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. HS000129

System Type: NONSTAND

Situs: 1221 MOCKINGBIRD LA S LIN

Legal Description: T09N-R06E-S23-1-Lot 4

Owner:

Permit Fee:	$440.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$440.00

Issued: 07/10/2008
Expires: 07/10/2009

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

PINE LAKE GOLF
6601 S 84TH
LINCOLN NE 68516

LLCHD HS000129

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

A

Permit Number HS000129

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 1221 Mockingbird Ln S (no rural route) City Lincoln, NE Zip 68512

Legal Description _____ Lazy Acres 1 4
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 PATRICK & ROBIN JONES Signature Patrick Jones

Address 7420 So 35 City/State/Zip Lincoln Ne 68516

❑ Check if owner designed system Home Phone 421 2808 Work Phone 4771202

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & drain

Address 105 Locust City/State/Zip Hickman Ne 68372

❑ Check if contractor designed system Work Phone 475-2462

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

Designer Name John Finkner Firm ESP Inc Work Phone 421 2500

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 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 7/4/08
Date frwd 7/4/08
ACTION ☑ Approved ❑ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 7/9/08
Date frwd 7/9/08
ACTION ☑ Approved ❑ Disapproved
Signature Bruce Barney

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_____ Amount Paid_____
Received By_____ Cash/Check No._____

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

Form A Updated: 5-07

7-10-2008 14:20:44

LLCHD HS000129

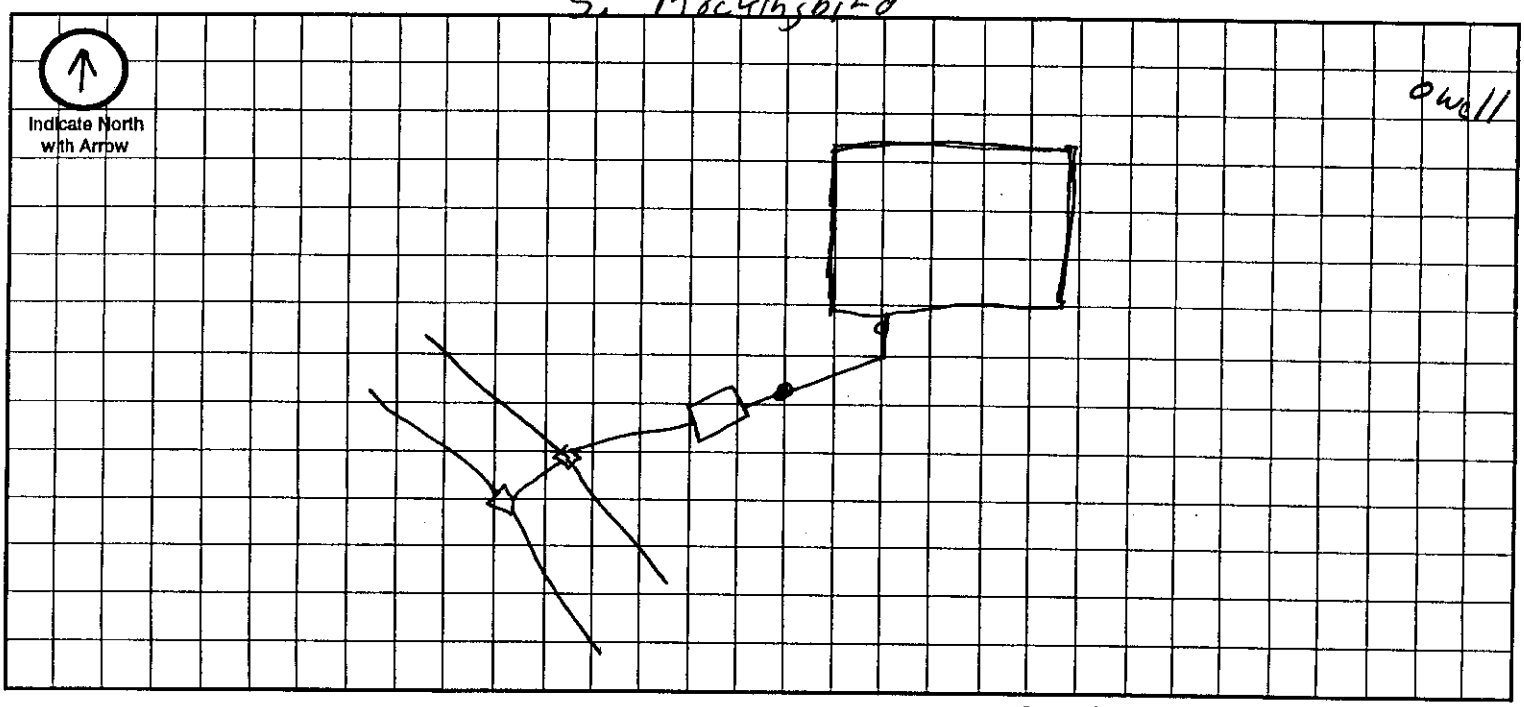
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000129

