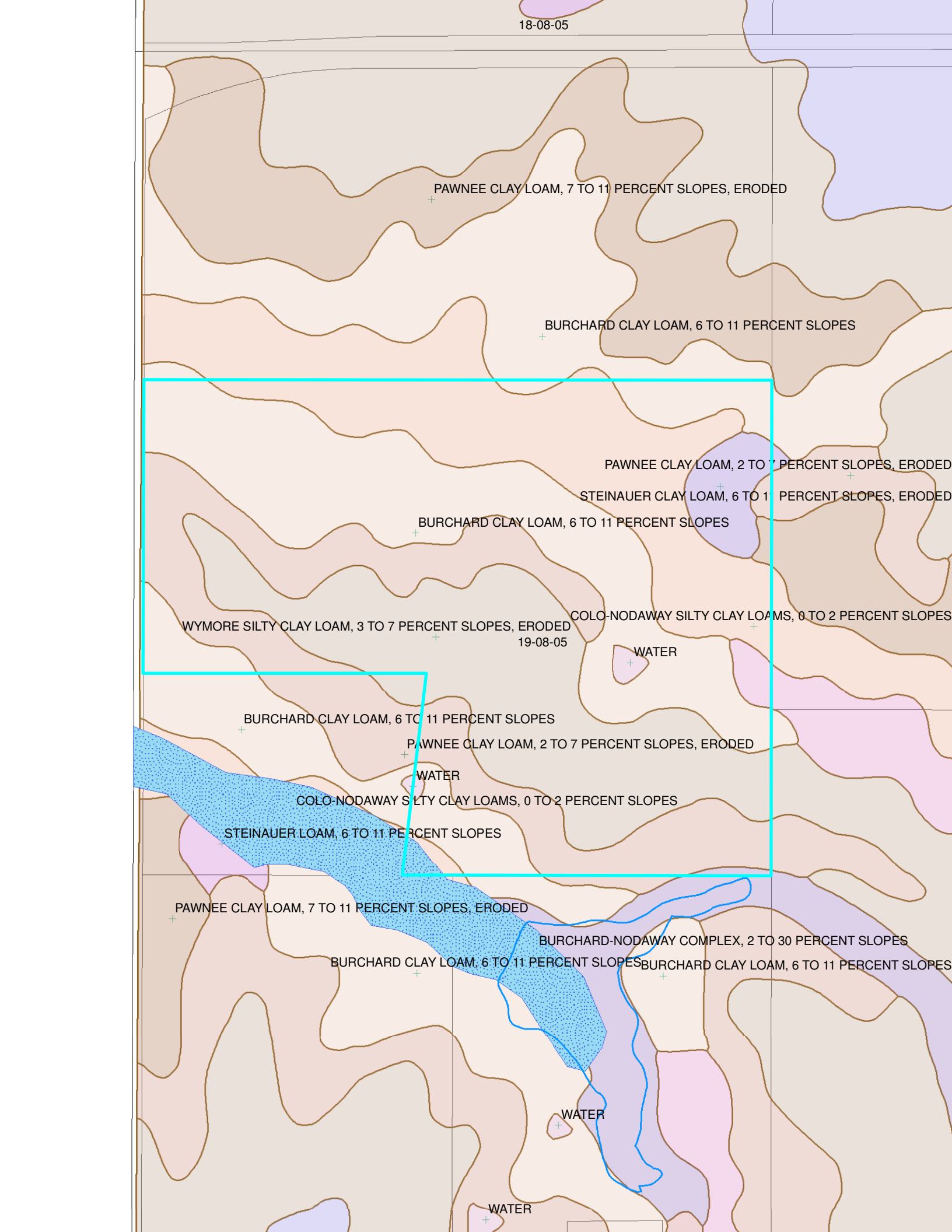
Bruce D. Dart, PhD, Health Director

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

KEITH KRESHEL
PO BOX 291
WILBER NE 68465


18-08-05
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
19-08-05
WATER
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
WATER
WATER