LLCHD HS000143

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

A

Permit Number
HS000143

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 8101 SW 12th (no rural route) City Lincoln, NE Zip 68523

Legal Description Foreman Ridge Lot 2 21-9-6

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 Josh Huenergardt Signature

Address 1500 Garret Ln #112 City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-416-4792 Work Phone 402-475-3350

C. Contractor

Name: ~~Shawn~~ Dave Voigt Company Name T&T Excavating

Address PO Box 22753 City/State/Zip Lincoln, NE 68542

☐ Check if contractor designed system Work Phone 402-560-4267

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

Designer Name Voigt, Dave Firm Voigt T&T Excavating Work Phone 560-4267

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 8/1/08
Date frwd 8/1/08
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8-1-08
Date frwd 8-1-08
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 08/01/08
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

8-11-2008 15:56:30

LLCHD HS000143

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

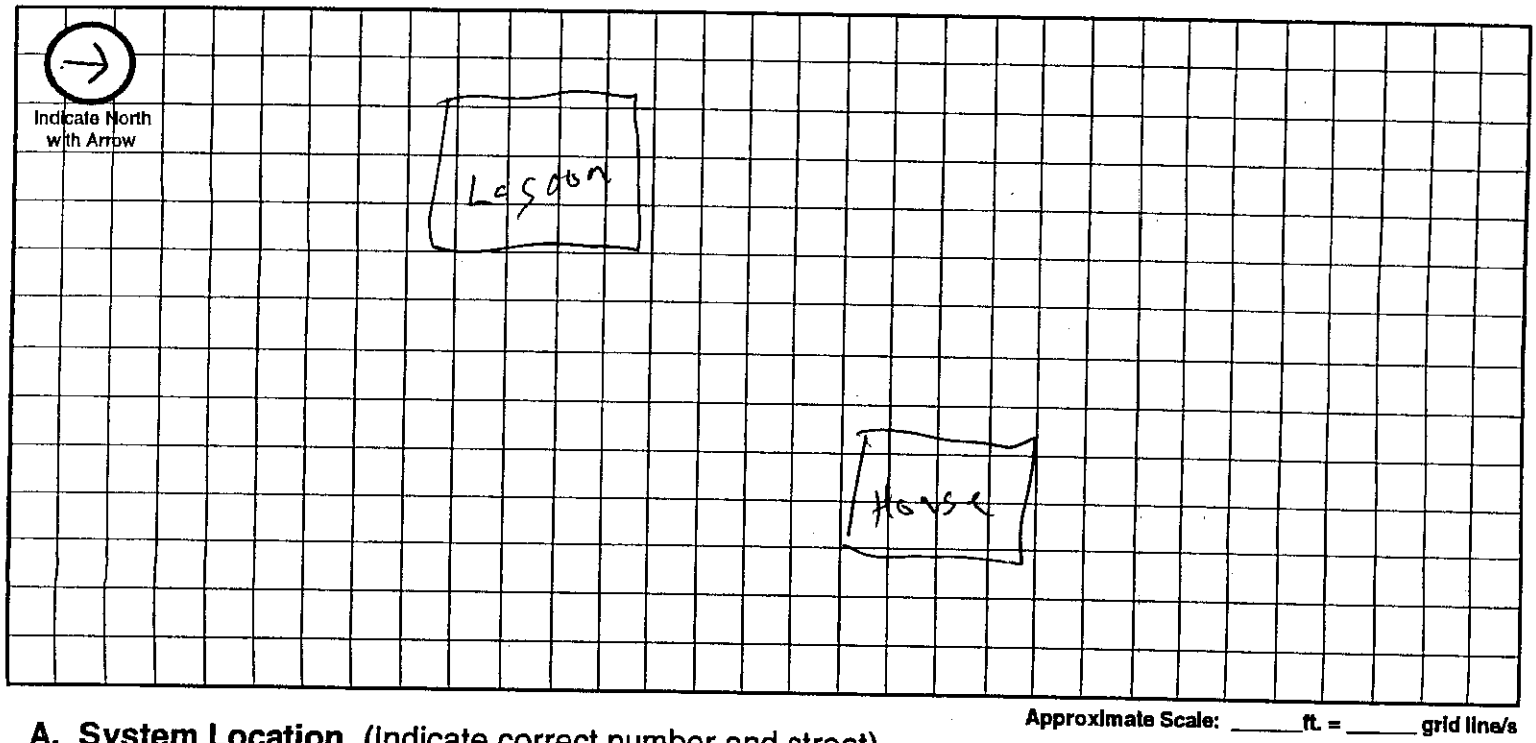
C

Permit Number:

Planning to do Septic if possible

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) 8101 _____ City _____ 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 _____ 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 _____ Date _____

Installer _____ Date 2-29-08

FORM 23-102 10-96

8-11-2008 15:56:34

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. HS000143

System Type: LAGOON

Situs: 8101 SW 12

Legal Description: T09N-R06E-S21-Lot 2

Owner:

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

Issued:	08/04/2008
Expires:	08/04/2009

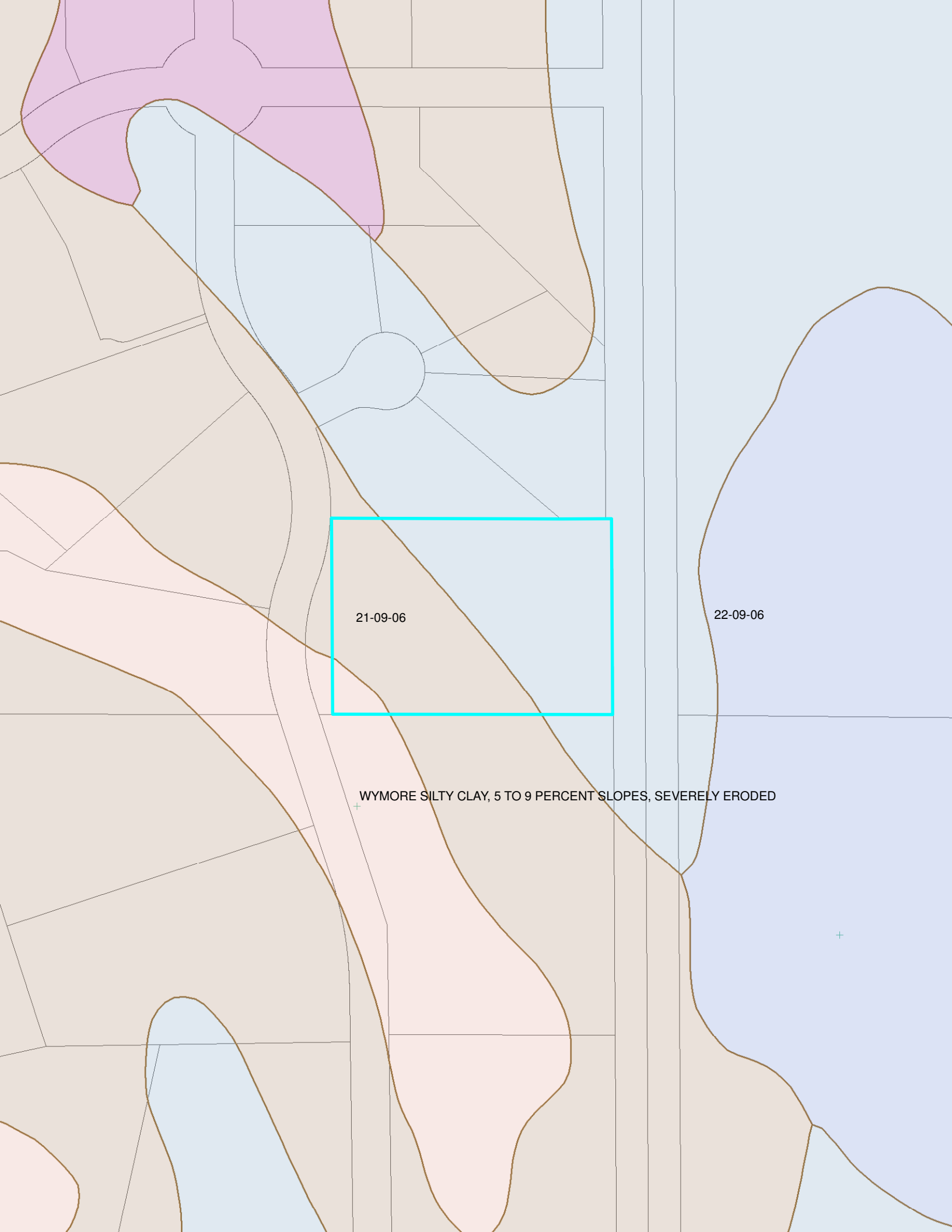
Bruce D. Dart, PhD, Health Director

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

JOSHUA HUENERGARDT
1520 GARRET LANE NO. 112
LINCOLN, NE 68512


21-09-06
22-09-06
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED

LLCHD HS000143

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

A

Permit Number
HS000143

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

A. Onsite System Location

Address 8101 SW 12th (no rural route) City Lincoln, NE Zip 68523

Legal Description Foreman Ridge Lot 2

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 Josh Huenergardt Signature _____

Address 1520 Garret Ln #112 City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-416-4792 Work Phone 402-475-3350

C. Contractor

Name: Dave Vogt Company Name T&T Excavating

Address PO Box 22753 City/State/Zip Lincoln, NE 68542

☐ Check if contractor designed system Work Phone 402-560-4267

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

Designer Name Vogt, Dave Firm Vogt T&T Excavating Work Phone 560-4267

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DO NOT WRITE BELOW THIS LINE

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

1. **Health Department** Date rec'd _____ **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 _____

Business Office Use Only
Date Received 1-29-8 Amount Paid 305.00
Received By _____ Cash/Check No. 1109

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

Form A Updated: 5-07

7-30-2008 13:47:11

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

SCANNED

A

Permit Number
H5000143

Onsite Wastewater Treatment System
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Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 1/9/09

Business Office Use Only
Date Received Amount Paid
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White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

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 8101 SW 12th Street (no rural route) City Lincoln NE, Zip

Owner Josh Huenergardt Addresss

Soil Type (SCS): CLAY Percolation Rate: 37 min./inch

Date of Tests 7-31-08 to 8-1-08 Weather: Precipitation Sunny Temperature 89°

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	36	7-31	5:00	8-1	2:40	8-1	2:40	6	8-1	3:10	30	3/4	40
2	36	7-31	5:00	8-1	2:40	8-1	2:40	6	8-1	3:10	30	1	30
3	36	7-31	5:00	8-1	2:40	8-1	2:40	6	8-1	3:10	30	1	30
4	36	7-31	5:00	8-1	2:40	8-1	2:40	6	8-1	3:10	30	3/4	40
5	36	7-31	5:00	8-1	2:40	8-1	2:40	6	8-1	3:10	30	3/4	40
6	36	7-31	5:00	8-1	2:40	8-1	2:40	6	8-1	3:10	30	3/4	40

Person Conducting Percolation Tests

Name: Dave Dodt

Phone: 402-477-2227

Address P.O. Box 22753

Sum of Percolation Rates: 220

Average of Rates: 36.66

Rate Used for Calculation: 37

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96