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) 1221 Mockingbird Lane S. City Lincoln NE, Zip 68512

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: WTC / JUC 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: Intelbutor

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

Total Length of Laterals _____ ft. Number of Trenches 4 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 Brad Southard Date 7-8-08

FORM 23-102 10-96

HS000129

SOUTHWICK SEWER & DRAIN

Brad Southwick
105 Locust Street
P.O. Box 191
Hickman, NE 68372

Fax Document

- **To:** John Chess
- **Company:** LLCHD
- **Fax:** 441-3890
- **Pages:** 2 including Cover
- **Re:** Pat & Robin Jones Soil Percolation Test
- **Comments:** John at ESP is designing Septic System

B

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

Permit Number: HS000129

ESP will Engineer System

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Mockingbird Lane S (no rural route) City Lincoln NE, Zip 68512

Owner Pat + Robin Jones Address

Soil Type (SCS): WTC2 (Sandy in places) Percolation Rate: min./inch

Date of Tests 9-26 to 9-27-07 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	28	9/26	3:00	9/27	12:00	9/27	1:50	9 3/4	9/27	2:20	30	7/8	34
2			PM		PM			15 7/8				1 1/8	26
3								21				2	15
4								22 7/8				1/2	60
5								21 1/2				1/2	60
6								20 1/4				1/2	60

Sum of Percolation Rates: 255
Average of Rates: 43
Rate Used for Calculation: 60

>60 min

Person Conducting Percolation Tests

Name: Brad Southwick 0148
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 HS000129

1221 Mockingbird Ln S

JONES RESIDENCE, May 20th, 2008

SEPTIC CALCULATIONS:

Description - 3 bedroom single family home w/whirlpool bath

Percolation Rate = 40 min/in, installer (tester) recommends designing to 60 min/in

Per NDEQ Title 124, Table 14.1: Q_{design} = 400 gpd

Required Area = 1050 sq ft

Per NDEQ Title 124, Table 10.1: Septic Tank Size = 1250 gal (w/whirlpool in home)

ARC 36 Chambers (see attached detail sheet) – effective open area = 11.94 sq ft

(11.94 sq ft/chamber)(1.5*) = 17.91 sq ft/chamber *factor for chamber width (T124, 016.02B)

1050 sq ft/17.91 sq ft/chamber = 58.6 = 60 chambers

Recommended Installation – 4 trenches w/ 15 chambers per trench and two distribution boxes, one between each pair of trenches. Trenches should be 3'W x 77.25'L or as determined by installer.



Roger Krull /Notes
11/23/2004 08:31 AM

To John J Chess/Notes@Notes
cc
bcc
Subject Re: sewer hook ups

John, here the address's that we have at this time more will follow as they are identified.

6201 Oaks Hollow Rd.
6301 Oaks Hollow Rd.
6001 South 70th Street, there is a property to the west of this property (unsure of address)
145 West Belmont
6800 Pine Lake Rd.
1301 Mockingbird Lane North
1305 Mockingbird Lane North

1221 mock South

Roger D. Krull
Assistant Superintendent Wastewater Collection
2400 Theresa Street
Lincoln Ne. 68521
402-441-7985 ph.
402-441-8735 fax
rkrull@ci.lincoln.ne.us

John J Chess

John J Chess
11/22/2004 10:33 AM

To: Roger Krull/Notes@Notes
cc: sholmes@ci.lincoln.ne.us
Subject: sewer hook ups

Roger, just following up on our meeting on September 10, and my follow up email in October. Do have a list of properties that the LLCHD needs to proceed on to get hooked to city sewer. I think we agreed on going back 2 years. Please let me know

JONES RESIDENCE, May 20th, 2008 1221 Mockingbird Ln S

SEPTIC CALCULATIONS:

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Percolation Rate = 40 min/in, installer (tester) recommends designing to 60 min/in

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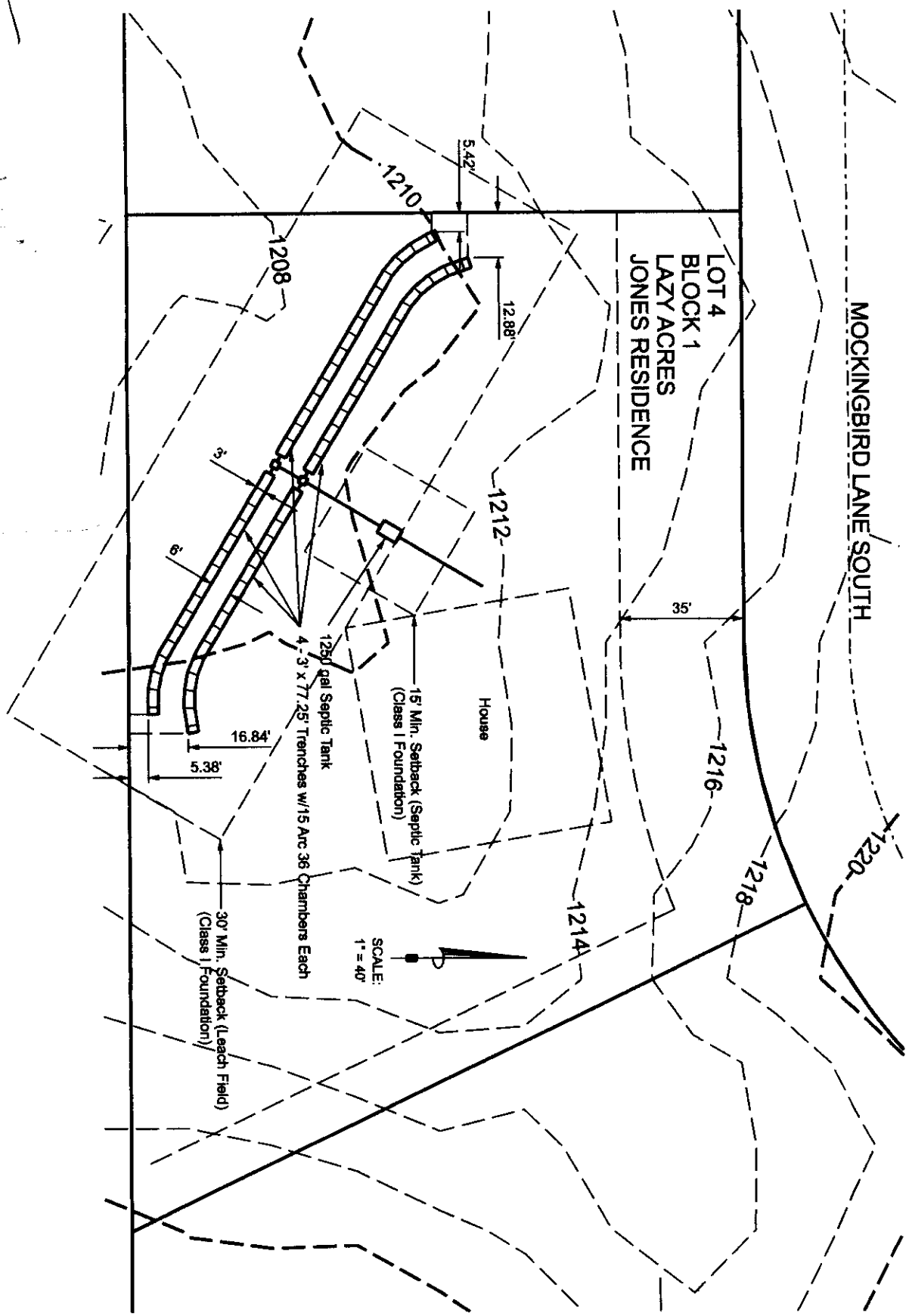
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(11.94 sq ft/chamber)(1.5*) = 17.91 sq ft/chamber *factor for chamber width (T124, 016.02B)

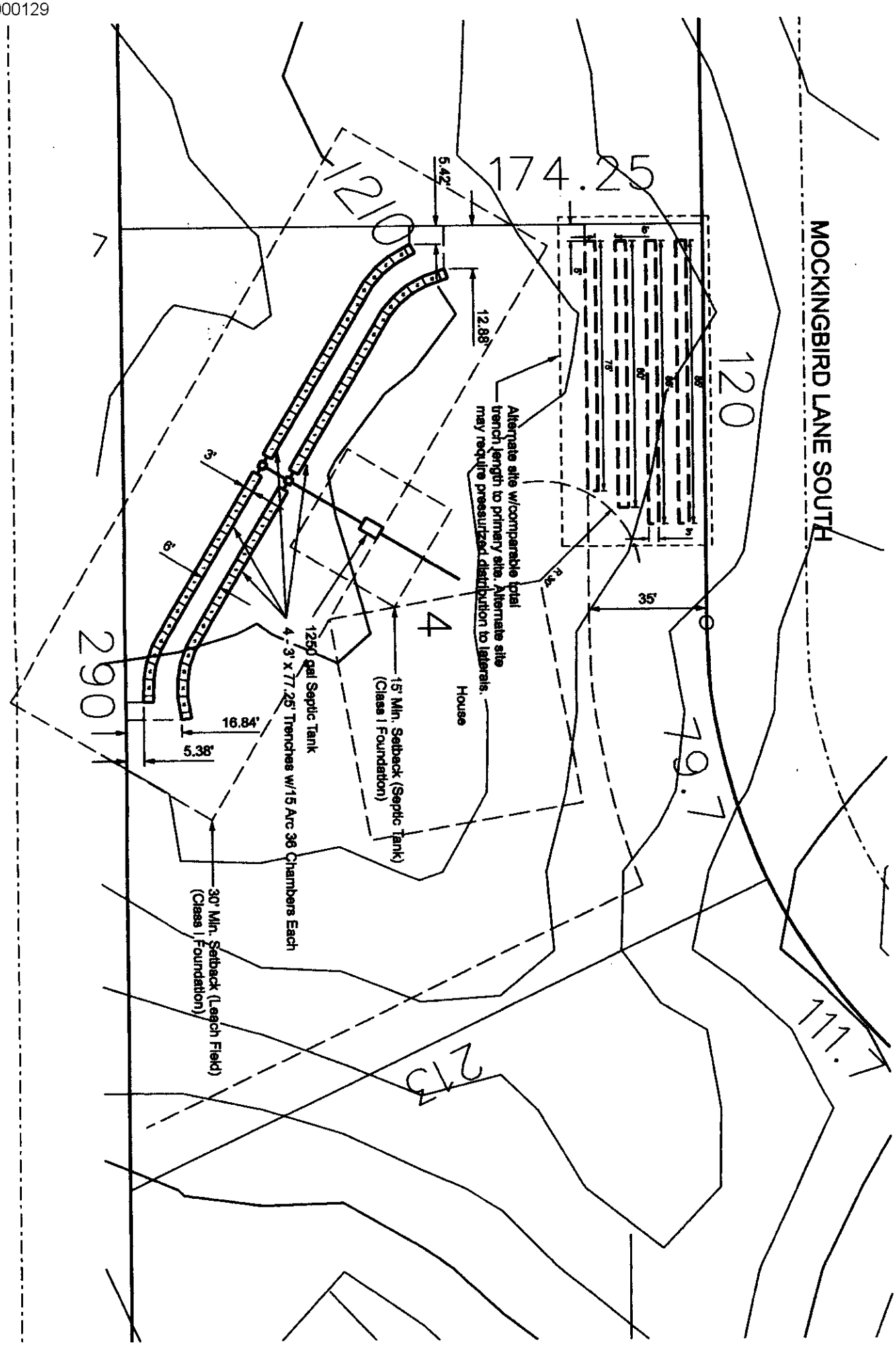
1050 sq ft/17.91 sq ft/chamber = 58.6 = 60 chambers

Recommended Installation – 4 trenches w/ 15 chambers per trench and two distribution boxes, one between each pair of trenches. Trenches should be 3'W x 77.25'L or as determined by installer.

PATRICK JONES
7420 So. 35
Lincoln, NE 68516
525 5826


MOCKINGBIRD LANE SOUTH
LOT 4
BLOCK 1
LAZY ACRES
JONES RESIDENCE
1210
1208
1212
1216
1218
1220
1214
5.42'
12.88'
5'
6'
35'
House
1250 gal Septic Tank
4 - 3' x 77.25' Trenches w/15 Arc 36 Chambers Each
15' Min. Setback (Septic Tank)
(Class I Foundation)
30' Min. Setback (Leach Field)
(Class I Foundation)
16.84'
5.38'
SCALE:
1" = 40'

LLCHD HS000129



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

A

SCANNED

Permit Number
A500129

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 1221 Mockingbird Ln S (no rural route) City Lincoln, NE Zip 68512

Legal Description _____ Lazy Acres 1 4

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 PATRICK & ROBIN JONES Signature Patrick Jones

Address 7420 So 35 City/State/Zip Lincoln Ne 68516

❑ Check if owner designed system Home Phone 421 2808 Work Phone 4771202

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer & drain

Address 105 Locust City/State/Zip Hickman Ne 68372

❑ Check if contractor designed system Work Phone 475-2462

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

Designer Name John Finkner Firm ESP Inc Work Phone 421 2500

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 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 2/4/08
Date frwd 2/4/08
ACTION ☑ Approved ❑ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 2/9/08
Date frwd 2/9/08
ACTION ☑ Approved ❑ Disapproved
Signature Bruce Briney

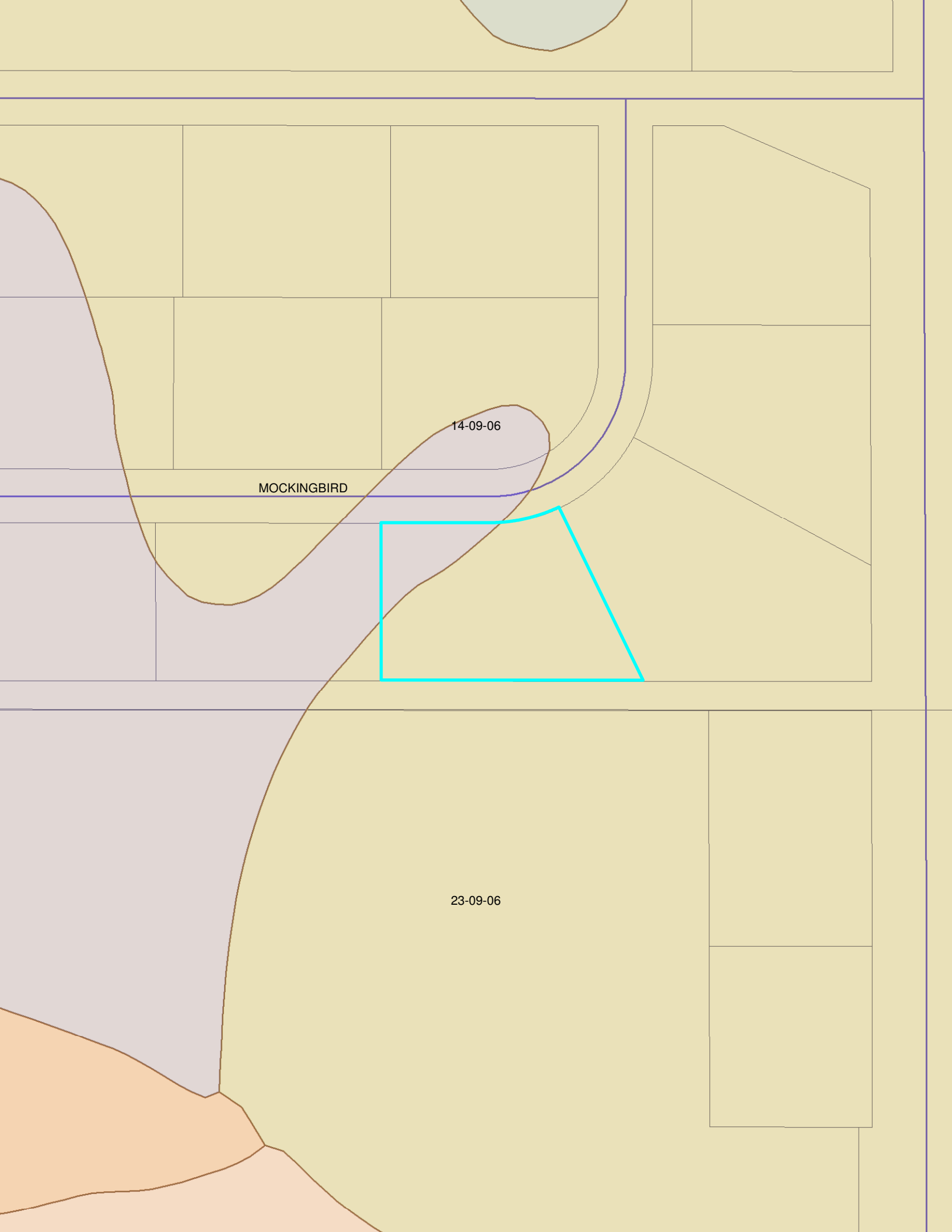
3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ❑ Approved ❑ Disapproved
Signature _____

Installation Final Written Approval
By Doug Amend
Date 2/11/09

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


14-09-06
MOCKINGBIRD
23-09-06